
173-21

Department of Health
& Mental Hygiene

Vital Records

Birth Certificates

Baltimore City

STATE OF MARYLAND

1

HR-RM 26
(5-1-54)
Hall of Records Commission

FILE ARRANGEMENT

Numerical Order

Some Birth Certificates are missing at time of filming and have been lost

STATE OF MARYLAND

2

HR-RM 28
(2-1-54)
Hall of Records Commission

CERTIFICATION

This is to certify that the microphotographs appearing on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City
(Name of file)

of DHMH Vital Records
(Agency).

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Sunhild D Bolander

Date July 27, 1978

STATE OF MARYLAND

3

HR-RM 36
(4-1-54)
Hall of Records Commission

1910 RETURN OF A BIRTH. 452501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -4 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No: of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Noema F.
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 26 December 1909
5. *Place of Birth, (Street and number)* 929 N Castle Str
6. *Full name of Mother,* Mary Appel
7. *Mother's Maiden Name,* Mary Meyer
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Christian Appel
10. *Father's Occupation,* Labor man
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Louisa Sima

Address, 2034 Ashland ave

Remarks, 1 9 1 0 0 0 0 0 0 0 0

Well

of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form aforesaid, to the Registrar of Vital Statistics of the Board of Health, at the office of the Commissioner of Health, on or before the third day of each and every month to the office or Commissioner of Health, on or before the third day of each and every month to the office or Commissioner of Health. In case the birth of a child occurs without the presence of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, the mother herself shall become bound to report the birth to the Commissioner of Health, and to furnish the information required, and any such person or persons who shall neglect or refuse to comply with this provision for the period above required, and any such person or persons who shall hereafter fail to comply with this provision, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -4 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Stefanka L.
2. *Sex, (state whether male or female)* girl
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 24 December 1909
5. *Place of Birth, (Street and number)* 904 N. Castle St.
6. *Full name of Mother,* Anna Ryba
7. *Mother's Maiden Name,* Anna Behenska
8. *Mother's Birthplace,* Bohemia
9. *Full name of Father,* Anton Ryba
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Louisa Sima

Address, 2034 Ashlan ave

Remarks, 1 9 1 0 0 0 0 0 0 0 1 Well

Of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date of birth of such child, and such other information as may be required by the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second days of every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of medicine or midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, the mother, or parent of such child, or the person with whom the mother resides, shall report its birth to the Commissioner of Health, in the manner and within the period above specified; and each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Helena E.
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 24 December 1909
5. *Place of Birth, (Street and number)* 904 N. Castle str
6. *Full name of Mother,* Anna Ryba
7. *Mother's Maiden Name,* Anna Bohenska
8. *Mother's Birthplace,* Bohemia
9. *Full name of Father,* Anton Ryba
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Louisa Lima

Address, 2034 Ashland ave

Remarks, 1910000000002
All Well

of each child, if any shall have been conferred; (state, color, the full name and occupation of the parents; the date and place of the birth of each child, and the sex and color of each; and shall sign his or her name to the certificate; and every such certificate shall be delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother or the nearest relative present, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 22304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,* Carrie L.
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 10 December 1909
5. *Place of Birth, (Street and number)* 917 N. Castle str
6. *Full name of Mother,* Marie Litnik
7. *Mother's Maiden Name,* Marie Klement
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Anton Litnik
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Louis Lima

Address, 2034 Ashland ave

Remarks, 1 9 1 0 0 0 0 0 0 3

All Well

of each child of any female who shall hereafter be delivered within the limits of Baltimore City, the full name and occupation of the parents, the date and place of birth of such child, and such other information as may be required by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, then the midwife or other person who shall be in attendance upon the mother, immediately thereafter it shall be the duty of such midwife or other person to report to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 12-2-66

RETURN OF A BIRTH. A52505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, ~~Katharine~~ ~~Katharine~~ VIRGINIA CATHERINE Leidenroth

2. Sex, (state whether male or female) Female

3. Race or color, (if not of the White Race) White

4. Date of Birth, Nov. 10 1909

6. Place of Birth, (Street and number) 2422 Eutaw Pl

6. Full name of Mother. Katharine B Leidenroth

7. Mother's Maiden Name, Katharine B. Kast

8. Mother's Birthplace, Md

9. Full name of Father, [illegible]

10. Father's Occupation, Salesman

11. Father's Birthplace, Germany

Name of Medical Attendant, [illegible]

Address, [illegible]

Remarks, 1 9 1 0 0 0 0 0 0 0

RECEIVED FOR RECORD
JAN -4 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

The [illegible] occupation of its parents; the date and place of birth; and the [illegible] a certificate of such birth, which certificate shall be [illegible] Commissioner of Health. In case the birth of any child [illegible] practitioner of midwifery, or should no other person be in [illegible] shall become the duty of the person or parents of such [illegible] to make such return and procure such certificate, and [illegible] shall fail to comply with the provisions of this section shall be [illegible] to be recovered as other fines and forfeitures are [illegible]

RETURN OF A BIRTH.

A52506

CERTIFICATE CORRECTED 11-23-33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Name of Child,* Esther Baitz
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 25 day of December, 1909
6. *Place of Birth, (Street and number)* 215 N. Bond st.
6. *Full name of Mother,* Bertha (Bates) Baitz
7. *Mother's Maiden Name,* Bertha (Bates) Abrael
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Jacob (Bates) Baitz
10. *Father's Occupation,* paper-hanger
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Bessie Harmatz

Address, 132 S. Eden st.

Remarks, 1910000005

This law [illegible] 25 dollars for each offense. The full name to be given to each child born (or to be conferred) his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate hereinbefore provided, within the third day of such birth; and every attendant upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time aforesaid; and any such person or persons who shall refuse or fail to report, as aforesaid, the particulars required to be reported in relation to any child born, or who shall report falsely in relation thereto, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN - 1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Name of Child,* Esther
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 14 day of December 1909
6. *Place of Birth, (Street and number)* 2140 Druid Hillave
6. *Full name of Mother,* Katie Jacobs
7. *Mother's Maiden Name,* Katie Leptowitz
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* John Jacobs
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Bessie Harmatz

Address, 132 S. Eden st.

Remarks, 1910 00 00004

been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the name and residence of the attending physician or midwife, if any. In cases where no physician or midwife was in attendance upon the birth of any child born alive, the parent or parents, or the householder of the house in which such child was born, shall within the time prescribed in this section report the birth of such child to the Commissioner of Health, and to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 22508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Name of Child,* Bertha
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 3day of December 1909
6. *Place of Birth, (Street and number)* 1626 Braddish av
6. *Full name of Mother,* Sarah Gugel
7. *Mother's Maiden Name,* Sarah Zaritzky
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Rafael Gugel
10. *Father's Occupation,* store keeper
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Bessie Harman

Address, 132 S. Eden St

Remarks, 1910000007

been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the name and address of the physician or midwife in attendance at the birth. Such certificate shall be delivered, duly signed by the person required to make it, to the person charged with the duty of recording the same, within ten days after the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur in a hospital, it shall be the duty of the superintendent thereof to make the report required by this section, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 12 Dec. 1909
6. *Place of Birth, (Street and number)* 133 E. West St.
6. *Full name of Mother,* Grace L. Warner
7. *Mother's Maiden Name,* Boetzlein
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* John G. Warner
10. *Father's Occupation,* Shipcarpenter
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Elizabeth Yewell

Address, 1910 0000 0880 Fort Ave

Remarks,

Every midwife, or other person, not being a physician or practitioner of midwifery, who shall attend upon any woman in labor, shall, within ten days after the birth of the child, cause the same to be registered in a book to be kept for that purpose, and shall report the same to the Commissioner of Health, in the manner and within the period above required, and for every neglect or refusal to comply with the requirements of this section shall forfeit and pay the sum of ten (10) dollars; and any such person or physician who shall refuse or neglect to report the birth of any child in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and for every neglect or refusal to comply with the requirements of this section shall forfeit and pay the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A82510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,*
2. *Sex, (state whether male or female)* White Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* December 30th, 1909.
6. *Place of Birth, (Street and number)* 220 S. Sharp St. Balto Md
6. *Full name of Mother,* Edda Thomas
7. *Mother's Maiden Name,* Edda Hilderbrand
8. *Mother's Birthplace,* Balto. Md.
9. *Full name of Father,* Allan Thomeas
10. *Father's Occupation,* Mattress Maker
11. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Mrs S. Frigh

Address, 711 S. Fremont Ave.

Remarks, 1910000000

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form required by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. It shall be the duty of the physician, midwife or person in attendance upon the mother, immediately thereafter, to fill out and deliver to the person or parents of such child a blank form of return, and the person so neglecting to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Mary Catherine Wilkens
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 12/6/09
5. Place of Birth, (Street and number) 736 Sargent Ave
6. Full name of Mother, Mary Catherine Wilkens
7. Mother's Maiden Name, [illegible]
8. Mother's Birthplace, Baltimore, Md.
9. Full name of Father, Henry Wilkens
10. Father's Occupation, Collector
11. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return, H W Ladden

Address,

Remarks, 1 9 1 0 0 0 0 0 0 1 0

Every physician or midwife in attendance upon the mother, immediately after the birth of each child, and in case there be no physician or midwife in attendance upon the mother, then the father or mother of such child, or the householder of the district in which such child is born, shall within ten days after the birth of any child thereafter, make a return of such birth to the office of the Commissioner of Health. In case the birth of any child shall be delayed beyond the period of ten days, the reason for such delay shall be stated in the return. Any physician or midwife who shall neglect or refuse to make such return, as required by this section, shall forfeit and pay for each offense the sum of ten dollars, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

A52572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of Child,* Thelma Raesel Otto
2. *Sex, (state whether ~~male~~ or female)*
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Dec 11 09
6. *Place of Birth, (Street and number)* 113 N Fallsway
6. *Full name of Mother,* Margarite Otto
7. *Mother's Maiden Name,* Raesel
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Wm Henry Otto
10. *Father's Occupation,* Engraver
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, A C Dean M D

Address, 136 Madison Ave

Remarks, 1910000011

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name, if any, given to such child; and it shall be the duty of each person who shall be present at the birth of any child to which he is not the attendant or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person so present, and said schedule shall be delivered, duly signed by the person in attendance, or by the person so present, to the parent or parents of such child, or to the nearest relative of the mother present at the birth, within ten days thereafter. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, and it shall be the duty of the Commissioner of Health to comply with the provisions of this section shall be guilty of a misdemeanor, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

1. *Name of Child,* Anna Marie Mills
2. *Sex, (state whether ~~male~~ or female)*
3. *Race or color, (if not of the White Race)* W
4. *Date of Birth,* Dec 18/09
6. *Place of Birth, (Street and number)* 420 N Patterson Pk Ave
6. *Full name of Mother,* Carrie Mills
7. *Mother's Maiden Name,* " Dangerfield
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Harry F Mills
10. *Father's Occupation,* R R
11. *Father's Birthplace,* N J

Name of Medical Attendant, or other person who makes this Return, A. E. Hearn MD

Address,

Remarks, 1910000001?

been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the number of such child in order of birth, as near as can be ascertained; and within three days after the birth of any child shall deliver, or cause to be delivered, duly signed by the person in attendance, a certificate thereof to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Name of Child,* Frank Langer
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 3 december 1909
6. *Place of Birth, (Street and number)* 2N Montford avenue 112
6. *Full name of Mother,* Alma Langer
7. *Mother's Maiden Name,* Alma Tebert
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Frank Langer
10. *Father's Occupation,* Butcher
11. *Father's Birthplace,* Germany

Name of Medical Attendant Dr. Schaad

Address,

Remarks, 1910000017

RECEIVED FOR RECORD
JAN - 1 1910
JAS BOSLEY M.D.
COMR OF HEALTH

...as far as the same can be ascertained the full name of each child, (if any shall have been born), date, the full name and occupation of its parents, the date and place of birth, and the number of children to which the mother has given birth, and the number of such children now living, which certificate shall be signed by the practitioner in the form of a certificate between the first and second days of the month following the birth, and if there be no physician or midwife in attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the father or mother of such child, immediately thereafter it shall become the duty of the person or parents of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and such person shall forfeit to the corporation of Baltimore the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are ... 1301 dollars for each offense, to be recovered as other fines and forfeitures are

RETURN OF A BIRTH. A52515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,* Abraham
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Dec 11 1909
6. *Place of Birth, (Street and number)* 1407 Gough st
6. *Full name of Mother,* Lizzie Mitchler
7. *Mother's Maiden Name,* " Bruman
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Sam Mitchler
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Mrs E. Sloma

Address,

Remarks, 1910000001 Alameda

been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the other of Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Name of Child, Hilland
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 1st 1909
6. Place of Birth, (Street and number) 1704 E. Fayette
6. Full name of Mother, Annie Bookal
7. Mother's Maiden Name, Rosenberg
8. Mother's Birthplace, Russia
9. Full name of Father, Wolf Bookal
10. Father's Occupation, Store Keeper
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Thos. E. Sherman

Address, [illegible]

Remarks, 1910000015

be considered) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case no birth of any child shall occur within the time specified, a like certificate to that effect shall be delivered in the same manner as above provided. In case a birth shall occur without the attendance of a practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE AMENDED 9-24-65

No. (Child's, Mother, State whether 1st, 2d, 3d, &c.) 4

1. *Name of child* Henry Joseph [redacted] Nickel
2. *Sex*, (state whether male or female) Male
3. *Race or color*, (if not of the White Race) White
4. *Date of Birth* Dec 23 1909
5. *Place of Birth*, (Street and number) 1459 Garrett Ave
6. *Full name of Mother*, Anna Nikkel
7. *Mother's Maiden Name*, Spikala
8. *Mother's Birthplace*, Russia
9. *Full name of Father*, Walter Nickel
10. *Father's Occupation*, Labor
11. *Father's Birthplace*, Russia

Name of Medical Attendant, or other person who makes this Return. Dora Piounska

Address, 523 S Bethel St

Remarks, 1910000016

RECEIVED FOR RECORD JAN -4 1910 JAS. BOSLEY M.D. COMR OF HEALTH

of each child, if any shall have been conferred; sex, color, the full name and occupation of the parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as to the facts, within ten days after the birth to the office of the Commissioner of Health. Whenever a child shall die without having been visited by a practitioner, midwife, or should no other person be in attendance upon the mother, immediately on the discovery of such death it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form and manner above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN – 1 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,* Milton H.
2. *Sex, (state whether male or female)* Boy
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 24 December 1909
5. *Place of Birth, (Street and number)* 1514 Rutland ave
6. *Full name of Mother,* Hattie Ruppprecht
7. *Mother's Maiden Name,* Hattie Ford
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Williams G. Ruppprecht
10. *Father's Occupation,* Loan Business.
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Louiza Sima.

Address, 2034 Ashland ave

1 9 1 0 0 0 0 0 0 1 7

Remarks, All Well

date and place of birth; and the said schedule shall be delivered, duly signed by the person or the parent of the child, to the person registering the birth, who shall give a certificate thereof to the person or parent of such child. In case the birth of any child shall occur without the attendance of a physician or midwife, then the father or mother of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN -4 1910 JAS BOSLEY M.D COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~2~~ 3 ~~Fifth~~
1. *Name of child,*	Herbert V
2. *Sex, (state whether male or female)*	boy
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	20 December 1909
5. *Place of Birth, (Street and number)*	913 Duncan alley
6. *Full name of Mother,*	Lorette Deacon
7. *Mother's Maiden Name,*	Lorette Breit
8. *Mother's Birthplace,*	Baltimore
9. *Full name of Father,*	Herbert Deacon
10. *Father's Occupation,*	Butcher
11. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Louis Lima
Address,	2034 Ashland ave
Remarks,	1910000019 All Well

date and place of birth; and the said subcont. shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1926.

RETURN OF A BIRTH. A52520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -4 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Carroll August Ferguson
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 24 1909
5. *Place of Birth, (Street and number)* 155 N Potomac St
6. *Full name of Mother,* Lula M Ferguson
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,*
9. *Full name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr J E Conner

Address, J. E. Conner Fairmount Ave & Potomac

Remarks, Mother 2 10 0 0 0 0 0 1 9 yrs

Use of box one during the year next after the birth as far as the same can be ascertained the full name of each child, the sex, color, the full name and occupation of the parent of the child, and the date and place of birth; and the said record shall be prima facie evidence in the absence of a certificate between the date of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or midwife, it shall be the duty of the father or mother of such child, or the person in charge of the house where such child was born, immediately thereafter to report the same to the Commissioner of Health. In the manner and form above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered before any justice of the peace in the manner that fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN – 1 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Name of Child,* Elli
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 26 day of December, 1909
6. *Place of Birth, (Street and number)* 1515 Gough st.
6. *Full name of Mother,* Backie Cohen
7. *Mother's Maiden Name,* Backie Kushnir
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Max Cohen
10. *Father's Occupation,* tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Bessie Harmatz

Address, 132 S. Eden st.

Remarks, 1910000020

Every person having charge of any child born in this city, or in any institution, hospital, or other place, shall report in writing to the Registrar of Vital Statistics, Board of Health, the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the name and address of the physician or midwife in attendance, if any, in the form of a certificate between the first and third days of each month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person having charge of such child to report in writing to the Registrar of Vital Statistics, Board of Health, the name, sex, color, and the full name and occupation of its parents, the date and place of birth, and the name and address of the person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN – 1 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Name of Child,* Abraham
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 23 day of December 1909
6. *Place of Birth, (Street and number)* 131 S. Spring st.
6. *Full name of Mother,* Rebecca Fleisher
7. *Mother's Maiden Name,* Rebecca Izkovitch
8. *Mother's Birthplace.* Russia
9. *Full name of Father,* [illegible] Fleisher
10. *Father's Occupation,* [illegible]
11. *Father's Birthplace,* Russia

Name of Medical Attendant, [illegible] Hammel

Address, [illegible] S. Eden st.

Remarks. 1 9 1 0 0 0 0 0 0 2 1

A violation of this section is a misdemeanor, and the person offending shall be liable to a penalty of not less than $5 nor more than $20 for each offense. Any physician or midwife who shall neglect or refuse to make the return required by this section shall forfeit for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A52523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN — 1 1910
JAS. KUSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Name of Child, Isadore ZIMMERMAN
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 13 day of December 1909
6. Place of Birth, (Street and number) 115 S. Pratt St
6. Full name of Mother, Celia Zimmerman
7. Mother's Maiden Name, Celia Shapiro
8. Mother's Birthplace, Russia
9. Full name of Father, Sam Zimmerman
10. Father's Occupation, painter
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Bessie Harmaz

Address, 132 S. Eden St

Remarks, 1910000000022

Every child born alive in the City of Baltimore, and the fact of its birth, shall be registered in the office of the Registrar of Vital Statistics, and the certificate shall be delivered duly signed by the practitioner in attendance, or certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of medicine or midwifery, or should no other person in attendance upon the mother make the return required, it shall become the duty of the householder in whose house such birth occurs, or of the nearest relative present, or of the person having charge of such child, immediately thereafter to report the same to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 6 day of December 1909
6. *Place of Birth, (Street and number)* 108 S. Exeter
6. *Full name of Mother,* Sarah Winovitz
7. *Mother's Maiden Name,* Sarah Cadril
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* ~~Hyman~~ Winovitz
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Bessie Harmatz

Address, 132 S. Exeter St.

Remarks, 1910000023

Sec. 2. [illegible] sex, color, &c., to [illegible] Registrar, [illegible] type in such place of abode; and he said schedule shall be delivered, duly filled up, to the [illegible] or [illegible] certificate between the first and said days of each and every month, at the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health within the period above required, and [illegible] shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -4 1916
JAS. BOSLEY, M.D.
COMMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 2day of December
6. *Place of Birth, (Street and number)* 1048 N. Gay St
6. *Full name of Mother,* Sophie Feigen
7. *Mother's Maiden Name,* Sophie Wagner
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Louis Feigen
10. *Father's Occupation,* salesman
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Bessie Harmet

Address, 132 S. Eden St

Remarks, 1910000024

Said certificate shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person having charge of such child to report its birth, which must be done within the period above required, and any other person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED Film G486 8-18-75 MM

RETURN OF A BIRTH. A52526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN — 1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, Millard A. Mc Williams
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, 4 Dec. 1909
6. Place of Birth, (Street and number) 928 E. Fort Ave.
6. Full name of Mother, Anna Mc Williams
7. Mother's Maiden Name, Wholly
8. Mother's Birthplace, Bal. Co.
9. Full name of Father, Andrew J. Mc Williams
10. Father's Occupation, Machinist
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Elizabeth Yarnell

Address, 1910000800025 Fort Ave.

Remarks,

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, and shall contain a return of all births which have occurred during the preceding month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall neglect or refuse to comply with this provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 15 Dec. 1909
6. *Place of Birth, (Street and number)* 1457 Lorington, St.
6. *Full name of Mother,* Christina B. Fisher
7. *Mother's Maiden Name,* Davidson
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* William D. Fisher
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Elizabeth Hewell

Address, 1910 Port Ave

Remarks,

1 9 1 0 0 0 0 0 0 2 4

The Female Midwife, or other person who shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period above specified, and such report shall be verified by the affidavit of the person making the same. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-21-52

RETURN OF A BIRTH. A52528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Name of child, Charles Kruszewski
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth Dec. 20th 09
5. Place of Birth, (Street and number) 332 S. Eden st
6. Full name of Mother, Lena Kruszewski
7. Mother's Maiden Name, " Voschek
8. Mother's Birthplace, Germany
9. Full name of Father, Bernard Kruszewski
10. Father's Occupation, Carpet Layer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. L. Donner

Address, 308 S. Broadway

Remarks, 1910000027

Sec. 4. And be it further enacted, That it shall be the duty of the physician, midwife, or other person in attendance upon any birth occurring after the passage of this act, to report the same to the Registrar of Vital Statistics of Baltimore City, within the time and in the manner hereinbefore provided for the return of births; and in the event of the absence of a physician, midwife, or other person in attendance upon any birth occurring after the passage of this act, it shall be the duty of the person or parents of such child to report such birth to the Registrar of Vital Statistics of Baltimore City, within the time and in the manner hereinbefore provided for the return of births; and any such person or parents who shall neglect or refuse to report such birth as herein required, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished for each offense by a fine of not less than five dollars nor more than fifty dollars, or by imprisonment in the city jail not exceeding thirty days, or both, in the discretion of the court. Sec. 5. And be it further enacted, That it shall be the duty of the Registrar of Vital Statistics of Baltimore City, to prepare and furnish to all physicians, midwives, and other persons who may be required to report births under the provisions of this act, blank forms for the return of births, and to instruct such persons in the proper method of filling out the same; and

RETURN OF A BIRTH. A52529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Name of child, Joseph Mettle
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth December 14th. 1909.
5. Place of Birth, (Street and number) 1535 N. Parrish St.
6. Full name of Mother, Irene Frances Mettle
7. Mother's Maiden Name, " " Stall
8. Mother's Birthplace, Baltimore, Md.
9. Full name of Father, George Henry Mettle
10. Father's Occupation, Glatterer
11. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this return, John D. Quinn, M.D.

Address, 1521 N. Fulton Ave

Remarks, 1910000028

Every person who shall hereafter perform the duty of midwife for any woman delivered of a child in the City of Baltimore, shall, within ten days after the birth of such child, make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, stating the name, color, the full name and occupation of the parents, the date and place of birth; and the said midwife shall be delivered, duly signed by the practitioner to the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. To case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED. 7-18-51

Elmer Everett Booze

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

RECEIVED FOR RECORD JAN -4 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 29, 1909.
4. Place of Birth, (Street and Number) 1301 Hillen ave.
5. Full Name of Mother, Cecelia M. Booze
6. Mother's Maiden Name, Cecelia M. Gink
7. Mother's Birthplace, Balto.
8. Full Name of Father, Elmer Booze
9. Father's Occupation, Bar Tender
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. F. Shemwell

Address, 1301 Hillen Ave.

Remarks,

Sec. 1. Be it enacted by the People of the State of Maryland, That from and after the first day of January, Anno Domini, Eighteen Hundred and Ninety-Two, the midwife, physician or other person in attendance upon any birth shall, within ten days thereafter, make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, which return shall be signed by the midwife, physician or other person in attendance, and shall state the name, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 3rd day of each and every month, to the Commissioner of Health, or such person as he shall designate for the purpose, and every midwife, physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A52531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN - 1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 15, 1909.
4. Place of Birth, (Street and Number) 309 E. 22nd st.
5. Full Name of Mother, Elizabeth Chapman
6. Mother's Maiden Name, Eliz. Barnett
7. Mother's Birthplace, Balto.
8. Full Name of Father, Robt. Howard Chapman
9. Father's Occupation, clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, [illegible] Kennedy

Address, [illegible]

Remarks,

1 9 1 0 0 0 0 0 0 3 0

The full name and occupation of the parents, the date and place of birth, and the sex and color of every child born alive within the limits of Baltimore City shall be returned to the office of the Commissioner of Health within ten days after the birth of such child. In case the birth occurs without the assistance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother shall immediately thereafter, if able to answer, and the parent or parents of such child who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -2 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* James Anderson
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 12/1/09
5. *Place of Birth, (Street and number)* 503 E. 23rd St.
6. *Full name of Mother,* Jessie R. Anderson
7. *Mother's Maiden Name,* Anderson
8. *Mother's Birthplace,* Williamsport Md.
9. *Full name of Father,* Chas. E. Anderson
10. *Father's Occupation,* machinist
11. *Father's Birthplace,* Williamsport Md

Name of Medical Attendant, or other person who makes this Return, W. W. Gadden

Address,

Remarks, 1910000000031

Before a permit for burial or removal of a dead body can be issued, a certificate of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 31st and 40th week of pregnancy, and by the midwife or other person in attendance at the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of such person to report in writing the birth to the Commissioner of Health, in the manner and within the time required by the Board of Health. Any person who shall wilfully neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 7/6/71

RETURN OF A BIRTH.

A52533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, EARL ROBERT FRANZ
2. Sex, (state whether male or ~~female~~)
3. Race or color, (if not of the White Race)
4. Date of Birth, Dec. 12/09
6. Place of Birth, (Street and number) 1621 N Wash. St
6. Full name of Mother, Mary Barbara Franz
7. Mother's Maiden Name, " " Hirt
8. Mother's Birthplace, Balto
9. Full name of Father, Chas Franz
10. Father's Occupation, Shoefitting Salesman
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A. C. Hazeltine MD
Address, 156 Milton ave.
Remarks, 1910000032

said schedule shall be delivered, duly signed by the practitioner in charge, or other person who shall sign a certificate in lieu of such certificate, between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the householder or the person occupying the house where such birth occurs shall report the same within the period above required, and such householder or person occupying such house shall furnish the information required by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED Alton

RETURN OF A BIRTH. A52534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. Name of Child, ALTON HEARN ROBERTS
2. Sex, (state whether male or ~~female~~)
3. Race or color, (if not of the White Race)
4. Date of Birth, Dec 24 09
6. Place of Birth, (Street and number) 32 N Spring Field Ave
6. Full name of Mother, Mary E Roberts
7. Mother's Maiden Name, Hearn
8. Mother's Birthplace, Md
9. Full name of Father, Chas E Roberts
10. Father's Occupation, Packer
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, A. E. Deaver MD
Address, 156 Chilton Ave
Remarks, 1910000033

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In the birth of any child shall occur without the attendance of a physician or midwife, or should the birth of any child be delayed more than ten days after birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -4 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)

1. Name of Child, Christian Bangel
2. Sex, (state whether male or ~~female~~)
3. Race or color, (if not of the White Race)
4. Date of Birth, Nov 19 09
6. Place of Birth, (Street and number) 425 N. Wheeler Ave
6. Full name of Mother, Grace Bangel
7. Mother's Maiden Name, Fretwell
8. Mother's Birthplace, Balto
9. Full name of Father, John Bangel
10. Father's Occupation, Cary Builder
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, C. C. Green M.D.
Address, 156 Milton Ave

Remarks, 1910000034

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -2 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Name of Child,* Charles Cooper
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 1507 W. Henry St Dec 6th 1909
5. *Place of Birth, (Street and number)*
6. *Full name of Mother,* Ida May Cooper
7. *Mother's Maiden Name,* Mundy
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* Samuel Charles Cooper
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other person who makes this Return. J. J. Hartzell M.D.

Address, 1406 W. Baylies St Baltimore Md

Remarks, 1910000003

be conferred) its sex, color, the full names and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any was present, within five days after such birth, and within the first three days in the case of still-born children. And the said certificate shall be signed and delivered as aforesaid by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the parent or parents, or other person having charge of said child, shall report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -4 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race) White.
3. Date of Birth Dec. 5th 1909.
4. Place of Birth, (Street and Number) 2832 Clifton Ave.
5. Full Name of Mother Eleanor F. Cruikshank.
6. Mother's Maiden Name Eleanor F. Swanston.
7. Mother's Birthplace Conn.
8. Full Name of Father James Stewart Cruikshank.
9. Father's Occupation Meter Supts.
10. Father's Birthplace Mass.

Name of Medical Attendant, or other person who makes this Return, Isaac C. Dickson

Address, 1910000800 N. North Ave.

Remarks,

Sec. 4. And be it further enacted, That the following shall be the duty of the parents, the father and mother of the child, and the midwife, nurse, or other person present at the birth, or in charge of the mother immediately thereafter, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to send notice thereof to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Dec 3 1909
6. *Place of Birth, (Street and number)* 1716 Marshall st
6. *Full name of Mother,* Sophia Peters
7. *Mother's Maiden Name,* " Hearden
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Charles Peters
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Midwife

Address,

Remarks, 1910 Mar Rate 2 cts 1705 Byrd st

RECEIVED FOR RECORD JAN — 1 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

RETURN OF A BIRTH. A52539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person or parents of such child fail to report the birth from any cause, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Dec 3 1909
6. *Place of Birth, (Street and number)* 1732 Johnson st
6. *Full name of Mother,* Mary Weiler
7. *Mother's Maiden Name,* Wiist
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Fredrick Weiler
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Midwife

Address, 1910 0 0 0 0 0 3 2 Lee 1705 Bond st

Remarks,

RECEIVED FOR RECORD JAN – 1 1910
JAS BOSLEY M.D. COMR OF HEALTH

RETURN OF A BIRTH. A52540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, and for every child whose birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Dec 5 1909
6. *Place of Birth, (Street and number)* 1624 Marshall st.
6. *Full name of Mother,* Mary Benson
7. *Mother's Maiden Name,* Sulbrook
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Albert Benson
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, 1910000039 1205 Byrd st

RECEIVED FOR RECORD
JAN -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

RETURN OF A BIRTH. A52541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eight

1. *Name of child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec 5, 1909
5. *Place of Birth, (Street and number)* 1010 Ware St
6. *Full name of Mother,* Lillian Hall
7. *Mother's Maiden Name,* Lillian Lewis
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Joseph Hall
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Sprague

Address, 824 S. Linton St.

Remarks, 1910000040

RECEIVED FOR RECORD JAN -1 1910 JAS BOSLEY M.D. SUPT. OF HEALTH

Any person failing to fill out and deliver said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the person or persons in charge of the mother at the birth to make out and deliver said certificate. Upon the birth of each child hereafter it shall become the duty of the person or persons in charge of such child or

RETURN OF A BIRTH.

A52542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Name of child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec 15, 1909
5. *Place of Birth, (Street and number)* 811 Hare St.
6. *Full name of Mother,* Gerty Freese
7. *Mother's Maiden Name,* Gerty Freese
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Raymond Rawlins
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S Canton St

Remarks, 1 9 1 0 0 0 0 0 0 4 1

RECEIVED FOR RECORD JAN 1 1910

JAS. BOCLEY M.D. COM'R OF HEALTH

...and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, then the said schedule shall be delivered, duly signed by the person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Name of child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec. 17, 1909
5. *Place of Birth, (Street and number)* 2816 Lillard St.
6. *Full name of Mother,* Carrie Miller
7. *Mother's Maiden Name,* Carrie Riccio
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* George Miller
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks, 1 9 1 0 0 0 0 0 0 4 2

RECEIVED FOR RECORD JAN -1 1910 JAS BOSLEY M.D. COMR OF HEALTH

date and place of birth; and in said schedule shall be delivered, duly signed by the person giving the information, a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother to make and sign the certificate required of the attendant, and deliver it to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Name of child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec. 26, 1909
5. *Place of Birth, (Street and number)* 611 Canton St.
6. *Full name of Mother,* Marie Sevin
7. *Mother's Maiden Name,* Marie Pippin
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Harry Sevin
10. *Father's Occupation,* Actor
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks, 1 9 1 0 U 0 0 0 0 4 3

RECEIVED FOR RECORD
JAN -1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the parent or other person in charge of the child, to the midwife or person who shall attend upon the mother at the birth of a child, at the time of the registration of the birth of such child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the parent or other person in charge of the child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of Child, Norman Francis Maxwell
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth, Dec 17 1909
6. Place of Birth, (Street and number) 9 East Fort ave
6. Full name of Mother, Maud Maxwell
7. Mother's Maiden Name, Digney
8. Mother's Birthplace, Balto
9. Full name of Father, William Maxwell
10. Father's Occupation, Labor
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, 1910 0 0 0 4 2 1205 Byrd st

RECEIVED FOR RECORD
JAN -1 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the other Commissioner of Health, and in case of the birth of any child whose mother shall not be attended by a practitioner or midwife, or should no other person be in attendance upon the mother, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A52546

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth, Dec 15 1908
5. Place of Birth, (Street and number) 11 West Biddle St
6. Full name of Mother, Emma Bearman
7. Mother's Maiden Name, Herman
8. Mother's Birthplace, Balto
9. Full name of Father, William Bearman
10. Father's Occupation, Tailor
11. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, Midwife

Address, 1705 Byrd st

Remarks, 1910 00300 45 Mrs Bearman

RECEIVED FOR RECORD
JAN -1 1910
JAS BOSLEY M.D.
COMR OF HEALTH

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. And should no other person be in attendance upon the accouchement at the birth of any child, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Dec 15 1909
6. *Place of Birth, (Street and number)* 198 W. Monument st
6. *Full name of Mother,* Lila Hannan
7. *Mother's Maiden Name,* Truitt
8. *Mother's Birthplace,* Eastern Shore
9. *Full name of Father,* Charles Hannan
10. *Father's Occupation,* Saloon
11. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, 1910000042 Miss Rachel Lee 1705 Byrd st

RECEIVED FOR RECORD JAN -1 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, in the manner and within the period above required, and shall deliver with the schedule a physician's certificate of the cause of death, if such shall occur within the time required by law. In case there is no physician or midwife in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall neglect or refuse to make such report shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Dec 10 1909
6. *Place of Birth, (Street and number)* 2304 Pearce St.
6. *Full name of Mother,* Florence Tommelo
7. *Mother's Maiden Name,* Posey
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Chas. F. Tommelo
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Medico

Address, 1 9 1 0 1 0 0 0 0 0 4 7

Remarks, 1705 Bigelow

RECEIVED FOR RECORD JAN 1 1910 JAS. FOSTER, M.D. COMM'R OF HEALTH

Health. The Commissioner of Health may require a list of the Births that have occurred under his or her care during the month, to be delivered to the Registrar of Vital Statistics on the first day of the following month; and the Commissioner of Health may require such other information as may be ascertained, the full name of each child (if it has been named), the full name and occupation of its father, and the place of birth; and the Registrar of Vital Statistics may require such information to be given in the form of a certificate between the first and fifth days of each month, by any person who shall have attended upon the mother of any child born during the preceding month. In case the birth of any child shall occur without the presence of a physician or midwife, or should no other person be in attendance, the mother of such child shall herself become liable to report the same, as required by this section, to the Commissioner of Health, or Registrar of Vital Statistics, within the period above required, and in default thereof shall forfeit and pay a penalty not exceeding ten dollars for each offense. Every physician or midwife who shall fail to comply with the provisions of this section shall be subject to a like penalty for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A52549

RECEIVED
RECORD
JAN 1 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child, Martha J. Johnson
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) colored
4. Date of Birth Dec 26 1909
5. Place of Birth, (Street and number) 1220 N Pincian St
6. Full name of Mother, Martha J. Johnson
7. Mother's Maiden Name, Martha J. Franklin
8. Mother's Birthplace, North Carolina
9. Full name of Father, Gabriel H. Johnson
10. Father's Occupation, Laboring
11. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return. Jane Margaret Duncan

Address, 2106 Druid Hill Ave

Remarks, 1 9 1 0 0 0 0 0 4 5 8 Redmonly

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of Commissioner or Registrar. Or should no such practitioner or midwife be in attendance upon the mother, immediately thereafter or shall become the duty of the person or persons required to report the birth to the Commissioner of Health, in like manner and within the period above required to report the birth, to deliver such schedule to the Commissioner or Registrar. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ore City.

...rticle 23, Section ...

A52550

RECEIVED FOR RECORD
JAN -1 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

GIVEN NAME ADDED 8.25.70

(State whether White or female) Female

Mary Margaret Smith

or color, (if not of the white race) Colored

of Birth, 26th day of Dec

of Birth, (Street and Number) Bal. N.W. 15-18 McElroy Ct.

Name of Mother Flossie Smith

r's Maiden Name Flossie Johnson

r's Birthplace Charlottesville Va

Name of Father Alexander Smith

r's Occupation Worker

r's Birthplace Charlottesville Va

of Medical Attendant, or other person who makes this Return, Mid wife Matilda Love R

ss 626 N. Eden St 10000049

rks

GIVEN NAME ADDED 1-30-68
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: SYLVIA KLAWANSKY 1 Or

A32551

RECEIVED FOR RECORD
JAN -1 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	W-Jule
3. Date of Birth,	Dec 15/09
4. Place of Birth, (Street and Number)	608 E. Balt St.
5. Full Name of Mother,	Ida Richmond Klawansky
6. Mother's Maiden Name,	Ida Richmond
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Julius Klawansky
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Russia.
Name of Medical Attendant, or other person who makes this Return	Dr. Lehman M.D.
Address,	1920 Linden Ave
Remarks,	

19100000950

Each false or fraudulent statement, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN – 1 1910
GAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 de.

1. *Name of Child,* Kati Johanna
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 26 December 1909
6. *Place of Birth, (Street and number)* 1248 Sharp St
6. *Full name of Mother,* Kati Csoka
7. *Mother's Maiden Name,* " " Werner
8. *Mother's Birthplace,* Hung.
9. *Full name of Father,* Theodor Csoka
10. *Father's Occupation,*
11. *Father's Birthplace,* Hung.

Name of Medical Attendant, or other person who makes this Return, H Wambach

Address, 1365 Richardson st

1 9 1 0 0 0 0 0 0 5 1

Remarks, none

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the person or parties having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,* Dorothy Kathynine Elloff
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* December 6 - 1909
6. *Place of Birth, (Street and number)* 1157 Riverside Ave.
6. *Full name of Mother,* Mary Elizabeth Elloff
7. *Mother's Maiden Name,* " " Cook
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Albert Irwin Elloff
10. *Father's Occupation,* Brakeman
11. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, C. F. Burslow

Address, 2727 Eastlorn Ave

Remarks,

RECEIVED FOR RECORD
JAN -1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the said order to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A62554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,* Ruth McAllister
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 30th 1909
5. *Place of Birth, (Street and number)* 718 Portland St.
6. *Full name of Mother,* Mae E. McAllister
7. *Mother's Maiden Name,* Mae E. Stuart
8. *Mother's Birthplace,* St Michaels Md.
9. *Full name of Father,* William F. McAllister
10. *Father's Occupation,* Ships Caulker
11. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bauer

Address, [illegible]

Remarks, 1 9 0 9 1 0 0 0 0 5 3-54

RECEIVED FOR RECORD
JAN -1 1910
JAS. POSLEY, M.D.
COM'R OF HEALTH

K.M.

date and place of birth and the said schedule shall be delivered, duly signed by the parent or informant, at the time of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, then the parent or parents, guardian or other person having charge of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN - 1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Juliana Tizekker
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 12/24/09
5. *Place of Birth, (Street and number)* 411 Stockholm st Balto City
6. *Full name of Mother,* Mary Tizekker
7. *Mother's Maiden Name,* Mary Okadlecsik
8. *Mother's Birthplace,* Hungary
9. *Full name of Father,* Mihaly Tizekker
10. *Father's Occupation,* Track foreman B & O R R
11. *Father's Birthplace,* Hungarian

Name of Medical Attendant, or other person who makes this Return, Mrs Bauer

Address, 1711 Carey St.

Remarks, 1910000005 A

date and place of birth and the said schedule shall be delivered duly filled out to the person in charge of a certificate between the first and third day of each and every month to the office or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother, and in case of her inability, of the person in charge of the house, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -1 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Mary [illegible]
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) [illegible]
4. Date of Birth [illegible]
5. Place of Birth, (Street and number) Columbia Ave 620
6. Full name of Mother, Minnie Lange
7. Mother's Maiden Name, [illegible]
8. Mother's Birthplace, Baltimore
9. Full name of Father, Wilfred Lange
10. Father's Occupation, Steam Fitter
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Burgh

Address, 411 Front St.

Remarks, 1910000055

If a certificate between the first and third day of each and every month to the office of Commissioner of Health. In such certificate shall be delivered, duly signed by the practitioner in the form [illegible] or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner said within the period above required, and any such person or persons who shall hereafter refuse or neglect to make such report as herein required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 te

1. Name of Child, Anna Catharina
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth, Nov. 9. 1909
6. Place of Birth, (Street and number) 611 W. Barre street
6. Full name of Mother, Wilhelmine Dunneier
7. Mother's Maiden Name, Saur
8. Mother's Birthplace, Niederwehren Germany
9. Fult name of Father, Jakob Dunneier
10. Father's Occupation, Cementer
11. Father's Birthplace, Nordshausen

Name of Medical Attendant, or other person who makes this Return, Max Stange

Address, 711 Cord St.

Remarks, 1910000005

duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately after the birth, report the same as above required, and every such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-24-52

RETURN OF A BIRTH. A52558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth

1. Name of child, Margaret Heinze
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth Dec 7 1909
5. Place of Birth, (Street and number) 618 Luzerne St
6. Full name of Mother, Margaret (Hines) Heinze
7. Mother's Maiden Name, Margaret Hermer
8. Mother's Birthplace, Balto
9. Full name of Father, Frederick (Hines) Heinze
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks, 1910000057

RECEIVED FOR RECORD JAN 1 1910 BOARD OF HEALTH

of a certificate between the first and third day of each and every month. Any midwife or physician who shall neglect to report to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother, and in case of her inability, of the person having charge of the house in which such birth occurs, to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child,
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth Dec 1, 1909
5. Place of Birth, (Street and number) 1000 East Ave
6. Full name of Mother, Kate Eliza
7. Mother's Maiden Name, Kate Eliza
8. Mother's Birthplace, Balto
9. Full name of Father, John F Kleinman
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Lovgren

Address, 894 S Canton Ave

Remarks, 1910000058

RECEIVED FOR RECORD JAN 1 1910 S. BOSLEY, M.D. COM'R OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the father, mother, householder, or other person in attendance upon the mother immediately thereafter to make such return. And any person who shall neglect or refuse to make such return as herein required, or who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A52560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 5

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Dec 20 1909
6. *Place of Birth, (Street and number)* 2133 Hanover st
6. *Full name of Mother,* Josephine Smith
7. *Mother's Maiden Name,* Welsh
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Albert Smith
10. *Father's Occupation,* Baker
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Midwife

Address,

Remarks, 1910 00 00 52 Rue Lee 1705 Bryant

RECEIVED FOR RECORD
JAN — 1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then the said certificate shall be delivered as aforesaid by the father, mother, householder or nurse in attendance upon such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52561

CERTIFICATE CORRECTED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Name of Child,* AGNES FARRELL
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Dec 20 1909
6. *Place of Birth, (Street and number)* 1704 Johnson st
6. *Full name of Mother,* Mary (Farrell) Farrell
7. *Mother's Maiden Name,* (Donnelly) Donnelly
8. *Mother's Birthplace,* Ire
9. *Full name of Father,* Joseph (Farrell) Farrell
10. *Father's Occupation,* Baker
11. *Father's Birthplace* Aldino, Md (Harford Co)

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, 1911 Dec 20 1909 Agnes Farrell 1705 Byrd st

RECEIVED FOR RECORD
JAN -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Every physician or midwife, or other person who shall attend upon any birth, shall, within ten days next after the birth, make a return thereof in writing, signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. And if no birth shall occur during any month, the like return shall be made within the first ten days of the next month. And every practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

A52562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of Child,* Marie Agnes
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Dec 15. 1909
6. *Place of Birth, (Street and number)* 1621 Marshall st
6. *Full name of Mother,* Mary Hamsercamp
7. *Mother's Maiden Name,* Smith
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* John Hamsercamp
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, 1910 Was Rachel Lea
1705 Byrd st

RECEIVED FOR RECORD
JAN -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

third day of each month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the event of the inability of the parents to comply with the provisions of this section shall be any such person or persons liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race)
4. Date of Birth, Dec 5 1909
6. Place of Birth, (Street and number) 28 Weber st
6. Full name of Mother, Mary Mesick
7. Mother's Maiden Name, Carroll
8. Mother's Birthplace, Balto
9. Full name of Father, Ben Mesick
10. Father's Occupation, Labor
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, 1910 No 00006 2 ear
1705 Bond st

RECEIVED FOR RECORD
JAN 1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the limits of a city or county in which there is a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required above by any such person or persons shall refuse or neglect to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 1366

RECEIVED RECORD JAN -1 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, JAMES WILSON HISSEY
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Decem 21st 1909
5. Place of Birth, (Street and number) 2506 Woodbrook ave
6. Full name of Mother, Annie Hissey
7. Mother's Maiden Name, " Dixon
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Wm Hissey
10. Father's Occupation, Moulder
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Glover M.D.

Address, 1224 N. North ave

Remarks, 1910000063

of a certificate between the first and third day of each and every month to the office of Commissioner of Health, or shall make such return without the attendance of a physician or practitioner of medicine, or should no other person be present at the birth, then the person required by this section to report it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have neglected or refused to make such report as required by this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Name of Child,* Johan Max
2. *Sex, (state whether male or female)* boy
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 28 December 1909
6. *Place of Birth, (Street and number)* 1343 Gerad Ave.
6. *Full name of Mother,* Cristine Müller
7. *Mother's Maiden Name,* " - Rautten
8. *Mother's Birthplace,* Hung
9. *Full name of Father,* Max Müller
10. *Father's Occupation,*
11. *Father's Birthplace,* Hung.

Name of Medical Attendant, or other person who makes this Return, H Wambach

Address, 1910 1306 Richardson St

Remarks, Zone

Every practitioner of the [illegible] shall, within [illegible] days after the birth of any child attended by him, deliver to the parent or person having charge of such child a certificate setting forth the name of such child, the date of its birth, the name and residence of the parents, and the number of children born to the mother, including the child last born, and shall, within the first ten days of each and every month, report to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately after the birth, it shall be the duty of the parent or person having charge of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Name of Child,* Josef
2. *Sex, (state whether male or female)* Boy
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 27 December 1909
6. *Place of Birth, (Street and number)* 1426 Gerard Ave.
6. *Full name of Mother,* Eva Filipi
7. *Mother's Maiden Name,* " Fisher
8. *Mother's Birthplace,* Hung.
9. *Full name of Father,* Josef Filipi
10. *Father's Occupation,*
11. *Father's Birthplace,* Hung

Name of Medical Attendant, or other person who makes this Return, K Wambach

Address, 1900 E Richardson St

Remarks, None

...ard day of each and every month, to the office of Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately after the birth, it shall be the duty of the nurse or midwife in ...attendance to make the return required by this section, and to comply with the provisions of this section in ...the manner and within the period above required, and ...each person or persons who shall hereafter fail to comply with the provisions of this section shall be ...subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are ...recoverable.

RETURN OF A BIRTH. A52567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child, Edgar Bernhardt Rettew.
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 21st 09
6. Place of Birth, (Street and number) 412 East Cross
6. Full name of Mother, Maggie Rettew
7. Mother's Maiden Name, " Balmline
8. Mother's Birthplace, Maryland
9. Full name of Father, Ernest B Rettew.
10. Father's Occupation, Glass Cutter
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, C D Buxton

Address, 222 E Cross St

Remarks, 1910000066

RECEIVED FOR RECORD JAN -1 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

The Physician, Midwife or other person in attendance upon any birth shall report the same to the Commissioner of Health, in the manner and within the period of time prescribed by the rules and regulations of the Board of Health. In case there is no physician, midwife or other person in attendance upon such birth, the father or mother of such child, if living in the house where such birth occurs, shall report the same to the Commissioner of Health, in the manner and within the period of time prescribed by the rules and regulations of the Board of Health. In case the birth of any child shall occur without the attendance of any person required by law to report the same, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed by the rules and regulations of the Board of Health. Any person who shall violate any of the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -1 1910
J.S. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Name of child, John Lasocak
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 23/09
5. Place of Birth, (Street and number) 1532 Eastern ave
6. Full name of Mother, Alexandra Lasocak
7. Mother's Maiden Name, Alexandra Kozyczka
8. Mother's Birthplace, Poland
9. Full name of Father, Stanislaw Lasocak
10. Father's Occupation, Clothes Presser
11. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Felicia Kozlowska

Address, 406 S. Broad St

Remarks, 1910000000067

of a certificate between the first and third day of each and every month to the Board of Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in writing to the Commissioner of Health the birth of such child, and the particulars required to be reported by a physician, and any person hereafter failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -1 1910
GEO. BOSLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Name of child,* Henry
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 8 of Dec
5. *Place of Birth, (Street and number)* 740 Ryan st
6. *Full name of Mother,* Mamie Katharine Watson Velten
7. *Mother's Maiden Name,* Mamie
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* George Henry Wilson
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bauer

Address, 711 Grady st.

Remarks, 1910000000068

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child to report the same as required by this section, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

A52570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -1 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 children

1. Name of child, Lewis Edward
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth December 23rd
5. Place of Birth, (Street and number) 1135 Northern Street Balto Md
6. Full name of Mother, Mrs Helen Beckhardt
7. Mother's Maiden Name, Helen Belt
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Mr Simon Beckhardt
10. Father's Occupation, Produce dealer
11. Father's Birthplace, Maryland Ohio

Name of Medical Attendant, or other person who makes this Return. Mrs B Ample

Address, 711 Penn St.

Remarks, 1910000000069

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, it shall be the duty of the mother within ten days after the birth of her child to make and subscribe the certificate required by this section, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RESERVED FOR RECORD
JAN – 1 1910
JAS. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Name of child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White Race
4. *Date of Birth* Friday, Dec. 3, 1909.
5. *Place of Birth, (Street and number)* 100 W. West St.
6. *Full name of Mother,* Threase Goodman
7. *Mother's Maiden Name,* Threase Fox
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Isreal Goodman
10. *Father's Occupation,* grocery Store
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Wm Burgh

Address, 7/1 Lombard St.

Remarks, 1 9 1 0 0 0 0 0 0 7 0

Sec. 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of every physician or midwife, or other person who shall have attended at the birth of any child, to report the birth to the Commissioner of Health, or to such person as he may designate for the purpose, within the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then it shall be the duty of the parent of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* colored
4. *Date of Birth* Dec. 25, 1909
5. *Place of Birth, (Street and number)* 1913 Argyle St
6. *Full name of Mother,* Annie Tucker
7. *Mother's Maiden Name,* Annie Whettingham
8. *Mother's Birthplace,* Warrenton Va
9. *Full name of Father,* Joseph L Tucker
10. *Father's Occupation,* [illegible]
11. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 1910000071

RECEIVED FOR RECORD
DEC 31 1909
JAS. HOSLEY M.D.
COMR. OF HEALTH

date and place of birth, and thereof schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, as herein and as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
DEC 31 1909
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Name of child, no name
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) colored
4. Date of Birth Dec. 29 '09
5. Place of Birth, (Street and number) 1512 Bunett Lt
6. Full name of Mother, Margret Emma Samuels
7. Mother's Maiden Name, Margret Emma Ball
8. Mother's Birthplace, Northumberland Co. Va.
9. Full name of Father, John George Samuels
10. Father's Occupation, Steveder
11. Father's Birthplace, Northumberland Co. Va

Name of Medical Attendant, or other person who makes this Return, Julia Stevens

Address, 2125 Etting Lt.

Remarks, 1910000072

of a certificate between the first and third day of each and every month to the Commissioner of Health, for which he shall receive from the City Commissioner of Health the sum of ten cents for each certificate so returned. If any midwife or other person shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, he shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-13-63

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ARC574

RECEIVED FOR RECORD
DEC 31 1909
JAS. BOSLEY M.D.
COMM. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, Dorothy Matilda Chamber
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth December 30 1909
5. Place of Birth, (Street and number) Frederick Road East Lynn Ave
6. Full name of Mother, Sadie Chambers
7. Mother's Maiden Name, Rice
8. Mother's Birthplace, Virginia
9. Full name of Father, John Thomas Chambers
10. Father's Occupation, Laborer
11. Father's Birthplace, Virginia

Name of Medical Attendant, [illegible]

Address, [illegible]

Remarks, 1910 100073

...be entered, duly signed by the practitioner in the form ...of each and every month to the office of Commissioner of ...without the Attendance of a physician or practitioner of ...such child to report its birth to the Commissioner of ...more required, and any such person or persons who shall ...section shall be subjected to a fine of ten (10) dollars ...institutions are receivable.

RETURN OF A BIRTH. A52575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
DEC 31 1909
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Thos W Mitchell
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Nov 8 = 1909
6. Place of Birth, (Street and number) 1127 E North Ave
6. Full name of Mother, Martha E Mitchell
7. Mother's Maiden Name, Martha E Hannon
8. Mother's Birthplace, Balto Md
9. Full name of Father, Wm F Mitchell
10. Father's Occupation, Clerk
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Dr. L. Dorsey Md.

Address, 928 E North Ave.

Remarks, 1910000071

Any physician or midwife required by the practitioner in the form of a certificate between the first and tenth days of each month, a like certificate of each birth at which he may have been present during the month preceding. In case there be no physician or midwife present at the birth of any child the other person required to make return of such birth shall make such certificate within ten days after the birth. Any person required by this section to make a certificate who shall neglect or refuse to make such certificate within the time prescribed, or who shall make a false certificate, shall be guilty of a misdemeanor and shall forfeit to the use of the Board of Health, in the manner and within the period above required, the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
DEC 31 1909
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of Child,* George Kreafle
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* April 28 1909
6. *Place of Birth, (Street and number)* 55 Taylor St formerly Jenkins
6. *Full name of Mother,* Edora Kreafle
7. *Mother's Maiden Name,* Edora Tolley
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Frederick Kreafle
10. *Father's Occupation,* Gardner & Driver
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, A. H. Dilker M.D.

Address, 928 E North Ave

Remarks, 1910000075

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the officer or clerk of the Board of Health, to be appointed by the Commissioner of Health, in the manner and within the period above prescribed; and if any such practitioner shall neglect or refuse to report the birth of any child as above required, or should no other person be in attendance within the time prescribed, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall neglect or refuse to report the birth of such child as above required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
DEC 31 1909
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Name of Child, Vernon Root
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb 18 1909
6. Place of Birth, (Street and number) 307 Learswell St Homestead
6. Full name of Mother, Nona Root
7. Mother's Maiden Name, Nona Brantigam
8. Mother's Birthplace, Balto Md
9. Full name of Father, Jess Root
10. Father's Occupation, asbestos worker
11. Father's Birthplace, Baltimore Md
Name of Medical Attendant, or other person who makes this Return, O H Duker M.D.
Address, 928 E North Ave
Remarks, 1910000007

Sec. 2. And be it further enacted, That it shall be the duty of every person in charge of any lying-in institution, or any midwife, or any physician or other person in attendance upon the mother, immediately thereafter to make a return of the birth of any child born in such institution, or to which such midwife, physician or other person may have been in attendance, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of child,* Ethel Delroy Tucker
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* C
4. *Date of Birth* Dec. 24 1909
5. *Place of Birth, (Street and number)* 1924 Dawson St
6. *Full name of Mother,* Edith Tucker
7. *Mother's Maiden Name,* Edith Thornton
8. *Mother's Birthplace,* Mary Land
9. *Full name of Father,* Leonard Tucker
10. *Father's Occupation,* Waiter
11. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Mrs F. Wright

Address, 1373 N. Cooley St

Remarks, 1 9 1 0 0 0 0 0 0 7 7

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
SUPT. OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the forem
If a certificate between the first and third day of each and every month to the office or Commissioner of
Health. In case where no physician or midwife attended at the birth, the father, mother, householder or
midwife, or should no other person be in attendance upon the mother, then any person having knowledge of
shall become the duty of the person or parents of such child to report its birth to the Commissioner of
Health, as aforesaid, within the period above required, and any such person or persons who shall
neglect, refuse or omit to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars
for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Name of child,* Alfred Edward Warren
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* C
4. *Date of Birth* Dec. 11, 1909
5. *Place of Birth, (Street and number)* 2207 Ethel St
6. *Full name of Mother,* Mary Warren
7. *Mother's Maiden Name,* Mary Williams
8. *Mother's Birthplace,* Iowa
9. *Full name of Father,* Thomas Jefferson Warren
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return, Wm. H. Magee

Address, 1373 N. Carey St.

Remarks, 1910000072

RECEIVED FOR RECORD JAN 3 1910 JAS. ROSLEY M.D. COM'R OF HEALTH

...place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every Month to the office of Commissioner of Health, between the hours of 9 o'clock A. M. and 4 o'clock P. M. of the same day; and if any midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, to the manner and within the period above required, and any such person or persons failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of child,* George Washington Palmer
2. *Sex, (state whether male or female)* M
3. *Race or color, (if not of the White Race)* C
4. *Date of Birth* Dec. 20. 1909
5. *Place of Birth, (Street and number)* 1302 N. Bryant Ave
6. *Full name of Mother,* Mildred Palmer
7. *Mother's Maiden Name,* Mildred Harris
8. *Mother's Birthplace,* Halifax Co. Va
9. *Full name of Father,* Washington Palmer
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Halifax Co. Va

Name of Medical Attendant, or other person who makes this Return, Wm. H. Wright

Address, 1373 N. Carey St

Remarks, 1910000079

RECEIVED FOR RECORD JAN 3 1910 JAS BOSLEY M.D. COMR. OF HEALTH

Sec. 10. Every certificate required by this act to be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father, or parent of such child, to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Name of child,* Marguerite
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 27 December 1909
5. *Place of Birth, (Street and number)* 125 S. Wolfe St.
6. *Full name of Mother,* Catherine Fleischmann
7. *Mother's Maiden Name,* Wolf.
8. *Mother's Birthplace,* Balto Md.
9. *Full name of Father,* Maurice Fleischmann
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs K. Klay,

Address, 2224 E. Lombard St.

Remarks, 1910000080

RECEIVED FOR RECORD
JAN 3 1910
J.A.S. BOSLEY M.D.
COM'R OF HEALTH

Sec. 4. Place of birth; and the said schedule shall be delivered, and signed by the practitioner in the form of certificate aforesaid, to the person registering the birth, who shall deliver the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and it shall be the duty of the Commissioner of Health to comply with the provision of this section. Any person neglecting to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Thelma Agnes
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 21. December 1909.
5. *Place of Birth, (Street and number)* 136 S. Bethel St.
6. *Full name of Mother,* Mary Bolling
7. *Mother's Maiden Name,* [illegible]
8. *Mother's Birthplace,* [illegible]
9. *Full name of Father,* [illegible]
10. *Father's Occupation,* [illegible]
11. *Father's Birthplace,* [illegible]

Name of Medical Attendant, [illegible]

Address, [illegible]

Remarks, [illegible]

[illegible] 0 0 0 0 0 0 0 0 1

[illegible] 1910

[illegible]

RETURN OF A BIRTH. A52583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of child,* Anna Geraldine
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 16 December 1907
5. *Place of Birth, (Street and number)* 1926 E Pratt St.
6. *Full name of Mother,* Anna Mutter
7. *Mother's Maiden Name,* " Rieneke
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* Charles Mutter
10. *Father's Occupation,* Organist
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs K. Kley

Address, 2224 E Lombard St.

Remarks, 1910 00082

RECEIVED FOR RECORD
JAN -3 1910
JAS BOSLEY M.D.
COMR OF HEALTH

This certificate is to be filled and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father or parent of such child, or the householder of the house in which such child is born, to report the birth to the Commissioner of Health in the manner and within the time above specified, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child, Beulah Elizabeth
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth 2 December 1910
5. Place of Birth, (Street and number) 1703 Fairmount Ave
6. Full name of Mother, Lillian Sharp
7. Mother's Maiden Name, " Tyler
8. Mother's Birthplace, Virginia
9. Full name of Father, Harry Sharp
10. Father's Occupation, Painter
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs K Kley

Address, 2224 E Lombard St

Remarks, 1910 0 0 0 0 8 3

RECEIVED FOR RECORD
JAN -3 1910
WM. H. WOSLEY, M.D.
COMR OF HEALTH

Sec. 8. Place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or nurse of such child within thirty days after the birth of such child, and no fee shall be charged or collected by any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to furnish him with the information required by this section. Any person or persons who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* Dec. 5 1909
5. *Place of Birth, (Street and number)* 1202 Riverside Ave
6. *Full name of Mother,* Maria Fuller
7. *Mother's Maiden Name,* Richardson
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Gustave Fuller
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Bowles

Address, 4 W Heath St

Remarks, 1910000084

In a city of over the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no one in attendance make the return, then the father or mother of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A52587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 lk

1. *Name of child,*
2. *Sex, (state whether male or female)* Femal.
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec 5 - 1909
5. *Place of Birth, (Street and number)* 219 Hanover St.
6. *Full name of Mother,* Anna Hiller
7. *Mother's Maiden Name,* Gossenowsky
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Wm Hiller
10. *Father's Occupation,* Carpenter & Builder
11. *Father's Birthplace,* Warfelle Pa

Name of Medical Attendant, or other person who makes this Return. Wm Edgar Brooks

Address, 4 N Howard St

Remarks, 1910 000085

Health Law Sec. 4. Any child born in Baltimore City after the first day of each and every month to the office of Commissioner of Health, a true and correct report of such birth, signed by the attendant, if a physician or practitioner of midwifery, or should no other person be in attendance, then by the father or mother of such child, or the householder of the house in which such birth occurs, or the nurse in attendance, or any other person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall knowingly make any false report of the birth of any child, or who shall refuse or neglect to make such report, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A52588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of a certificate between the 21st and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother to make such return as is required of the attendant by the Board of Health, and the mother and, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

RECEIVED FOR RECORD
JAN -3 1910
JAS. ROSLEY M.D.
COMR OF HEALTH

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec 13-1909.
5. *Place of Birth, (Street and number)* 136 E Clement St
6. *Full name of Mother,* Pearl Watson
7. *Mother's Maiden Name,* Richardson
8. *Mother's Birthplace,* Price Geo Co
9. *Full name of Father,* Samuel Watson
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Bruce Geo Co

Name of Medical Attendant, or other person who makes this Return. Wm. & Eliza Peebles
Address, 4 W Hall St
Remarks, 1910000008 6

RETURN OF A BIRTH. 152539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -3 1910
S. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. *Name of Child,*	
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth,*	Dec. 28/09
6. *Place of Birth, (Street and number)*	1806 N. Payson st
6. *Full name of Mother,*	Mrs Martin Keating
7. *Mother's Maiden Name,*	Bessie Gibson
8. *Mother's Birthplace,*	Anne Arundel Co. Md
9. *Full name of Father,*	Martin Keating
10. *Father's Occupation,*	Cutter
11. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M. D.
Address,	1605 W. North Av
Remarks,	1910000000087

Any physician, midwife or other person who shall neglect or refuse to make any return required by the provisions of this section, or any person who shall refuse to give information required by the provisions of this section, or any person who shall knowingly give false information, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Any person who shall fail to make return of a birth to the Registrar of Vital Statistics, Board of Health, Baltimore, Md., within ten days after the birth of any child shall be subject to a penalty of ten dollars for each offense. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the parent or parents of such child to make return of the birth to the Commissioner of Health, within the time above specified, and in default thereof such parent or parents shall be subject to the penalty above provided.

Any physician or midwife who shall attend upon any case of birth, and any person who shall have charge of any lying-in asylum, hospital or other institution for the reception of children, shall make return of the birth to the Registrar of Vital Statistics, Board of Health, Baltimore, Md., within ten days after the birth of any child, and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the parent or parents of such child to make return of the birth to the Commissioner of Health, within the time above specified, and in default thereof such parent or parents shall be subject to the penalty above provided.

Over

RETURN OF A BIRTH. A52590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child, Margaret Louise Harris
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Mulatto
4. Date of Birth, Dec. 25/09
6. Place of Birth, (Street and number) 2000 N. Monroe ave.
6. Full name of Mother, Mrs Jessie Harris
7. Mother's Maiden Name, May Myers
8. Mother's Birthplace, New Orleans.
9. Full name of Father, Jesse Harris
10. Father's Occupation, Electrician
11. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Funk M.D.

Address, 1605 N Monroe Ave

Remarks, 1910 0 0 0 0 0 8 8

And whoever shall be given by a practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the father, if present, and if not present, the mother, shall within the period above required, and in the manner and to the Commissioner of Health, give information of the same to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-28-59

RETURN OF A BIRTH. A52591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. Name of Child, Helen Louise Cousins
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 22/09
6. Place of Birth, (Street and number) 1087 W. Fayette St
6. Full name of Mother, Mrs Louis Cousin
7. Mother's Maiden Name, Clessye Herd.
8. Mother's Birthplace, Md.
9. Full name of Father, Louis Cousins
10. Father's Occupation, Cleark
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, E. Rafuse M.D.
Address, 1685 N. North Ave

Remarks, 1910000089

Said Return to be made every month, and only signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the owner or agent of the house where the birth occurs to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED -9/4/10

RETURN OF A BIRTH. A52392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, MARY OLIVE MINDER
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 11/09
6. Place of Birth, (Street and number) 1622 Warwick Av.
6. Full name of Mother, Mrs Jno B. Minder
7. Mother's Maiden Name, Grace Mayer
8. Mother's Birthplace, Pa.
9. Full name of Father, Jno B. Minder
10. Father's Occupation, Civ. Engineer
11. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, E. A. Frick M.D.
Address, 1605 N. North Av.
Remarks, 1910000090

The midwife, physician or other person in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the midwife shall herself make the return within the period above required, and shall be subject to the same penalty for failure to report. Under the direction of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Mkt.
4. Date of Birth, Dec. 2/09
6. Place of Birth, (Street and number) # 2711 Penna. Av.
6. Full name of Mother, Mrs Nacie Haffer
7. Mother's Maiden Name, Ethel E. Hodian
8. Mother's Birthplace, Balto.
9. Full name of Father, Nacie Haffer
10. Father's Occupation, Plumber
11. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, C A Lewis M.D.

Address, 1605 W North Av.

Remarks, 1 9 1 0 0 0 0 0 0 9 1

RECEIVED FOR RECORD JAN -3 1910 U.S. BOSLEY, M.D. COMR OF HEALTH

Every physician or midwife, or other person in charge of any lying-in establishment, who shall attend upon a birth, shall, within ten days after the birth, send to the office of the Commissioner of Health a certificate of such birth, in the form prescribed by the Commissioner of Health, and every physician or midwife, or other person in charge of any lying-in establishment, who shall attend upon a birth which occurs after the passage of this section shall, within ten days after the birth, send to the office of the Commissioner of Health a certificate between the first and third day of each and every month, to the effect of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, or be present at the same, then the mother herself shall, within the period above required, and in the manner and within the period above required, and in the manner prescribed, send to the Commissioner of Health a certificate of such birth. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Mary Crown Hanley
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 1909
6. Place of Birth, (Street and number) 1807 N. Monroe St
6. Full name of Mother, Mrs Mattie Hanley
7. Mother's Maiden Name, Eva Crown
8. Mother's Birthplace, Ohio
9. Full name of Father, Mattie Hanley
10. Father's Occupation, Dept Mails, Jacksonville Fla.
11. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return, C. A. Smith M. D.

Address, 1605 N North Ave

Remarks, GIVEN NAME ADDED. 0 10 0 0 9 25 3 L. M

RECEIVED FOR RECORD JAN -3 1910 JAS BOSLEY M.D. COMR OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the parent or other person required to give information of such birth cannot furnish the particulars required, the certificate shall be signed by the householder or owner of the house in which such birth occurs. It shall be the duty of each physician, midwife, householder, owner of the house, or other person required to report any birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Name of child,* Marie Bohdal
2. *Sex,* (state whether male or female) Female
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth* Dezember 27. 1909.
5. *Place of Birth,* (Street and number) 113 N. Bath st.
6. *Full name of Mother,* Eva Bohdal
7. *Mother's Maiden Name,* Eva Lidka
8. *Mother's Birthplace,* Hungary Europe
9. *Full name of Father,* Stephen Bohdal
10. *Father's Occupation,* Ringmaker
11. *Father's Birthplace,* Hungary Europe

Name of Medical Attendant, or other person who makes this Return, Mary E. McGinn

Address, Cor. Bart st. Baltimore Md.

Remarks, 1 9 1 1 0 0 0 0 0 0 9 3

RECEIVED FOR RECORD
JAN -3 1910
JAS. SOSLEY M.D.
COM'R OF HEALTH

of a certificate between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In such cases the Board of Health may require such evidence as it may deem necessary. Any person or persons hereafter failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Name of child, Margaret Hauchens.
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White.
4. Date of Birth December 23. 1909.
5. Place of Birth, (Street and number) 1045. S. Milton ave
6. Full name of Mother, Kattie Hauchens.
7. Mother's Maiden Name, Kattie Reiley.
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, John Harry Hauchens.
10. Father's Occupation, Salesman.
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Jones.

Address, 6 East Port st. Baltimore Md.

Remarks, 1910000000094

RECEIVED FOR RECORD JAN 3 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 3

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 14 Day of December 1909
5. Place of Birth, (Street and number) 1207 Druid Hill Ave
6. Full name of Mother, Maggie Evans
7. Mother's Maiden Name, Maggie Nichol
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Martin Evans
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Miss G. Teague

Address, 1404 N. Chester St

Remarks, 1910000095

RECEIVED FOR RECORD JAN -3 1910 JAS BOSLEY M.D. COMR OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the limits of the city, the parent or parents, or person in charge of such child, shall report the same to the Commissioner of Health, in the manner and within the period above required, and a like report shall be made by the parent or parents, or person in charge of such child, on the arrival of such child in the city. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7.

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 20 December 1909
6. *Place of Birth, (Street and number)* 1309 N. Rose St
6. *Full name of Mother,* Anne Magdalene
7. *Mother's Maiden Name,* Anne Galizan
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* William Magraw
10. *Father's Occupation,* Paper Cutter
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Miss G. Legrow

Address, 1404 N. Chester St

Remarks, 1910000096

RECORD
JAN -3 1910
J.S. BOSLEY M.D.
COMR OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the mother herself shall be required, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-19-52

RETURN OF A BIRTH.

A52599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -3 1910
JAS BOOLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child, Helen Marie Gerlach
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 22 December 1909.
6. Place of Birth, (Street and number) 1921 E Biddle St
6. Full name of Mother, Agnes (Gerlach)
7. Mother's Maiden Name, Agnes Palmer
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, William H. (Gerlach)
10. Father's Occupation, steam Pipe Fitter
11. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Leaver

Address, 1404 N. Chester St

Remarks, 1 9 1 0 0 0 0 0 0 9 7

third day of each and every month, to the other or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother herself immediately thereafter if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

452600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 3 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2

1. *Name of Child,* Female
2. *Sex, (state whether male or female)* White
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 1909 - 24 of December St
6. *Place of Birth, (Street and number)* 1313 Park St
6. *Full name of Mother,* Anna Beane
7. *Mother's Maiden Name,* Anna Lose
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* August Beane
10. *Father's Occupation,* Laber
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wm C. Leazure

Address, 1404 N. Leslie St

Remarks, 1 9 1 0 0 0 0 0 0 9 8

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in attendance upon the mother immediately after the birth, or in case there is no person in attendance, then the father or mother of such child, if able, or the householder or the person in charge of the premises where such birth occurs, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,* Louise
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 2 December 1909
6. *Place of Birth, (Street and number)* 2425 Eager Place.
6. *Full name of Mother,* Elizabeth ~~Fitzmeier~~ Pepper.
7. *Mother's Maiden Name,* " " Dietz
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Wilhelm Pepper
10. *Father's Occupation,* Baker
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1910000/0078

1914 East St Baltimore

RECEIVED FOR RECORD
JAN -3 1910
JAS BOSLEY M.D.
COMR OF HEALTH

Every physician or midwife, or other person in attendance upon the mother, immediately thereafter, shall report to the Commissioner of Health, in the manner and form prescribed by him, the birth of each child he may attend, and shall also report the same to the parent or parents of such child or the person in charge of the house in which such birth occurs, without such attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form prescribed by him, and such person or persons shall be entitled to receive from the Commissioner of Health the sum of twenty-five cents for each birth reported by him in accordance with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Name of child,* Victoria Ziarnoska.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* No 711 S. Dallas st.
5. *Place of Birth, (Street and number)* Dec. 22nd 1909.
6. *Full name of Mother,* Antonina Ziarnoska.
7. *Mother's Maiden Name,* Antonina Schultz.
8. *Mother's Birthplace,* Germany.
9. *Full name of Father,* Alexander Ziarnoska.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Fisher.

Address,

Remarks, 1910000000100

RECEIVED FOR RECORD JAN -3 1910 JAS BUSLEY M.D. COMR OF HEALTH

If any midwife or other person than the first and third day of each and every month to the Commissioner of Health. In case the child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons so offending shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child.

1. Name of child, Mary Bake.
2. Sex, (state whether male or female) Girl.
3. Race or color, (if not of the White Race) White.
4. Date of Birth Dec. 16th 1909.
5. Place of Birth, (Street and number) No. 724 S. Regester St.
6. Full name of Mother, Lenie Bake.
7. Mother's Maiden Name, Lenie Leuder.
8. Mother's Birthplace, Roussia.
9. Full name of Father, Jacob Bake.
10. Father's Occupation, Laborer.
11. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs. Clarice Fisher.

Address, No. 720 S. Bond. St.

Remarks, 1910000101

RECEIVED FOR RECORD JAN 3 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Sec. 1. Be it ordained by the Mayor, Aldermen and City Council of Baltimore, That from and after the first day of January, Anno Domini eighteen hundred and ninety-one, it shall be the duty of every physician, midwife, or other person who shall be in attendance upon the mother, immediately thereafter to report to the Commissioner of Health, the birth of such child, which report shall be made in writing, on a blank to be furnished by the Commissioner of Health, by the mailing or delivery of the same within ten days after the birth of such child; and any person who shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, by the mailing or delivery of the same within ten days after the birth of such child; and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Name of child,* Helen Mary Taylor.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* December 5th 1909
5. *Place of Birth, (Street and number)* 536 Madrid Ave. Baltimore
6. *Full name of Mother,* Luisa Mary Taylor
7. *Mother's Maiden Name,* Luisa Mary Schlabaum
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Thos. W. Taylor.
10. *Father's Occupation,* Carpenter.
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary A Keating.

Address, 1 7 1 0 0 0 6 5 1300 E. Henry St.

Remarks, Mother and Child doing well.

RECEIVED FOR RECORD JAN 3 1910 JAS. POSEY M.D. COM'R OF HEALTH

mmissioner of Health. This schedule shall contain a list of the births which have occurred under her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of the parents, the place of birth, the residence, and the day of each and every month to the office of Commissioner of Health, within the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner at the time of delivery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the mother, and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Marie M. Schmidl
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White.
4. Date of Birth December 10th 1909.
5. Place of Birth, (Street and number) 2701 Christian St. Baltimore,
6. Full name of Mother, Anna Schmidl,
7. Mother's Maiden Name, Miller
8. Mother's Birthplace, Hungary.
9. Full name of Father, Carpenter
10. Father's Occupation, Joseph Schmidl,
11. Father's Birthplace, Hungary.

Name of Medical Attendant, or other person who makes this Return, Mary A. Graining.

Address, 1503 Mc. Henry St.

Remarks, ~~Mother's maiden name Miller~~

Name added by father upon applying for a Name at Wilkens

Joseph Schmidl

RECEIVED FOR RECORD JAN -3 1910 JAS BOSLEY M.D. COM'R OF HEALTH

Jan. 28-1/29.

Every midwife between the first and third day of each year, duly signed by the practitioner in the form of a certificate between the first and third day of each year, duly signed by the practitioner in the form of a certificate between the first and third day of each year, duly signed by the practitioner in the form of a certificate

RETURN OF A BIRTH. A52607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Margaret
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* December 10th. 1909.
5. *Place of Birth, (Street and number)* 832 ~~3~~5 S. Calhoun St. Baltimore
6. *Full name of Mother,* Margaret Handy.
7. *Mother's Maiden Name,* " Mahoney.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* William B. Handy.
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary A. Manning.

Address, 1503 Mc Henry St

Remarks, Mother & Child Doing Well

RECEIVED FOR RECORD JAN -3 1910 JAS BOSLEY M.D. COMR OF HEALTH

Section 2. And be it further enacted, that it shall be the duty of the Health Officer of Baltimore City to cause to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or the person in attendance upon the mother, immediately thereafter it shall become the duty of the person who shall be present at the birth to report the same to the Board of Health, in the manner and within the period above required, and such person shall thereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Rose Elizabeth Houck.
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White.
4. Date of Birth December 13th 1909.
5. Place of Birth, (Street and number) 116 S. Calhoun St.
6. Full name of Mother, Genevieve Houck.
7. Mother's Maiden Name, Hamilton
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, John Owen Houck.
10. Father's Occupation, Brakeman.
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary A. Keaning

Address, 1503 Ida Henry Ave

Remarks, Mother 10 Yrs 8 Mos 10 Days Old

RECEIVED FOR RECORD JAN -3 1910 JAS. BOSLEY M.D. COMM. OF HEALTH

Act 2nd Section of this Act and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the Office of Commissioner of Health. In case there is no practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so shall hereafter fail to comply with the requirements of this Act shall be subject to a fine of ten (10) dollars for each offense, to be recovered before and forfeitures are recoverable.

RETURN OF A BIRTH.

A52609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Name of child, Marie
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White.
4. Date of Birth December 17th. 1909.
5. Place of Birth, (Street and number) 1612 W. Saratoga St Baltimore
6. Full name of Mother, Sophia Rehmer
7. Mother's Maiden Name, Lies,
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Henry J. Rehmer
10. Father's Occupation, Brewers Dealer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary A. Haring

Address, 1503 Mc Henry St.

Remarks, Mother 2nd child living 7 dead

RECEIVED FOR RECORD JAN -3 1910 JAS SIGSLEY M.D. TOWN OF HEALTH

Act of Assembly of 1st. June 1898 Section 4. That the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur when no physician or midwife is in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Emma Ruth Lloyd.
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White
4. Date of Birth December 30th 1909.
5. Place of Birth, (Street and number) 1834 Wilhelm St. Baltimore.
6. Full name of Mother, Mary A Lloyd.
7. Mother's Maiden Name, " " Awfoot
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, John C Lloyd.
10. Father's Occupation, Iron Worker.
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary A Manning

Address, 1303 Mc Henry St

Remarks, Mother 2nd child living 1 0 7

RECEIVED FOR RECORD JAN -3 1910 JAS BOSLEY M.D. COMR OF HEALTH

RETURN OF A BIRTH.

A52611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Name of child, Grace Emmons Valliant.
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White.
4. Date of Birth December 13th. 1909
5. Place of Birth, (Street and number) 1603 Eden St, Baltimore
6. Full name of Mother, Grace Valliant.
7. Mother's Maiden Name, " Russell.
8. Mother's Birthplace, Baltimore.
9. Full name of Father, Stephen Valliant.
10. Father's Occupation, Laborer.
11. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary A Keating.

Address, 1508 Aliceanna St.

Remarks, Mother & Child doing well

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

Sec. 4. And be it further enacted, That the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Name of child, Not Named
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 31-09
5. Place of Birth, (Street and number) 347 S. Sharp St
6. Full name of Mother, Mary E. Sammons
7. Mother's Maiden Name, Mary E. Murray
8. Mother's Birthplace, Balto Md
9. Full name of Father, Henry V. Sammons
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Henry E. Cole M.D

Address, 1203 W. Fayette St

Remarks, 1 9 1 0 0 0 0 0 1 0 9

...and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or other person required by this ordinance to report the same, the mother thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 6-27-67 A52613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Elizabeth Johanna Scharnagl
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 24th Dec 1909
5. Place of Birth, (Street and number) 1341 Andrews [illegible]
6. Full name of Mother, Mary Scharnagl
7. Mother's Maiden Name, " Gilbert
8. Mother's Birthplace, Balto
9. Full name of Father, Fred. Scharnagl
10. Father's Occupation, Labor
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Everline Byer

Address, 1475 Garrett Ave

Remarks, 1910000110

RECEIVED FOR RECORD JAN -3 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case no birth shall occur during any period above specified, a like certificate of the fact shall be delivered to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this [illegible] shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 21st Dec
5. *Place of Birth, (Street and number)* 1528 Clemson st. Balto Md
6. *Full name of Mother,* Edeth Mildes
7. *Mother's Maiden Name,* " Wilder
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Henry Mildes
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Everline Byer

Address, 1475 Garrett Ave

Remarks, 1 9 1 0 0 0 0 0 1 1 1

RECEIVED FOR RECORD JAN 3 1910 BOARD OF HEALTH COMR'S OF HEALTH

Sec. 20. And be it further enacted, That the said returns shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or commissioner of Health. In case there is no practitioner in attendance upon the mother, it shall be the duty of the midwife, or other person in attendance upon the mother, immediately thereafter to shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereinafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 14-1909
6. Place of Birth, (Street and number) 1266 Glyndon av
6. Full name of Mother, Minnie Mich
7. Mother's Maiden Name, Dade
8. Mother's Birthplace, Germany
9. Full name of Father, Edward H Mich
10. Father's Occupation, Shoe Cutter
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph E. Muse MD.

Address, 1520 Hollins St.

Remarks, 1 9 1 0 U 0 0 0 1 1 2

RECEIVED FOR RECORD JAN -3 1910 JAS BOSLEY, M.D. COM'R OF HEALTH

Every midwife, physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons neglecting or refusing to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -3 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 27-1909
6. Place of Birth, (Street and number) 863 W Lombard St.
6. Full name of Mother, Alice L Dougherty
7. Mother's Maiden Name, Reynolds
8. Mother's Birthplace, Virginia
9. Full name of Father, John C Dougherty
10. Father's Occupation, Seaman
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Jas. E. Mine M.D.

Address, 1520 Hollins St.

Remarks, 1910000113

RETURN OF A BIRTH. A52617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Name of child,* Elizabeth Brown
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 13, 1909
5. *Place of Birth, (Street and number)* 1110 W Lafayette ave
6. *Full name of Mother,* Bessie Brown
7. *Mother's Maiden Name,* Bessie Baker
8. *Mother's Birthplace,* Philadelphia Pa
9. *Full name of Father,* Harry A Brown
10. *Father's Occupation,* Contractor & Builder
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, John H Evans

Address, 101 N Carey St

Remarks, 1910000114

If any child born alive within the limits of Baltimore City shall be delivered, duly signed by the attending physician or midwife, at the office of the Registrar of Vital Statistics, Board of Health, in the form of a certificate between the first and third day of each month, and if the office of Registrar of Vital Statistics, Board of Health, be not open on the third day, then on the next day thereafter it shall be open, a certificate of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father, or in case of his absence, the mother of such child, to report the birth to the Commissioner of Health, in the manner and within the time above specified, and any person who shall neglect or hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-1-57

RETURN OF A BIRTH. A52618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Name of child, Gladys Yachti Muench
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth December 1, 1909.
5. Place of Birth, (Street and number) Nr. 2100 Hanover st.
6. Full name of Mother, Linda V. Muench
7. Mother's Maiden Name, Linda E. Chelton
8. Mother's Birthplace, Maryland
9. Full name of Father, Herman K. Muench
10. Father's Occupation, Salesman
11. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, A. A. Elwell, M.D.

Address, 1741 Hereford ave

Remarks, 1910000001 15

RECEIVED FOR RECORD JAN -3 1910 OSLEY M.D. COMR OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the mother within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6/2511

RETURN OF A BIRTH.

A52019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -3 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Name of child,* MAE LILLIAN CUNNINGHAM
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 25, 1909
5. *Place of Birth, (Street and number)* No. 434 Harford road
6. *Full name of Mother,* Sarah Elizabeth Cunningham
7. *Mother's Maiden Name,* Sarah Elizabeth Riggs
8. *Mother's Birthplace,* Baltimore city
9. *Full name of Father,* Andrew D. Cunningham
10. *Father's Occupation,* Hackman
11. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, A. A. Elwell M.D.

Address, 1741 Harford ave

Remarks, 1910000116

of a certificate between the first and third day of each and every month, to the Board of Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending such child to report its birth to the Commissioners of Health, in the manner and within the time above specified; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if he shall no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person present at said birth or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 31/09
4. Place of Birth, (Street and Number) 1706 W. Fayette St.
5. Full Name of Mother, Effie Bogan
6. Mother's Maiden Name, Effie Narseman
7. Mother's Birthplace, Maryland
8. Full Name of Father, Robert F. Bogan,
9. Father's Occupation Merchant.
10. Father's Birthplace, Mississippi

Name of Medical Attendant, or other person who makes this Return, Dr. Edmunds

Address, 1910 W 30 St Edmunds Ave

Remarks,

RECEIVED FOR RECORD JAN -3 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

RETURN OF A BIRTH.

A52621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Nov 2nd 09.

4. *Place of Birth, (Street and Number)* 1 Mar Pl

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* Rose [illegible]

7. *Mother's Birthplace,* Balto Co.

8. *Full Name of Father,* John Schaik.

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Balto Co.

Name of Medical Attendant, or other person who makes this Return, C. Frost.

Address, 918

1910000118

Remarks,

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

...ceived by the Registrar of Vital Statistics, Board of Health, Baltimore City, the date and place of birth and the ...ex, color, the full name and occupation of the parents, the date and place of birth and the ...aid schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and ...third day of each and every month to the officer or person appointed by the Board of Health to receive the same, or shall cause the same to be delivered to such officer or person; and should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 14/09.
4. *Place of Birth, (Street and Number)* 3434 Cedar Ave.
5. *Full Name of Mother,* Florence Stewart
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Balto Co.
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, L. C. Krout.

Address, 818 3 9 1 0 0 0 0 1 1 9.

Remarks, an unmarried Couple

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

cent each. In the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, who shall record the same in a book to be kept for that purpose, and shall furnish to the person or parents of such child a certificate of such record. Any physician, or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of Ten Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Film #504 - 2-24-77 Dw

CERTIFICATE AMENDED

RETURN OF A BIRTH.

A52623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Mary Cathern Newman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 14th 1909
4. Place of Birth, (Street and Number) 38 Druid ave
5. Full Name of Mother, Nellie Newman
6. Mother's Maiden Name, Nellie Mc Canley
7. Mother's Birthplace, Md
8. Full Name of Father, Walter Newman
9. Father's Occupation Salvation Army
10. Father's Birthplace, England / Canada

Name of Medical Attendant, or other person who makes this Return, D W Smith

Address, 1 92 D 03 0 W 20

Remarks,

RECEIVED FOR RECORD JAN -3 191

JAS. BOSLEY M.D. COM'R OF HEALTH

...and the sum to be covered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within ten days after the birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Twins both female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 14th 1909

4. Place of Birth, (Street and Number) 21 Lemon Ave

5. Full Name of Mother, Rosie Goosen

6. Mother's Maiden Name, Rosie Roberts

7. Mother's Birthplace, Md

8. Full Name of Father, Eugene Goosen

9. Father's Occupation Shoe Keeper

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr W Smith

Address. 1920 Druid Hill Ave

Remarks,

RECEIVED FOR RECORD JAN -3 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the occupant of the house or tenement where such birth occurs shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Dora

RETURN OF A BIRTH. A52625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Twins both female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 28. 1909
4. *Place of Birth, (Street and Number)* 829 Bluecher av
5. *Full Name of Mother,* Dora (Bichell) Bichell
6. *Mother's Maiden Name,* Dora Meyer
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Joshua (Bichell) Bichell
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, D. W. Smith M.D.

Address, 1922 E. Baltimore

Remarks, Twin #1 Dorothy C. Bichell
Twin #2 Ruth K. Bichell

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COMR. OF HEALTH

rd day of each and every month to the office of the Commissioner of Health. In case the birth of any child all occur without the attendance of a physician or practicuer of midwifery, or should no other person be in tendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such ild to report its birth to the Board of Health in the manner and within the time above specified, and ailure to report as aforesaid shall subject the person or parents so offending to a penalty of ten (10) dollars, ich to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Name of Child, Female
2. Sex, (state whether male or female) White
3. Race or color, (if not of the White Race) Thu 24 of December 1909.
4. Date of Birth, 1632 N. Washington St
6. Place of Birth, (Street and number) [illegible] Baltimore
6. Full name of Mother, [illegible] Ward
7. Mother's Maiden Name, Baltimore Md.
8. Mother's Birthplace, [illegible] Baltimore
9. Full name of Father, Laber
10. Father's Occupation, Baltimore Md
11. Father's Birthplace, [illegible] Geo [illegible]
Name of Medical Attendant, or other person who makes this Return, 1404 N. [illegible] St
Address,
Remarks, 1 9 1 0 0 0 0 0 1 2 3

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

A fine not exceeding Fifty Dollars, or imprisonment not exceeding Thirty Days, or both, in the discretion of the Court, is imposed by Section 3, Article 43, of the Code upon any person who shall practice midwifery without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required by law, and any such person or persons failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Thelma E. Beth McNulty
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 14th 1909
6. Place of Birth, (Street and number) Lanville Balto Co Md.
6. Full name of Mother, Maurice A McNulty
7. Mother's Maiden Name, Maurice A Eignet
8. Mother's Birthplace, Balto Md
9. Full name of Father, William H McNulty
10. Father's Occupation, Mattress Maker
11. Father's Birthplace, Balto Md

RECEIVED FOR RECORD JAN -3 1910 WM. BOSLEY, M.D. COM'R OF HEALTH

Name of Medical Attendant, or other person who makes this Return, Miss M Sternburg

Address, 1517 E. Preston St

Remarks,

1910 00 00124

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents failing to comply with the requirements of this section shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Name of Child,* Alice Christina Sanders
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* 22 Dec 1909
6. *Place of Birth, (Street and number)* 121 Carroll Ave Mount
6. *Full name of Mother,* Minnie A Sanders
7. *Mother's Maiden Name,* Minnie A Geisel
8. *Mother's Birthplace,* Baltimore City Maryland
9. *Full name of Father,* George H Sanders
10. *Father's Occupation,* Carpenter Farmer
11. *Father's Birthplace,* Baltimore City Mary

RECEIVED FOR RECORD JAN -3 1910 JAS BOSLEY M.D. COMM'R OF HEALTH

Name of Medical Attendant, or other person who makes this Return, Mrs Martha Stanley

Address, 1517 Preston Street Baltimore City

Remarks, 1910000125

RETURN OF A BIRTH.

A52629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Sophia Hentz

1. *Name of Child,* Virginia Lorraine Hentz
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 1. 1910
6. *Place of Birth, (Street and number)* 1970 Patterson Place
6. *Full name of Mother,* Sophia Hentz
7. *Mother's Maiden Name,* Sophia Engelking
8. *Mother's Birthplace,* Ind
9. *Full name of Father,* Martin William Hentz
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Ind.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Steenken

Address, 1517 E Preston St

Remarks, 1910000012 6

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13.

1. *Name of child,* Marie Biedenbach.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* Dezember 2. 1909.
5. *Place of Birth, (Street and number)* 505 E. Pratt st.
6. *Full name of Mother,* Wilhelmina Biedenbach.
7. *Mother's Maiden Name,* Wilhelmina Forster.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* August Biedenbach.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Miss A. M. Sinn.

Address, 505 E. Pratt st. Baltimore Md.

Remarks, 1910000127

RECEIVED FOR RECORD
JAN -3 1910
JOS. POSLEY M.D.
COM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner above required, and any such person or persons who shall neglect or hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A5C931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Name of child,* Maria Teresia Long.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* December 21. 1909.
5. *Place of Birth, (Street and number)* 2223. E. Madison St.
6. *Full name of Mother,* Marie Marguset Long.
7. *Mother's Maiden Name,* Marie Margaret Hellgren
8. *Mother's Birthplace,* Norway.
9. *Full name of Father,* James M. Long.
10. *Father's Occupation,* Male nurse.
11. *Father's Birthplace,* St. Mary's Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. R. M. Sims.

Address, 6 E. Pratt St. Baltimore Md.

Remarks, 1910000128

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Every Midwife, Physician or other person who shall attend upon any birth, shall, within ten days after such birth, make a return thereof to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician, Midwife or Nurse, the father or mother of such child, or the householder in whose house it shall occur, or the person in charge of such house, shall report such birth to the Commissioner of Health. In case there is no father or mother, and no such householder or person in charge of the house, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health. In case there is no father or mother, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Name of child,* Evelyn Stewart.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* December 26. 1909.
5. *Place of Birth, (Street and number)* 221. Edgar Place.
6. *Full name of Mother,* Margaret E. Stewart.
7. *Mother's Maiden Name,* Margaret E. Meister.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Burkhardt Stewart.
10. *Father's Occupation,* Driver.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Jones

Address, 416 Port. st. Baltimore Md.

Remarks, 1910000129

RECEIVED FOR RECORD JAN -3 1910 JAS. BOSLEY M.D. COMR. OF HEALTH

If a birth shall occur in the first and third day of each and every month to the owner or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or regular midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending upon the mother, to report the birth to the Commissioner of Health, in the manner and within the time above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A52633

RETURN OF A

To the Office of Registrar of Vital Statistics, Board

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* April 8/09
6. *Place of Birth, (Street and number)* 4313 Main
6. *Full name of Mother,* Laura K. Shelley
7. *Mother's Maiden Name,* " "
8. *Mother's Birthplace,* Kansas
9. *Full name of Father,* Wm E. Shelley
10. *Father's Occupation,* Tra
11. *Father's Birthplace,* Ia

Nam f Medical Attendant, or other perso makes this F

847 [illegible]

ten (10) dollars for each offense, to be recovered as other fines and forfeitures are

RETURN OF A BIRTH.

A52634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Baby Ritter
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Mulatto
4. Date of Birth Dec 10 09
5. Place of Birth, (Street and number) 923 N Pulaski
6. Full name of Mother, Pearl Ritter
7. Mother's Maiden Name, Dismuke
8. Mother's Birthplace, Md
9. Full name of Father, Henry Ritter
10. Father's Occupation, Lineman
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this return, Harriet Taylor M.D.

Address, 923 N Pulaski

Remarks, 1 9 1 0 0 0 0 0 1 3 1

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

of a certificate as aforesaid, the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the nurse, if any there be, and within the period above required, and any such person who shall hereafterfail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the Child

1. Name of child, Margret Baran
2. Sex, (state whether male or female) Girl
3. Race or color, (if not of the White Race) with
4. Date of Birth 1 January 1910
5. Place of Birth, (Street and number) 1426 Richardson St.
6. Full name of Mother, Eva Kreider
7. Mother's Maiden Name, Barrick
8. Mother's Birthplace, Penns Gfarmatha Ungarn
9. Full name of Father, Frank Baron
10. Father's Occupation, Arbeider
11. Father's Birthplace, Ungarn Caernya Ungarn

Name of Medical Attendant, or other person who makes this Return, Margret Tang

Address, Hanover Pd 1133.

Remarks, 1910000132

RECEIVED FOR RECORD
JAN -3 1911
JAS BOSLEY M.D.
COMR OF HEALTH

Every physician or midwife who shall attend upon any birth shall report the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the parent or parents, or person with whom the mother may be, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec. 19 1909
5. *Place of Birth, (Street and number)* 1013 Talbot Ave
6. *Full name of Mother,* Augusta Leader
7. *Mother's Maiden Name,* Herner
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Otto Leader
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Mrs. Olivia Bruglar

Address, 4 N Heath St

Remarks, 1910000133

RECEIVED FOR RECORD
JAN -3 1910
JAS BOSLEY M.D
COM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons in charge of such child, or of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 25 1909
5. Place of Birth, (Street and number) 1910 Hanover St
6. Full name of Mother, Sophia Tamellini
7. Mother's Maiden Name, Tenure
8. Mother's Birthplace, Balto
9. Full name of Father, Philip Tamellini
10. Father's Occupation, Horseshoer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Eliz Brooks

Address, 4 N Health St

Remarks, 1910000134

RECEIVED FOR RECORD JAN -3 1910 CAS BOSLEY MD COM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of the house in which the birth occurs to report the same to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

(over)

RETURN OF A BIRTH. A52633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Name of child,* Margaret May Kleinsmith
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 6 1909
5. *Place of Birth, (Street and number)* 1726 Marshall Ave
6. *Full name of Mother,* May A Kleinsmith
7. *Mother's Maiden Name,* Cleary
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Fred Kleinsmith
10. *Father's Occupation,* Engineer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Bradley

Address, 1 W Health Dept

Remarks, 1910000135

RECEIVED FOR RECORD JAN -3 1910 JAS BOSLEY M.D COM'R OF HEALTH

Note.—The Commissioner of Health of Baltimore City, or the Physician or Midwife in attendance upon the mother, shall cause a return of the birth of any child to be made to the Registrar of Vital Statistics, at the office of the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF [redacted] BIRTH.

A52639

GIVEN NAME ADDED 9-10-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -3 1910
JAS 2OSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Ruth Littlepage
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 1 - 1910
6. *Place of Birth, (Street and number)* 222 N. Payson St
6. *Full name of Mother,* Louise (Barnett)
7. *Mother's Maiden Name,* Littlepage
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* Dudley A Barnett Jr.
10. *Father's Occupation,* Postman (U.S. Engly.)
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Chas Beamis M.D.

Address, 400 Hanover St

Remarks, 1910000134

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed in section 3 of this ordinance; and any such person or persons so neglecting or refusing to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY, M.D.
SUPR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 -

1. Name of Child, Flora Rothstein
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) W.
4. Date of Birth, December 23 - 09
6. Place of Birth, (Street and number) 925 Hanover St
6. Full name of Mother, Eva B. Rothstein
7. Mother's Maiden Name, Glick
8. Mother's Birthplace, Baltimore City
9. Full name of Father, George Rothstein
10. Father's Occupation, Salesman
11. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, Chas Bramin M.D.

Address, 400 Hanover St

Remarks,

1910000137

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in attendance upon the mother, immediately thereafter, to report the same to the Commissioner of Health; and should neither person be in attendance upon the mother, the parent of such child shall report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

GIVEN NAME ADDED, 4-24-64

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Caroline Griffith Bagby
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 23-1909
6. Place of Birth, (Street and number) 1136 Cathedral St, Baltimore Md.
6. Full name of Mother, Hazel King Bagby
7. Mother's Maiden Name, Hazel King Jones
8. Mother's Birthplace, Baltimore Maryland
9. Full name of Father, George Fowler Bagby
10. Father's Occupation, Lawyer
11. Father's Birthplace, King & Queen Co. Virginia

Name of Medical Attendant, or other person who makes this Return. M. Gibson Foster

Address, Roland Park Maryland

Remarks, 1910000138

RECEIVED FOR RECORD
JAN -3 1910
JAS BOSLEY M.D.
COMR OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
REGR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec. 4-1909
5. *Place of Birth, (Street and number)* 1334 N. Washington st.
6. *Full name of Mother,* Lauretta G. Foster
7. *Mother's Maiden Name,* " Williams
8. *Mother's Birthplace,* Bity
9. *Full name of Father,* Edward L. Foster
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Edwin B. Fenby

Address, 1219 N. Caroline st.

Remarks, 1 9 1 0 0 0 0 1 3 9

Health. To obtain birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, and any person required to report the birth of any child who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Lester Shields Smyth
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) W
4. Date of Birth, Dec 22 09
6. Place of Birth, (Street and number) 1804 E North Ave
6. Full name of Mother, Sadie Shields Smyth
7. Mother's Maiden Name, Sadie Shields
8. Mother's Birthplace, City
9. Full name of Father, Albert Sidney Smyth
10. Father's Occupation, Salesman
11. Father's Birthplace, City

Name of Medical Attendant or other person who makes This Return, R. T. Davidson

Address, 1547 Manchester

Remarks, 19100000140

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur while the mother is attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child, William Gilbert.
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race)
4. Date of Birth 29 December 1909.
5. Place of Birth, (Street and number) 125 N. Grove St.
6. Full name of Mother, Cora Hudson
7. Mother's Maiden Name, " Hyde
8. Mother's Birthplace, Virginia.
9. Full name of Father, Joseph Hudson
10. Father's Occupation, Driver.
11. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs K. Kley.

Address, 2224 E Lombard St.

Remarks, 1910000141

RECEIVED FOR RECORD
JAN 3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

A certificate between the first and third day of each and every month to the Board of Health Commissioner of Health, in the manner and form prescribed by the Board of Health Commissioner of Health, of every child born within such month, shall be delivered by the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form prescribed above required, and it shall be the duty of such person or persons who shall have failed to comply with the provisions of this section, to be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of child,* Oliver
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 23 December 1909
5. *Place of Birth, (Street and number)* 2236 Loomis St.
6. *Full name of Mother,* Klara Johansen
7. *Mother's Maiden Name,* " Ors
8. *Mother's Birthplace,* Norwegen
9. *Full name of Father,* John Johansen
10. *Father's Occupation,* Mariner
11. *Father's Birthplace,* Norwegen

Name of Medical Attendant, or other person who makes this Return, Mrs K Kley

Address, 2224 E. Lombard St.

Remarks, 1910000042

RECEIVED FOR RECORD
JAN -3 1910
J.S. BOSLEY M.D.
COMM'R OF HEALTH

If a birth occurs between the first and third day of such month, such return shall be made to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the next succeeding twenty-four hours; and if a birth occurs after the third day of any month, such return shall be made within the first ten days of the next succeeding month. Any midwife, or any person other than the mother, who shall attend upon the birth of a child, without first causing the return of such birth to be made as herein required, or who shall neglect or refuse to make such return, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A32646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Name of child, Charles Henry
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth 16 December 1909
5. Place of Birth, (Street and number) 1732 Townsend Place
6. Full name of Mother, Maggie Schneider
7. Mother's Maiden Name, Smallwood
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Frank Schneider
10. Father's Occupation, Iron Moulder
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. H. Klay

Address, 2224 E Lombard St.

Remarks, 1910000043

RECEIVED FOR RECORD JAN -3 1910 JAS. SOSLEY M.D. COMR OF HEALTH

Of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and form above required, and any person or persons neglecting or refusing thereafter to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE AMENDED 3/29/74

RECEIVED FOR RECORD JAN -3 1910 JAS BOSLEY M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* ~~Infant~~ MILTON THOMAS
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 4 December 1909.
5. *Place of Birth, (Street and number)* 228 N. Pine St.
6. *Full name of Mother,* Lizzie Thomas
7. *Mother's Maiden Name,* Goerhut
8. *Mother's Birthplace,* Balto Md.
9. *Full name of Father,* Otto Thomas
10. *Father's Occupation,* Barber
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm K Klay

Address, 2224 E. Lombard St.

Remarks, 1910000014

Every Physician, midwife, or other person who shall be in attendance upon the birth of any child shall cause a true and correct return of such birth to be made to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11/4/10

RETURN OF A BIRTH.

A52648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ch.

1. *Name of child,* George Carroll Gibson
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec 7 - 1909
5. *Place of Birth, (Street and number)* 116 Argyle Ave
6. *Full name of Mother,* Florence Gibson
7. *Mother's Maiden Name,* Decker
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Wm. Gibson
10. *Father's Occupation,* B&O inspector
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Bagley

Address, 4 W Hoch Ave

Remarks, 1910000145

RECEIVED FOR RECORD
JAN -3 1910
JAS BOSLEY M.D.
COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to cause the same to be registered as required by the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1910049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -3 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,*
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec 11 1909
5. *Place of Birth, (Street and number)* 123 Wall St
6. *Full name of Mother,* Rose Riedl
7. *Mother's Maiden Name,* " Fisher
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Anton Riedl
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Eliza Brooks

Address, 4 W Wall St

Remarks, 1910000146

Penalty.—If any birth shall occur without the attendance of a physician or practitioner of midwifery as such, then the owner or occupier of the house in which such birth shall occur, and every person present at such birth, and every person having knowledge thereof, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 8/1/72

RETURN OF A BIRTH. A52650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, ALFRED McCOY
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Wh.
4. Date of Birth, Dec. 11/09
6. Place of Birth, (Street and number) 2508 Woodbourne Ave.
6. Full name of Mother, Mo Howard McCoy
7. Mother's Maiden Name, Rose Acaridge
8. Mother's Birthplace, Ga-Co-Md.
9. Full name of Father, Howard McCoy
10. Father's Occupation, Motorman
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, E. A. Schuck M.D.
Address, 1605 N. North Ave.
Remarks, 1910000147

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person having charge of such child to report such birth to the Commissioner of Health within the period above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

Every day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, then the parent or parents, or head of the family where such birth shall occur, shall have one day after the birth to make the return required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 5/09
5. Place of Birth, (Street and number) 2105 Ridgewood Av.
6. Full name of Mother, Mrs Howard Shewell
7. Mother's Maiden Name, Julia Dierzynof
8. Mother's Birthplace, Balto.
9. Full name of Father, Howard Shewell
10. Father's Occupation, Driver
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, E.B. Frick M.D.

Address, 1605 N. North Av.

Remarks, 1910000001488

RECEIVED FOR RECORD JAN -3 1910 JAS. BOSLEY M.D. COMR OF HEALTH

RETURN OF A BIRTH.

A52652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 1 09
6. Place of Birth, (Street and number) 2602 W Fraukeu St.
6. Full name of Mother, Mrs Geo Ritter
7. Mother's Maiden Name, Fredrika A Linas
8. Mother's Birthplace, Balto.
9. Full name of Father, Geo Ritter
10. Father's Occupation, Driver
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Edward M.D.

Address, 1605 N Monroe Av.

Remarks, 1910000149

RECEIVED FOR RECORD
JAN 5 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

and day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the mother herself to make the return as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Name of child,* Robert James Kirby.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* December 6. 1909.
5. *Place of Birth, (Street and number)* 1123. Caton st.
6. *Full name of Mother,* Elizabeth Kirby.
7. *Mother's Maiden Name* Elizabeth Cross.
8. *Mother's Birthplace,* Smithbasin [illegible] N. Y.
9. *Full name of Father,* James Robert Kirby.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Sims

Address, N. E. Cor. Pitt st. Baltimore Md.

Remarks, 1910000150

RECEIVED FOR RECORD
JAN 3 1910
JAS. SOPLEY M.D.
COMM. OF HEALTH

Health. In case the birth of any child shall occur without the State, or if the mother of such child shall be delivered by a midwife, or if from any other cause the birth of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and such person or parents shall fail to comply with the provisions of this section within the period above required, and any such person or persons who shall knowingly or wilfully fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Name of child,* Clifford Gerald Street.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* December 30. 1909.
5. *Place of Birth, (Street and number)* 1652. E. Pratt st.
6. *Full name of Mother,* Luther Street.
7. *Mother's Maiden Name,* Lula Hart.
8. *Mother's Birthplace,* Middlesex Co. Va.
9. *Full name of Father,* Lybert G. Street.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Middlesex Co. Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Sims.

Address, c/o Geo. Pratt st. Baltimore Md.

Remarks, 1910000151

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COMR. OF HEALTH

Health. In case the birth of any child shall occur without the city, the return shall be made by the person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such return as aforesaid, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 9-16-39

RETURN OF A BIRTH. A52655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child.

1. Name of child, ~~Francis Joseph~~ Plachta Plichta, Jr
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 23 1909.
5. Place of Birth, (Street and number) No 1605 Wilkanna St.
6. Full name of Mother, Mary Plachta Plichta
7. Mother's Maiden Name, Mary Wisniewska.
8. Mother's Birthplace, Germany.
9. Full name of Father, ~~Francis J. Frank Plachta~~ Plichta
10. Father's Occupation, Carpenter.
11. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Fisher.

Address, No 720 S. Bond st.

Remarks, 1910000152

RECEIVED FOR RECORD JAN -3 1910 JAS BOSLEY M.D. COMM'R OF HEALTH

Every person required by the first and third sections of Ordinance No. 1 of 1910 to make return of a birth shall, within the time prescribed by said ordinance, make return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, at the office of said Board in the City Hall. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, it shall be the duty of the parent or other person in attendance upon the mother, immediately thereafter to make return of the same to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required to make such return, and any person hereafter failing to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, George McLaughlin
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 27, 1909
6. Place of Birth, (Street and number) 1020 N. Washington St
6. Full name of Mother, Isabell McLaughlin
7. Mother's Maiden Name, " Rockstroh
8. Mother's Birthplace, Balto
9. Full name of Father, Geo McLaughlin
10. Father's Occupation, Coroffer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, W C Knapp, M.D.

Address, 1716 E. Preston St

Remarks, 1910000153

RECEIVED FOR RECORD JAN -3 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child, William Kavanagh
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 12, 1909
6. Place of Birth, (Street and number) Southern Ave., Rainiers
6. Full name of Mother, Augusta Kavanagh
7. Mother's Maiden Name, " Schneider
8. Mother's Birthplace, Baltn
9. Full name of Father, Francis A Kavanagh
10. Father's Occupation, Coppersmith
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr C Knapp M D

Address, 1716 E Preston St

Remarks, 1910000154

RECEIVED FOR RECORD JAN -3 1910 JAS. BOSLEY M.D. REGR OF HEALTH

Duty of child's father, mother, physician or other person to report birth. It shall be the duty of the father of each child born in this State, and in case of his absence, or his inability from sickness or other cause to perform the duty required, the duty of the mother, and in case of her absence, or her inability from sickness or other cause to perform the duty required, the duty of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to perform the duty required of him or them shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the Person or parents of such child to report the birth to the Commissioner of Health, in the manner provided in section 153 of this article, and any person who shall fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Name of child,*	August Rudolf Barthel
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	December 7th. 1909
5. *Place of Birth, (Street and number)*	624 S. Monroe St. Baltimore.
6. *Full name of Mother,*	Elizabeth Barthel.
7. *Mother's Maiden Name,*	Elizabeth Staab
8. *Mother's Birthplace,*	Germany.
9. *Full name of Father,*	Wilhelm Barthel
10. *Father's Occupation,*	Blacksmith
11. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Henry A. Haring.
Address,	1503 McCulloh St.
Remarks,	Twin Pound Baby Case.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

RETURN OF A BIRTH. A52659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Name of child,* John William Readenhoff
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 7th 1909
5. *Place of Birth, (Street and number)* 323 S. Patterson Av. Baltimore
6. *Full name of Mother,* Minnie E. Readenhoff
7. *Mother's Maiden Name,* " " Morgan.
8. *Mother's Birthplace,* Baltimore Co. Md.
9. *Full name of Father,* William Penn Readenhoff
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary A. Shaning

Address, 1203 W. Henrietta St.

Remarks, Mother's Color Changed

RECEIVED FOR RECORD JAN -3 1910 JAS BOSLEY M.D COMM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health, within ten days after the birth, the particulars required to be reported by the person who shall first fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health: In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time required by the preceding sections of this ordinance. All persons who shall violate any provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Name of child,*	John D. Hurley Jr.
2. *Sex, (state whether male or female)*	White.
3. *Race or color, (if not of the White Race)*	Male
4. *Date of Birth*	December 14th 1909
5. *Place of Birth, (Street and number)*	319 S. Gilmor St. Baltimore.
6. *Full name of Mother,*	Margaret M. Hurley.
7. *Mother's Maiden Name,*	" Weidner.
8. *Mother's Birthplace,*	Baltimore.
9. *Full name of Father,*	John D. Hurley.
10. *Father's Occupation,*	Fireman B. C. F. D.
11. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Kraning.
Address,	1503 Mc. Henry St.
Remarks,	Mother aged 1 0 0 Child's Lungs weak

RECEIVED FOR RECORD JAN 3 1910
JAS. BOSLEY M.D. COMR OF HEALTH

157

RETURN OF A BIRTH.

A52661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NUMBER ASSIGNED 5-27-33

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Name of child, Albert Love Bing
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth Jan 24-09
5. Place of Birth, (Street and number) 1402 W. Fayette
6. Full name of Mother, Lucia Bing
7. Mother's Maiden Name, Hill
8. Mother's Birthplace, Balto Md
9. Full name of Father, John L.H. Bing
10. Father's Occupation, Brakeman
11. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. E.E.A. Knott

Address, 1717 W. Fayette

Remarks, 1910000015 8

RECEIVED FOR RECORD JAN -3 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

Note. A child birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of Child, Wm Henry Dawson
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 18, 1909
6. Place of Birth, (Street and number) 1114 Mexington St.
6. Full name of Mother, Frances Adelaide Dawson.
7. Mother's Maiden Name, Frances Adelaide Grayson.
8. Mother's Birthplace, Baltimore, Md.
9. Full name of Father, Thomas Fenton Dawson.
10. Father's Occupation, Salesman.
11. Father's Birthplace, Kent Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Arthur MD

Address, 106 Mexington St

Remarks,

1910000159

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Any and every midwife, or other person in attendance upon any case of birth, in any city or county of this State, shall cause the birth of any child to be registered within ten days after such birth, and shall make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore, Md., on the blank furnished by the Board for that purpose, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to cause the birth to be registered and a return thereof made as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec. 5th, 1909
5. Place of Birth, (Street and number) 1535 Retreat St
6. Full name of Mother, Iris Garner Morris
7. Mother's Maiden Name, Iris Garner Brock
8. Mother's Birthplace, Annapolis Md.
9. Full name of Father, James Fernandis Morris
10. Father's Occupation, Driver
11. Father's Birthplace, Belair, Md.

Name of Medical Attendant, or other person who makes this Return, Fred B Jewett M.D.

Address, 1823 Linden Ave

Remarks, 1910000001600

RECEIVED FOR RECORD
JAN -3 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall occur in this city every month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such return, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 25th Dec.
5. *Place of Birth, (Street and number)* 1369 Garrett Ave Balto Md
6. *Full name of Mother,* Carrie Tillery
7. *Mother's Maiden Name,* " Lowes
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* David Tillery
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Everlene Ryer

Address, 1475 Garrett Ave

Remarks, 1910000161

RECEIVED FOR RECORD JAN 3 1910
S. SOSLEY, M.D. COM'R OF HEALTH

RETURN OF A BIRTH. A52865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Edward
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec. 30th 1909
5. *Place of Birth, (Street and number)* 2117 Fairmount Ave
6. *Full name of Mother,* Martha (Meyer) (McLaurin)
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Edward (Meyer)
10. *Father's Occupation,* Druggist
11. *Father's Birthplace,* (Balto) Germany

Name of Medical Attendant, or other person who may sign this Return, Mrs H. Thos Midwife

Address, 203 N. Washington St.

Remarks, 1910000162

Reported 304 Births 1909.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Every Midwife, Physician or other person who shall attend upon any case of birth shall within three days and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, it shall be the duty of the person in charge of the house in which such birth occurs, or if such house be a tenement house, the head of the family residing therein, or if there be no such person residing therein, then the person in charge of the house, or if there be no such person residing therein, then the person in charge of the house, or if there be no such person residing therein, then the person in charge of the house

GIVEN NAME ADDED 1-4-72

RETURN OF A BIRTH.

A52666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Joseph Henry Butschky
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 2-1909
6. Place of Birth, (Street and number) 1207 Glyndon ave
6. Full name of Mother, Clara E Butschky
7. Mother's Maiden Name, Adams
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Joseph B Butschky
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph Esmalls Nurse

Address, 1520 Hollins st

Remarks, 1910000063

RECEIVED FOR RECORD JAN -3 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* December 15 - 1909
6. *Place of Birth, (Street and number)* 810 Hanover st.
6. *Full name of Mother,* Olive F. Ridgway
7. *Mother's Maiden Name,* Gheil
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* Richard D. Ridgway
10. *Father's Occupation,* Iron Molder
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph E. Grove, MD

Address, 1520 Hollins st.

Remarks, 1910000164

RETURN OF A BIRTH. A52668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* December 30-1909
6. *Place of Birth, (Street and number)* 1111 Barclant St.
6. *Full name of Mother,* Nellie Hunt
7. *Mother's Maiden Name,* Adams
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Edw J Hunt
10. *Father's Occupation,* Hat Maker
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph E. Muse, MD

Address, 1520 Dolphin St.

Remarks, 1910000165

RECEIVED FOR RECORD JAN -3 1910 JAS BOSLEY M.D. COM'R OF HEALTH

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of child,* Chas Schultz Linder
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 5
5. *Place of Birth, (Street and number)* 8 Bucks Lane
6. *Full name of Mother,* Maggie Linder
7. *Mother's Maiden Name,* Maggie Schultz
8. *Mother's Birthplace,* ~~Native~~ Baltimore City
9. *Full name of Father,* Geo Linder
10. *Father's Occupation,* Stable man
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, John A Cleary

Address, 101 N. Carey St

Remarks, 1910000165

Health. To cause the birth of any child to occur without the attendance of a physician or practitioner of midwifery, or other person, as required by law, the Mother, immediately thereafter (if able), or the Father, or other person present at the birth, or having charge of the child, shall become the duty of the person or persons so present, or having such charge, to report the same to the Board of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Name of child,* Baby Kummel
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 29. 1904
5. *Place of Birth, (Street and number)* 720 Mc Henry St
6. *Full name of Mother,* Helen Gibson Kummel
7. *Mother's Maiden Name,* Helen Gibson
8. *Mother's Birthplace,* Phila Pa
9. *Full name of Father,* Ed. Kummel
10. *Father's Occupation,* Plumber
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, John H Evans

Address, 101 N. Carey St

Remarks, 1910000167

RECEIVED FOR RECORD JAN -3 1910 JAS BOSLEY M.D. COMR OF HEALTH

Notice. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the attendant upon the mother, immediately thereafter to report the same to the Commissioner of Health, or person authorized by him to receive such returns, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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A52671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 1, 1902.
5. *Place of Birth, (Street and number)* No. 118½ Harford road
6. *Full name of Mother,* Otilia Bass.
7. *Mother's Maiden Name,* Otilia Klatt
8. *Mother's Birthplace,* Germany.
9. *Full name of Father,* August C. Bass.
10. *Father's Occupation,* Brewer
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, A. A. Elwell M.D.

Address, 1741 Harford ave

Remarks, Full name of child August Bass

RECEIVED FOR RECORD
JAN 5 1903
WM. SOLLEY, M.D.
COM'R OF HEALTH.

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the parent and in default of such parent, of the next immediate relative present at the birth, or of the nurse or other person in attendance upon the mother immediately thereafter to make such return as is required by this section, and to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* Charles Julius Depro Jr.
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 5, 1909.
5. *Place of Birth, (Street and number)* No. 132½ E. Monroe ave
6. *Full name of Mother,* Carrie E. Depro.
7. *Mother's Maiden Name,* Carrie E. Deckard
8. *Mother's Birthplace,* Pennsylvania
9. *Full name of Father,* Charles J. Depro
10. *Father's Occupation,* Printer
11. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, A. R. Elwell, M.D.

Address, Charles Julius Depro 1741 Hanford ave

Remarks, 1910000169

6/2/09

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should other person be in attendance upon the mother, it shall be the duty of such person to report said birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A52673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of Child, William Thomas Harrison Jr.
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 4 1909
6. Place of Birth, (Street and number) 809 W. Base
6. Full name of Mother, Elizabeth Harrison
7. Mother's Maiden Name, Elizabeth Robey
8. Mother's Birthplace, Baltimore
9. Full name of Father, William Thomas Harrison
10. Father's Occupation, Iron Molder
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. Morley Hoag

Address, 725 Columbia Ave.

Remarks, 1910000170

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Health. This schedule shall contain a list of the names and residences of all persons who shall practice midwifery within the city, during the month, and shall set forth as far as ascertained the full name of each child. If any shall have been born dead, the fact shall be stated. The name and occupation of its parents; the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate below, on the day of the third day of each and every month, to the office of Commissioner of Health, in the manner and within the period above required. If any such person or persons who shall hereafter practice midwifery, or should no other person, be in attendance at the birth of any child, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52674

...ce of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

...f Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 3.
1. Name of Child,	
2. Sex, (state whether male or female)	Male ~~Female~~
3. Race or color, (if not of the White Race)	White
4. Date of Birth,	27 December 1909
6. Place of Birth, (Street and number)	2432 E Preston St
6. Full name of Mother,	Lizzie Dunn
7. Mother's Maiden Name,	Lizzie Egan
8. Mother's Birthplace,	Baltimore Md
9. Full name of Father,	Edward Dunn
10. Father's Occupation,	Laber
11. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Miss E. Lecompte
...dress,	1404 N. Bond St
...ks,	1910000171

RECEIVED FOR RECORD
JAN -3 1910
JAS. SOSLEY, M.D.
COMR OF HEALTH

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 152675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of Child,* William Herman Krug
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec 20th 09
6. *Place of Birth, (Street and number)* 60 Penna Ave
6. *Full name of Mother,* Lucy May Krug
7. *Mother's Maiden Name,* Lucy May Knight
8. *Mother's Birthplace,* Penn
9. *Full name of Father,* Frank William Krug
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* 1879 Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Sterling

Address, 1517 Preston St

Remarks, 1910000172

RECEIVED FOR RECORD JAN -3 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

RETURN OF A BIRTH.

A52676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Name of Child,* John Emerson Cook
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec 27th 1909
6. *Place of Birth, (Street and number)* 1122 N Port St
6. *Full name of Mother,* Mary Isabella Cook
7. *Mother's Maiden Name,* Mary Isabella Starr
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* John Vernon Cook
10. *Father's Occupation,* Shipping Clerk
11. *Father's Birthplace,* Baltimore Md

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY, M.D.
REGR OF HEALTH

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Steenburg

Address, 1517 E. Preston St.

Remarks, 1910000173

RETURN OF A BIRTH. A52677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Name of Child, Leonard Vincent Klein
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 25 1909
5. Place of Birth, (Street and number) 1402 Harford Ave.
6. Full name of Mother, Augusta Loretta Klein
7. Mother's Maiden Name, Rhea.
8. Mother's Birthplace, Baltimore
9. Full name of Father, Louis Philip Klein
10. Father's Occupation, Barber
11. Father's Birthplace, Elliott City

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Name of Medical Attendant, or other person who makes this Return. Dr. Martha Steinberg
Address, ~~1402 Harford Ave~~ 1617 E. Preston St.
Remarks, 1910000174

RETURN OF A BIRTH. A52678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Name of child, Stephan a Sitka.
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White.
4. Date of Birth December 25. 1909.
5. Place of Birth, (Street and number) 2810 Elliot st.
6. Full name of Mother, Frances a Sitka.
7. Mother's Maiden Name, Frances Kluczinska
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, John a Sitka.
10. Father's Occupation, Laborer.
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Sims.

Address, 1 C. & P. Pl. st. Baltimore Md.

Remarks,

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RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

RETURN OF A BIRTH. A52679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Name of child,* Thomas Brejcha.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* December 24. 1909
5. *Place of Birth, (Street and number)* 110 N. Durham st.
6. *Full name of Mother,* Annie Brejcha.
7. *Mother's Maiden Name,* Annie Stach.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Joseph Brejcha.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. C. M. Sims.

Address, c/o C. A. Pratt. Baltimore Md.

Remarks, 1910000017 6

RECEIVED FOR RECORD
JAN — 3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Health. A case of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of such person to report in writing to the Commissioner of Health, to the matter of said birth, such particulars as may be required, within ten days thereafter to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Name of child, Dutton Kress
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White.
4. Date of Birth December 20, 1909.
5. Place of Birth, (Street and number) 2409 Eager Place
6. Full name of Mother, Barbara Kress.
7. Mother's Maiden Name, Barbara Lisak.
8. Mother's Birthplace, Bohemia Austria
9. Full name of Father, Joseph Kress.
10. Father's Occupation, Cabinetmaker.
11. Father's Birthplace, Bohemia Austria.

Name of Medical Attendant, or other person who makes this Return, Mrs. C. M. Jirsa.

Address, 611 E. Fort st. Baltimore Md.

Remarks, 1 9 1 0 0 0 0 0 1 7 7

RECEIVED FOR RECORD
JAN -3 1910
S. DOOLEY M.D.
COM'R OF HEALTH

Every person required by law to report the birth of any child shall, within ten days after the birth of such child, report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Name of child, Caldwell
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White
4. Date of Birth December 25. 1909.
5. Place of Birth, (Street and number) 1701 Cristal ave.
6. Full name of Mother, Lannie Caldwell.
7. Mother's Maiden Name, Lannie King.
8. Mother's Birthplace, Baltimore Md.
9. Full nome of Father, George Caldwell.
10. Father's Occupation, Driver.
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Jones.

Address, 1100 E. Pratt st. Baltimore Md.

Remarks, 1 9 1 0 U 0 0 0 U 1 7 8

RECEIVED FOR RECORD JAN 5, 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-25-59

452682

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, Henry Carlton Crutchfield
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 10/09
6. Place of Birth, (Street and number) 2001 W. Lafayette
6. Full name of Mother, Elizabeth Crutchfield
7. Mother's Maiden Name, Polly
8. Mother's Birthplace, Balto City
9. Full name of Father, Clarence C. Crutchfield
10. Father's Occupation, Farmer
11. Father's Birthplace, Illinois

Name of Medical Attendant, or other person who makes this Return. John L. H

Address, 147 W. Lafayette Ave

Remarks, 1 7 1 0 0 0 0 0 1 7 9

...od shall not set forth as far as the same can be ascertained the full name of each child, to any ... (error) in such certificate, as soon as the same is discovered, duly signed by the practitioner or midwife, or ... and every month, to the Commissioner of Health. In case the birth of any ... or practitioner of midwifery, the mother or parents of such ... or practitioner of midwifery, to report such birth within the period above required, and ... ce upon the Commissioner of Health, in case of the neglect of the parents, and also ... person or persons, who shall have neglected, for ten days, to comply with the provisions of this section, shall be ... a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are ... d ...

RETURN OF A BIRTH.

A52684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

A 52684

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Karl Turk (Baby Turk)
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Dec 2 1909
5. Place of Birth, (Street and number) 225 Mosher
6. Full name of Mother, Mamie (Turk) Turner
7. Mother's Maiden Name, Clayfield
8. Mother's Birthplace, Va
9. Full name of Father, Carl Turk
10. Father's Occupation, Laborer
11. Father's Birthplace, Va

Medical Attendant

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the manner and within the time prescribed by the provisions of this section shall be subjected to a fine of ten (10) dollars for every such offense. The

A 52685

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Balt

A 52685

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Baby Belotsky
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 30/09
5. Place of Birth, (Street and number) Colvston R[illegible] near Edmon
6. Full name of Mother, Nellie Belotsky
7. Mother's Maiden Name, Warren
8. Mother's Birthplace, Md
9. Full name of Father, Frank Belotsky
10. Father's occupation, Labor
11. Father's birthplace, Md
12. Medical Attendant or [illegible]

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the person or parents of such chil to report such birth to the Commissioner of Health within the period of ten days, and any such person or persons who shall refuse or neglect to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each and every offence, and all other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Name of child,*
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec 16-1909.
5. *Place of Birth, (Street and number)* 1569 Clarkson St.
6. *Full name of Mother,* Julia Johnson.
7. *Mother's Maiden Name,* Schwarz.
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Helwar L. Johnson
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Norway

Name of Medical Attend [illegible] Chas. Gilpin

Address,

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JAN
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RETURN OF A BIRTH.

A52688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec. 25 1909
5. *Place of Birth, (Street and number)* 1750 Hanover St
6. *Full name of Mother,* Clara ~~Londerstagen~~ Garrinson
7. *Mother's Maiden Name,* Louderslager
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Albert J. Garrinson
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Bagley

Address, 1 N Hall Pl

Remarks, 1910000000183

RECEIVED FOR RECORD
JAN -3 1910
JAS BOSLEY M.D
COM'R OF HEALTH

Health. In case the Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents in the house where the birth occurs, within five days thereafter to make the return required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4-6 Ter. 5th

1. *Name of child,* Dalton Charles Foxwell
2. *Sex,* (state whether male or female) Male
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth* Dec 15 1909
5. *Place of Birth,* (Street and number) 306 Hamburg St
6. *Full name of Mother,* Anna Foxwell
7. *Mother's Maiden Name,* " Pruett
8. *Mother's Birthplace,* Worchester Co
9. *Full name of Father,* John Foxwell
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks

Address, 11 W. Heath St

Remarks, 1910000184

RECEIVED FOR RECORD
JAN -3 1910
JAS BOSLEY M.D
COM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine or midwifery, it shall be the duty of the person or parents of such child to report the birth as herein required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52690

GIVEN NAME ADDED 7-25-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Name of child, Hiram Raymond
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 2 1909
5. Place of Birth, (Street and number) 1624 Bell Ave,
6. Full name of Mother, Ida Henry
7. Mother's Maiden Name, Middleton
8. Mother's Birthplace, Balto
9. Full name of Father, Wm Henry
10. Father's Occupation, Engineer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Dudley

Address, 1 W Hoffman St

Remarks, 1910000185

RECEIVED FOR RECORD JAN -3 1910 S. BOSLEY M.D. COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after such birth, it shall be the duty of the mother, and in case of her inability, of the person in charge of the house at the time of such birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 12691

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 M

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 1 1909
5. *Place of Birth, (Street and number)* 1207 Riverside Ave
6. *Full name of Mother,* Anna Olsen
7. *Mother's Maiden Name,* " Lawrence
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Harry Olsen
10. *Father's Occupation,* B&O Clerk
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Eloi Barker

Address, 1 N Heath Pl

Remarks, 1910000001864

RECEIVED FOR RECORD JAN -3 1910 JAS BOSLEY M.D COM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-ch.

1. *Name of child,* Carroll August Pagel
2. *Sex,* (state whether male or female) Male
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth* Dec 7 1909
5. *Place of Birth,* (Street and number) 411 E. Clement St
6. *Full name of Mother,* Carolina Pagel
7. *Mother's Maiden Name,* Wisse
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* John H. Pagel
10. *Father's Occupation,* Cooper Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Bradley

Address, 411 E Clement St

Remarks, COLORED REGISTER 6-8-8531 8 7

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioners of the healing art, it shall be the duty of the father, mother, householder, or other person having knowledge of the facts, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A52693

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required by law; and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Henrick Adolf Baesche
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* W.
4. *Date of Birth,* Dec. 30-09.
6. *Place of Birth, (Street and number)* 1282 Battery Ave.
6. *Full name of Mother,* Lucy Baesche
7. *Mother's Maiden Name,* Jones
8. *Mother's Birthplace,* Millville, N.J.
9. *Full name of Father,* Adolph Baesche
10. *Father's Occupation,* Merchant
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, C. A. Braun M.D.

Address, 400 Hanover St

Remarks, 1910000018 8

RECEIVED FOR RECORD
JAN -3 1910
JAS BOSLEY M.D.
COMR OF HEALTH

RETURN OF A BIRTH.

A52694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Charles R. Harrison
2. *Sex,* (state whether male or female) Male
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth* Dec. 26 - 1909
5. *Place of Birth,* (Street and number) 1405 N. Chester st.
6. *Full name of Mother,* Mary R Harrison
7. *Mother's Maiden Name,* Gluck
8. *Mother's Birthplace,* City
9. *Full name of Father,* Randolph C. Harrison
10. *Father's Occupation,* Cutter of under clothing
11. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Edwin B. Fenby

Address, 1219 N. Caroline st.

Remarks, 1910000189

A certificate between the first and third day of each and every month to the Office of Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the nurse or other person who may be present at the birth to report the same to the Board of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Sept. 3 - 1909
5. *Place of Birth, (Street and number)* 1110 Hopkins ave
6. *Full name of Mother,* Nellie May Monford
7. *Mother's Maiden Name,* " " McGee
8. *Mother's Birthplace,* City
9. *Full name of Father,* Dr. Ray C. Monford
10. *Father's Occupation,* Dentist
11. *Father's Birthplace,* W. Va.

Name of Medical Attendant, or other person who makes this return, Edwin B. Fenby

Address, 1219 N. Carolina st

Remarks, 1 9 1 0 U 0 0 0 1 9 0

RECEIVED FOR RECORD
JAN - 3 1910
JAS. OSLEY, M.D.
COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so occupying the house to report the birth to the Commissioner of Health, which report shall be verified by the oath of the person making the same; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 52697

RETURN OF A BIRTH.

Office of Registrar of ... Statistics, Board of Health, Balti

A52697

... Mother, (state whether ...t, 2d, 3d, &c.) Second

... whether male or female) Male

...olor, (if not of the white race) White

... Birth, Dec. 11/09.

... Birth, (Street and Number) 207 Eberhart st.

...me of Mother, Raina Miller

... Maiden Name, Raina Wheeler.

... Birthplace, Howard Co.

...me of Father, Edward Mille

...r's Occupation ...lber.

...place, ...

RECEIV... REC...

19100000191

RETURN OF A BIRTH.

A52698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 27th 1909
4. Place of Birth, (Street and Number) 711 — 35 st
5. Full Name of Mother, Minnie Harding
6. Mother's Maiden Name, " Kaufel
7. Mother's Birthplace, Md
8. Full Name of Father, Louis Harding
9. Father's Occupation Fireman
10. Father's Birthplace, Md

Name of Medical Attendant, [illegible] person who [illegible] this Return. D W Smith

Address, 1910 Druid Hill Ave

Remarks,

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Physicians are required to report to the Commissioner of Health, within thirty-six hours after birth, every case of birth occurring in their practice, and in case of the absence of the attending physician, midwife or nurse, then the parent or parents of such child shall report such birth within seventy-two hours after the occurrence of the same. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within seventy-two hours after the occurrence of the same. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be, and shall be decided to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Twins Both Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 28th 1909
4. Place of Birth, (Street and Number) 214 Carroll St
5. Full Name of Mother, Kate Misal
6. Mother's Maiden Name, Kate Shoemaker
7. Mother's Birthplace, Md
8. Full Name of Father, Fredrick Misal
9. Father's Occupation Butcher
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. D W Smith MD

Address, 1910 E Monument St

Remarks,

RECEIVED FOR RECORD
JAN -3 1910
W.S. BOSLEY M.D.
COMR OF HEALTH

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any person or persons so failing to comply with the provisions of this section shall be and are hereby declared to be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 1/14/12

RETURN OF A BIRTH. A52700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of Child, JOSEPHINE TYLER
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Dec 21st 09
6. Place of Birth, (Street and number) 942 Leadenhall St.
6. Full name of Mother, Louise Tyler
7. Mother's Maiden Name, " Jackson
8. Mother's Birthplace, Balto
9. Full name of Father, Harry Tyler
10. Father's Occupation, Porter
11. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mengtook Willis M.D.
Address, 910 Hanover St.
Remarks, 1 9 1 0 0 0 0 0 1 9 4

Every person having charge of any case required to be reported by the Board of Health, who shall neglect or refuse to report the same within the time prescribed by the rules and regulations of the Board of Health, or who shall refuse to give such information as may be in his possession, or who shall refuse to attend upon the Health Officer, Commissioner of Health, in the manner and within the period above required, and shall refuse to answer all questions put to him by the Health Officer, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Name of Child,* Geneva Henry
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* 27 of Dec 1909
6. *Place of Birth, (Street and number)* 720 Hanover St
6. *Full name of Mother,* Grace W Henry
7. *Mother's Maiden Name,* Grace Lomsby
8. *Mother's Birthplace,* Leansbridge Md
9. *Full name of Father,* Charles F Henry
10. *Father's Occupation,* Porter
11. *Father's Birthplace,* Balt Md

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

Name of Medical Attendant, or other person who makes this Return,

Address, Hennitter St 439

Remarks, 1 A 1 0 0 0 0 0 1 9 5

(Every physician or midwife, or other person who shall assist at the birth of any child, or shall be present at the birth of any child, shall cause the same to be registered within ten days thereafter, and if such birth occurs without the attendance of a physician or midwife, or other person who shall assist at the birth of any child, or shall be present at the birth of any child, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Rebecca Smith
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* Colrd.
4. *Date of Birth,* Dec. 28 1909
6. *Place of Birth, (Street and number)* 1136 Warren St
6. *Full name of Mother,* Martha ~~Parker~~ Parmer
7. *Mother's Maiden Name,* Martha ~~Parker~~ Parmer
8. *Mother's Birthplace,* Balto. Md.
9. *Full name of Father,* James Smith
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return,

Address, Hanover St 439

Remarks, 1 9 1 0 0 0 0 1 Colrd

RECEIVED FOR RECORD
JAN -5 1910
JAS BOSLEY M.D
COM'R OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the same to the Commissioner of Health, as herein required, within the time above mentioned; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the occupant of the house in which the child is born, or in which the mother may be at the time of the birth of the child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. Name of Child, Robert Jackson
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Dec 30 1909
6. Place of Birth, (Street and number) 502 Hill St
6. Full name of Mother, Mina Jackson
7. Mother's Maiden Name, Mina Mackett
8. Mother's Birthplace, Balt. Md.
9. Full name of Father, Lewis Jackson
10. Father's Occupation, Driver
11. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return,

Address, Henrietta St 478

Remarks, 1 Brother 0 Dead 7.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH.

CERTIFICATE AMENDED Film G508 6-23-77 mm

RETURN OF A BIRTH. A52704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child

1. Name of child, Lizabeth Becker ~~Elizabeth Baker~~
2. Sex, (state whether male or female) Girl
3. Race or color, (if not of the White Race) White
4. Date of Birth 11th Dec
5. Place of Birth, (Street and number) 1443 Houbert St Baltimore
6. Full name of Mother, Anna Becker Mrs Iowski
7. Mother's Maiden Name, ~~Anna Mikolowsky~~
8. Mother's Birthplace, Germany.
9. Full name of Father, John Heinrich ~~Joseph~~ Becker
10. Father's Occupation, Germany. Labor.
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return,

Address, No 1308 Townsend St

Remarks, 1 9 1 0 0 0 0 Baby Nikolojevits

RECEIVED FOR RECORD JAN -5 1910 JAS BOSLEY M.D. REGISTRAR OF HEALTH

The Law: Sec. 3. And be it further enacted, That the midwife or physician or other person in attendance upon the birth of any child shall, within ten days after the birth of such child, report the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth of such child, then the mother of such child shall become the person required, and any such person or persons who shall fail, neglect or refuse to make such report as aforesaid, or who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of child,* †
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 31 1909
5. *Place of Birth, (Street and number)* 1736 McCulloh St
6. *Full name of Mother,* Dora Leah
7. *Mother's Maiden Name,* Dora Lehrman
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Myer E Leah
10. *Father's Occupation,* Merchant
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. V Ken Williams M.D

Address, 601 N Carrollton Ave

Remarks, 1 9 1 0 0 0 0 0 1 9 9

RECEIVED FOR RECORD
JAN -5 1910
JAMES BISLEY M.D.
BOARD OF HEALTH

Every person who shall fail to report the birth as herein required, and every physician, midwife or other person who shall neglect or refuse to make the return and obtain a certificate as herein required, shall forfeit and pay for each offence the sum of ten dollars. And it shall be the duty of the Health Officer to cause the prosecution of all persons who shall violate any of the provisions of this section. Every physician or midwife in attendance upon the mother, shall report the birth of each child to the office of Vital Statistics, Board of Health, between the first and third day of each and every month to the office of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the person in charge of the house in which such birth occurs, or the parent, if present, to report the same as herein required, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

PLACED FOR RECORD
JAN -5 1910
JAS. BOSLEY, M.D.
COMMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,*
2. *Sex, (stote whether male or female)*
3. *Race or color, (if not of the White Roce)*
4. *Date of Birth*
5. *Ploce of Birth, (Street and number)*
6. *Full name of Mother,*
7. *Mother's Moiden Name,*
8. *Mother's Birthplace,*
9. *Full name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendont, or other person who makes this Return,

Address,

Remarks, 1 9 1 0 0 0 0 0 0 2 0 0

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, and any person who shall neglect or refuse to make such report as herein required, shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BUSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Jan 2 nd/910.
4. Place of Birth, (Street and Number) 1125 Fulton St
5. Full Name of Mother. Mary M. Downing
6. Mother's Maiden Name, " " Elgert
7. Mother's Birthplace, Balto
8. Full Name of Father. John D. Downing
9. Father's Occupation Cpt Fire Dept
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr Sherbert

Address, 26 N. Fulton St

Remarks, 1910000201

shall recite without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the mother immediately thereafter if she shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Martha Wilhelmina Barry
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec. 28th. 1909
5. Place of Birth, (Street and number) 1836 Clifton ave
6. Full name of Mother, Anna Wilhelmina Barry
7. Mother's Maiden Name, " " Wright.
8. Mother's Birthplace, South Hill. Virginia
9. Full name of Father, John Aler Barry
10. Father's Occupation, Automobile Instructor
11. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, Thos. E. Humphrey M.D.

Address, 2014 N. Fulton Ave.

Remarks, 1910000202

Health. To save the birth of any child from being reported as a stillborn child, every month to the officer of the police force of the district in which the birth occurs, a list of all births which have occurred in the district during the month, and which have not been reported to the Board of Health, by the attendant, or other person required to report the same, shall be made out by the officer of the police force of the district, and delivered to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make out and deliver such list, shall be subject to a penalty of not less than one dollar nor more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

452709

GIVEN NAME ADDED 7-1-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Name of child, ~~Johnson~~ KATHARINE MARIE NUTWELL
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth December 26 1909.
5. Place of Birth, (Street and number) 2214 Walbrook ave, Baltimore
6. Full name of Mother, Elizabeth Estelle Nutwell
7. Mother's Maiden Name, Burch
8. Mother's Birthplace, Charlotte Hall, Md.
9. Full name of Father, Norman LeRoy Nutwell
10. Father's Occupation, Cashier
11. Father's Birthplace, Washington, D.C.

Name of Medical Attendant, or other person who makes this Return, C. W. Hoffman, M.D.

Address, 2100 W. North ave. Baltimore

Remarks, 1910000203

RECORD
JAN -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of such birth, the mother herself, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 452710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 15, 09
6. Place of Birth, (Street and number) 1111 Binney st
6. Full name of Mother, Veronica Bogdanowicz
7. Mother's Maiden Name, Veronika Andrejew
8. Mother's Birthplace, Russia
9. Full name of Father, Adam Bogdanowicz
10. Father's Occupation, Laborer
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. B. Abercrombie

Address, 1110 Curley St Baltimore Md

Remarks, 1910000020 4

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and form above prescribed; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

RECEIVED FOR RECORD
JAN -5 1910
J.S. BOSLEY, M.D.
COM'R OF HEALTH

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 5, 1909
6. Place of Birth, (Street and number) 342 Boston st
6. Full name of Mother, Barbara Danoaska
7. Mother's Maiden Name, Barbara Granoca
8. Mother's Birthplace, Russia
9. Full name of Father, Stanislas Granoci
10. Father's Occupation, Laborer
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. C. Rheuserin
Address, 1110 Curley str Baltimore Md.
Remarks,

1910000205

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner with the particulars required; and any such person, or persons, who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Name of Child,
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 4, 1909
6. Place of Birth, (Street and number) 1107 Binney Str
6. Full name of Mother, Maryanna Staniszsra
7. Mother's Maiden Name, Maryanna Staniszsra
8. Mother's Birthplace, Germany
9. Full name of Father, Ignatz Staniszski
10. Father's Occupation, Laborer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. E. Abercrig

Address, 1110 Curley Str Baltimore Md.

Remarks,

1910000206

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BUSLEY, M.D.
COM'R OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Name of Child,
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 16, 09
6. Place of Birth, (Street and number) 1101 Harper st
6. Full name of Mother, Carl Bollach
7. Mother's Maiden Name, Carl
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, John Bollach
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. L. Abercrombie

Address, 1110 Conkling St Baltimore Md.

Remarks, 1910000207

Any person who shall neglect or refuse to report the birth of a child, or shall neglect or refuse to report the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall neglect or refuse to make such report shall be subject to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A52714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 18, 09
6. Place of Birth, (Street and number) 3041 Elliott ste
6. Full name of Mother, Elizabeth Miller
7. Mother's Maiden Name, Elizabeth
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Albert miller
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, L. E. Abramson

Address, 1110 Curley ste Baltimore Md

Remarks,

1910000208

Any physician or midwife, or other person required by law to report the birth of a child, who shall neglect to attend upon the mother, immediately thereafter, if he shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Name of Child, Viona Elizabeth Condon
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 30, 09
6. Place of Birth, (Street and number) 2148 W. Fayette St.
6. Full name of Mother, Mollie Elizabeth Condon
7. Mother's Maiden Name, Mollie Elizabeth Willey
8. Mother's Birthplace, Dorchester County, Md
9. Full name of Father, Francis Henry Condon
10. Father's Occupation, Building Contractor
11. Father's Birthplace, Dorchester Co. Md.

Name of Medical Attendant, or other person who makes this Return. E. V. Dickey, M.D.

Address, 14 N. Monroe St.

Remarks, 1910000209

RECEIVED FOR RECORD JAN -5 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in writing the birth to the Board of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth Dec 31st 1909
4. Place of Birth, (Street and Number) 1038 N Dallas St
5. Full Name of Mother Mary McFarland
6. Mother's Maiden Name Lane
7. Mother's Birthplace Maryland
8. Full Name of Father Charles B. McFarland
9. Father's Occupation Cement Paver
10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1910000 [illegible] Balt Md.

Remarks, 1516 E Preston St

Every person in charge of any case of child-birth, within one day from the birth of such child, and every physician, midwife or other person who shall be in attendance upon the mother, immediately thereafter shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, ~~~
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 28 December 1909
6. Place of Birth, (Street and number) 1119 Binney st
6. Full name of Mother, Mariana Dombrowska
7. Mother's Maiden Name, Mariana Roldys
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Korimer Dombrowski
10. Father's Occupation, Laborer
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. E. Abercrombie

Address, 1110 Curley st Baltimore Md

Remarks,

19100000211

Penalty for failure to file affidavit of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall be subject to the same penalties as the person in attendance would be subject to, and shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A52718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 1st 1910
4. Place of Birth, (Street and Number) 518 E. 26th St
5. Full Name of Mother, Jamie Bowman
6. Mother's Maiden Name, Bennett
7. Mother's Birthplace, —
8. Full Name of Father, George Bowman
9. Father's Occupation, Grocer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. H. Jones Jnr

1910000212

Address, 1205 St Paul St

Remarks,

The keeper of every house to which a child is born shall, within six days after the birth, give notice thereof to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the nurse or some other person in attendance upon the mother, immediately thereafter, to make a return of such birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, John Nicholson Ruth
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 15 — 09
6. Place of Birth, (Street and number) 1036 Hanover St.
6. Full name of Mother, Agnes Marie Ruth
7. Mother's Maiden Name, " " Shmalski
8. Mother's Birthplace, Balt.
9. Full name of Father, Ruth
10. Father's Occupation, Loan business
11. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Mary Cook Wolli M.D.

Address, 820 Hanover St

Remarks, 1910000213

RECEIVED FOR RECORD JAN -5 1910 JAS. BOSLEY M.D. COMR OF HEALTH

shall occur without the attendance of a physician or practitioner of the kind, or the person or persons in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and shall not within ten days thereafter furnish such information and proofs as may be in his or her power to obtain and which such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3/15/94

RETURN OF A BIRTH.

A52720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child, Charles N. Jones Jr.
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 17 - 09
6. Place of Birth, (Street and number) 1571 Light St -
6. Full name of Mother, Cora Elizabeth Jones
7. Mother's Maiden Name, " " Eckert
8. Mother's Birthplace, Balt -
9. Full name of Father, Charles N. Jones
10. Father's Occupation, Commission Merchant
11. Father's Birthplace, Balt -

Name of Medical Attendant, or other person who makes this Return, Young Cook Wills M.D.

Address, 810 Hanover St

Remarks, 1910000214

Every case of a child born alive since the first day of April, 1898, in the State of Maryland, shall be reported to the Registrar of Vital Statistics of the district in which such birth occurs, by the physician in attendance upon the mother, immediately after such birth; and in case there was no physician in attendance upon the mother, then by the midwife, nurse or other person who shall have been present at the birth, or by the father of such child, or by the mother, within the period above required, and in case the father or mother is unable to report, then by the householder of the house in which such birth occurs. Any person, or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child, Paul Edward Murphy
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 20-09
6. Place of Birth, (Street and number) 172 Henrietta St.
6. Full name of Mother, Nessie V. Murphy
7. Mother's Maiden Name, " " Leidich
8. Mother's Birthplace, Md.
9. Full name of Father, Cesar Murphy
10. Father's Occupation, R.R. Laund
11. Father's Birthplace, Frederick Co. Maryland

Name of Medical Attendant, or other person who makes this Return, Harry K. Mullin M.D.

Address, 210 Hanover St.

Remarks, 1910000215

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY M.D.
REGR OF HEALTH

If any person named as a parent or householder in this return, or the person or one of such with attendance upon the mother, shall neglect or refuse to make return of the birth required by this section in the manner and within the period above required, and each such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Josef Schapiro
2. *Sex, (state whether male or female)* Boy
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 8th Dec
5. *Place of Birth, (Street and number)* 1451 Andre St Baltimore
6. *Full name of Mother,* Regala Schapiro
7. *Mother's Maiden Name,* Regala Ritter
8. *Mother's Birthplace,* an Germany
9. *Full name of Father,* Bernard Schapiro
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Hector Nikolajevits

Address, 1c 1308 Towson St

Remarks, 1910000021 6

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereupon, it shall become the duty of the father or mother of such child, or any person present at the birth, to report the same within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [redacted] 4 child

1. *Name of child,* Joseph Brayer. [redacted]
2. *Sex, (state whether male or female)* [redacted] Boy
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 23rd Dec
5. *Place of Birth, (Street and number)* 1106 Houtert st Baltimore,
6. *Full name of Mother,* Irais Brayer
7. *Mother's Maiden Name,* Irais Tomes
8. *Mother's Birthplace,* Vngarian
9. *Full name of Father,* Joseph Brayer
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Vngarian

Name of Medical Attendant, or other person who makes this Return.

Address, No 1305 Townson st

Remarks, 1910000215

RECEIVED FOR RECORD
JAN -5 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of Midwifery, or should no other person be in attendance upon the mother at the birth, it shall become the duty of the occupant of the house where such birth occurs to report the same to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Name of child, Josef Krach.
2. Sex, (state whether male or female) Boy
3. Race or color, (if not of the White Race) White
4. Date of Birth 19th Dec.
5. Place of Birth, (Street and number) No 1446 Houbert st Baltimore.
6. Full name of Mother, Kathreina Krach.
7. Mother's Maiden Name, Kathreina Johan.
8. Mother's Birthplace, Ungarian
9. Full name of Father, Josef Krach.
10. Father's Occupation, Barber
11. Father's Birthplace, Ungarian

Name of Medical Attendant, or other person who makes this Return,

Address, No 1308 Townson st

Remarks, 1910 Dec 19 Legitimate

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth who shall become the duty of the mother to report the same, then it shall become the duty of the mother to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Name of child, Peter Kers.
2. Sex, (state whether male or female) Boy
3. Race or color, (if not of the White Race) White
4. Date of Birth 13th Dec.
5. Place of Birth, (Street and number) 1418 Richerson St Baltimore
6. Full name of Mother, Anna Kers.
7. Mother's Maiden Name, Anna Shoemaker.
8. Mother's Birthplace, Hungarian
9. Full name of Father, Peter Kers.
10. Father's Occupation, Labor.
11. Father's Birthplace, Hungarian

Name of Medical Attendant, or other person who makes this Return,

Address, No 1308 Fairmont St

Remarks, 1910 Holy Nativity

RECEIVED FOR RECORD JAN -5 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the parent or parents of such child, or the householder in whose house such birth occurs, shall become liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered in.

RETURN OF A BIRTH. A32726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Name of child, Mike Domu.
2. Sex, (state whether male or female) Boy
3. Race or color, (if not of the White Race) White
4. Date of Birth 19th Dec
5. Place of Birth, (Street and number) 1435 Cooksie St. Baltimore
6. Full name of Mother, Julu Domu.
7. Mother's Maiden Name, Savinike
8. Mother's Birthplace, Germany
9. Full name of Father, Mike Domu
10. Father's Occupation, Labar
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Helen Nikolajevits

Address, 1368 Towson St.

Remarks, 1910 0 0 0 8 2 2 0

RECEIVED FOR RECORD JAN -5 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother of such child shall, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 452727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Name of Child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 3, 1909
6. Place of Birth, (Street and number) 1212 S Patuxent Str
6. Full name of Mother, Mary Kahler
7. Mother's Maiden Name, Hary
8. Mother's Birthplace, Germany
9. Full name of Father, William Kahler
10. Father's Occupation, Laborer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. E. Abercrombie

Address, 1110 Curley str Baltimore Md

Remarks,

1 9 1 0 U 0 0 0 2 2 1

RECEIVED FOR RECORD
JAN -5 1910
JAS BOSLEY M.D.
CHAR OF HEALTH

Any person present at a birth who is a physician or practitioner of midwifery, or who shall in any other person in attendance upon the mother, immediately thereafter, if he shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to so report shall for every such offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

Over

A52728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, Eugene Madey
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 7, 1909
6. Place of Birth, (Street and number) 1737 Eastern Ave
6. Full name of Mother, Ewa Madey
7. Mother's Maiden Name, Ewa Zagwozdzka
8. Mother's Birthplace, Russia
9. Full name of Father, Wacław Madey
10. Father's Occupation, Laborer
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. C. Abercrombie

Address, 1110 Curley Str Baltimore Md.

Remarks, 1910000.00222

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, such midwife immediately thereafter is shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time prescribed, the person or parents of such child shall immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
JAN -5 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth,* December 6, 1909
6. *Place of Birth, (Street and number)* 1109 S Streeper str
6. *Full name of Mother,* Maryanna Kraeura
7. *Mother's Maiden Name,* Maryanna Hudzik.
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Jakub Radecki
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, J. P. Sheerin

Address, 1110 Curley str Baltimore Md.

Remarks, 1910000023

RETURN OF A BIRTH.

A52736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

1. Name of Child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 6, 1909
6. Place of Birth, (Street and number) 2020 Boston Str.
6. Full name of Mother, Franciska Bober
7. Mother's Maiden Name, Franciska Wengzin
8. Mother's Birthplace, Austria.
9. Full name of Father, Edward Bober
10. Father's Occupation, Laborer
11. Father's Birthplace, Galicia

Name of Medical Attendant, or other person who makes this Return, S. E. Abramsky

Address, 1110 Curley St Baltimore Md.

Remarks, 1 9 1 0 0 0 0 0 2 2 4

Every person who is in attendance at a birth as physician or midwife, or at which no other person be in attendance, and every householder in whose house or on whose premises any birth occurs, and every person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

AMENDED BY COURT ORDER - 1/14/70

RETURN OF A BIRTH. A52731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

NAME: JOHN B. BRAWNER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

RECEIVED FOR RECORD
JAN -5 1910
JAS BOSLEY M.D.
REGISTRAR OF HEALTH

1. Name of Child, X Brawner
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 24, '09.
6. Place of Birth, (Street and number) 1908 W Fayette St.
6. Full name of Mother, Mary Louise Brawner
7. Mother's Maiden Name, Mary Louise Dixon
8. Mother's Birthplace, Virginia
9. Full name of Father, Benj L. Brawner
10. Father's Occupation, Produce Merchant.
11. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Ed Dickey, M.D.

Address, 14 N. Monroe St.

Remarks, 1 9 1 0 U 0 0 0 2 2 5

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in writing to the Board of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 25 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, Joseph S Kwiatkowski
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth, 29 December 1909
6. Place of Birth, (Street and number) 1119 Binney st
6. Full name of Mother, Mary Kwiatkowska
7. Mother's Maiden Name, Mary Augustyniak
8. Mother's Birthplace, Germany
9. Full name of Father, Antoni Kwiatkowski
10. Father's Occupation, Laborer
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. L. Abramicz

Address, 1110 Lanley st Baltimore md.

Remarks, 1910000022

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 452:33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Name of Child,* Raymond Edward Egan
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec. 14, '09.
6. *Place of Birth, (Street and number)* 1826 Presbury St.
6. *Full name of Mother,* Gertrude Egan
7. *Mother's Maiden Name,* Gertrude McGee
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full name of Father,* James Edward Egan
10. *Father's Occupation,* Stockkeeper
11. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, E. K. Dickey, M.D.

Address, 14 N. Monroe St.

Remarks, 1 9 1 0 0 0 0 0 2 2 7

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in like manner as is required in the case of births occurring in the presence of a physician, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health. In the latter case, within ten days after the birth, the mother shall make such report, and hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	Bl.
4. *Date of Birth*	Dec 7 1909
5. *Place of Birth, (Street and number)*	J. H. Hospital
6. *Full name of Mother,*	Edna Mullen
7. *Mother's Maiden Name,*	"
8. *Mother's Birthplace,*	Md
9. *Full name of Father,*	"
10. *Father's Occupation,*	"
11. *Father's Birthplace,*	"
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. A. Thomas
Address,	J. H. H.
Remarks,	1910000228

RECEIVED FOR RECORD JAN -6 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

RETURN OF A BIRTH. A52735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health.—In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall occur in a house where there is no resident householder, the mother or nurse in attendance shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RECEIVED FOR RECORD
JAN -6 1910
JAS. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	Black
4. *Date of Birth*	Dec. 31. 09
5. *Place of Birth, (Street and number)*	V. H. Hospital
6. *Full name of Mother,*	Ethel Brooks
7. *Mother's Maiden Name,*	"
8. *Mother's Birthplace,*	Virginia
9. *Full name of Father,*	"
10. *Father's Occupation,*	"
11. *Father's Birthplace,*	"
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. A. Howard
Address,	V. H. H.
Remarks,	1910000229

RETURN OF A BIRTH.

A52736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -6 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	Black
4. *Date of Birth*	Dec 26. 09
5. *Place of Birth, (Street and number)*	V. H. Hospital
6. *Full name of Mother,*	Ora Jackson
7. *Mother's Maiden Name,*	"
8. *Mother's Birthplace,*	Md.
9. *Full name of Father,*	?
10. *Father's Occupation,*	?
11. *Father's Birthplace,*	?
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. A. Thomas
Address,	V. H.
Remarks,	1910000230

Section 1. Be it enacted by the General Assembly of Maryland, That the following shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, and in any case where a midwife or nurse shall be in attendance at the birth, the midwife or nurse shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 3/1917

RETURN OF A BIRTH. A52737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN -6 1910 JAS BOGLEY M.D. CMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* MILDRED MATILDA DENNIS
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* Bl
4. *Date of Birth* Dec 24
5. *Place of Birth, (Street and number)* U. H. Hospital
6. *Full name of Mother,* Margaret Dennis
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Md
9. *Full name of Father,* —
10. *Father's Occupation,* —
11. *Father's Birthplace,* —

Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Lewis

Address, U. H.

Remarks, 1 9 1 0 0 0 0 0 2 3 1

If above is not filled out as directed by (illegible) each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the Mother, it shall be the duty of the Mother, within ten days after the birth, to report the particulars required by this section to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GIVEN NAME ADDED 8/4/42

RETURN OF A BIRTH.

A52738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN -6 1910 JESSE BAILEY, M.D. BOARD OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	IDA BEATRICE WRIGHT
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	Black
4. *Date of Birth*	Dec. 19th
5. *Place of Birth, (Street and number)*	Johns Hopkins Hospital
6. *Full name of Mother,*	Leah Wright
7. *Mother's Maiden Name,*	Leah Butts
8. *Mother's Birthplace,*	Virginia
9. *Full name of Father,*	Tobie Wright
10. *Father's Occupation,*	Laborer
11. *Father's Birthplace,*	U. Co
Name of ~~Medical Attendant~~, or other person who makes this Return.	E.A. Thomas M.D.
Address,	
Remarks,	1910000232

§ 3. And be it further enacted, That the third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the mother and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, George Archie Ellison
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth 12-31-'09
5. Place of Birth, (Street and number) 1321 N. Carey St.
6. Full name of Mother, Ovella Irene Ellison
7. Mother's Maiden Name, "
8. Mother's Birthplace, Newberne, N. C.
9. Full name of Father, Frank McMillan
10. Father's Occupation, Farmer
11. Father's Birthplace, Laurinburg, N. C.

Name of Medical Attendant, or other person who makes this Return, Ricardo Ocus

Address, 1428 N. Gilmor St.

Remarks,

1910000233

RECEIVED FOR RECORD JAN -6 1910 JAS. BOSLEY M.D. COMMISSIONER OF HEALTH

Section 12. Be it further enacted, That any midwife, physician or practitioner of midwifery, who shall neglect or refuse to report, as herein required, any birth which may occur in his or her practice, or who shall knowingly make a false report of any such birth, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than Ten Dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Name of child,*	
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	Bl.
4. *Date of Birth*	Dec. 29. 09
5. *Place of Birth, (Street and number)*	J. H. Hospital
6. *Full name of Mother,*	Pearl Broadus Keegan
7. *Mother's Maiden Name,*	Pearl Broadas
8. *Mother's Birthplace,*	Md.
9. *Full name of Father,*	Thos. Keegan
10. *Father's Occupation,*	sailor
11. *Father's Birthplace,*	R. Ca
Name of Medical ~~Attendant~~, or other person who makes this Return,	E A Howard M.D.
Address,	
Remarks,	1910000234

RECEIVED FOR RECORD
JAN -6 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

Sec. 4. Be it further ordained, &c., That on the first day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the mother, or in case of her inability, of the person having charge of such child, to report the same to the Commissioner of Health, to the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -6 1910
JAS. BOOLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	Black
4. *Date of Birth*	Dec. 13. 09
5. *Place of Birth, (Street and number)*	Johns Hopkins Hosp
6. *Full name of Mother,*	Ella Raby
7. *Mother's Maiden Name,*	"
8. *Mother's Birthplace,*	Virginia
9. *Full name of Father,*	—
10. *Father's Occupation,*	—
11. *Father's Birthplace,*	—
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. O. Stevens
Address,	V H H
Remarks,	1910000235

Sec. 2. Be it further enacted, That it shall be the duty of each and every physician, midwife, or other person in attendance upon the mother at the birth of any child, or in case there be no such attendance, then the father or mother of such child, or the householder of the premises where such birth occurs, to report the birth of such child to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of birth, then the father or mother of such child, or the householder of the premises where such birth occurs, shall be required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

A52742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	Black
4. *Date of Birth*	Dec. 17. 09
5. *Place of Birth, (Street and number)*	Johns Hopkins Hosp.
6. *Full name of Mother,*	Eleanor Hay Wood
7. *Mother's Maiden Name,*	Eleanor Queen
8. *Mother's Birthplace,*	Maryland
9. *Full name of Father,*	Ernest Haywood
10. *Father's Occupation,*	Elevator man
11. *Father's Birthplace,*	Baltimore
Name of ~~Medical Attendant~~, or other person who makes this Return.	E.V. Lowman
Address,	J.H.H.
Remarks,	1910000236

RECEIVED FOR RECORD JAN -6 1910 JOS. BOOLEY M.D. CITY HEALTH OFFICER

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -6 1910
JAS BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7rd
1. *Name of child,*	
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	Black
4. *Date of Birth*	Dec. 5. 09
5. *Place of Birth, (Street and number)*	Johns Hopkins Hospital
6. *Full name of Mother,*	Mary Waters
7. *Mother's Maiden Name,*	Mary Dr. Shields
8. *Mother's Birthplace,*	Md.
9. *Full name of Father,*	Harry Waters
10. *Father's Occupation,*	Laborer
11. *Father's Birthplace,*	Md.
Name of ~~Medical Attendant~~, or other person who makes this Return.	E.A. Towns
Address,	J. H. H.
Remarks,	1 9 1 0 0 0 0 0 2 3 7

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, then the parent or parents of such child shall within five days after the birth report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NUMBER ISSUED 6-28-55

A52744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First –

1. Name of Child, ? Flora De Ford Startt
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White.
4. Date of Birth, Dec-27-1909.
6. Place of Birth, (Street and number) 1609 N. Payson St. –
6. Full name of Mother, Mrs. Mason Startt –
7. Mother's Maiden Name, Miss Meta Styles Janney.
8. Mother's Birthplace, Elkton – Md.
9. Full name of Father, Mason Startt. –
10. Father's Occupation, Book keeper
11. Father's Birthplace, Chestertown – Md. –

Name of Medical Attendant, or other person who makes this Return, W. P. Stables M.D.

Address, 6417 N. Calhoun St. –

Remarks, Child not yet named.

19100900238

RECEIVED FOR RECORD JAN – 6 1910 JAS. BOSLEY, M.D. COMR. OF HEALTH

Statement of Law: It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11/7/75

RETURN OF A BIRTH. A52745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katharine Barker Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Nome of child, ~~Not Named~~
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth July 5 - 10
5. Place of Birth, (Street and number) 1844 N. Mulberry St
6. Full name of Mother, Catherine C. Smith
7. Mother's Maiden Name, Catherine C. Nagle
8. Mother's Birthplace, Catonsville Md
9. Full nome of Father, J. Grafs Smith
10. Father's Occupation, Ice Cream Mfr
11. Father's Birthplace, Balto. Md

Nome of Medical Attendant, or other person who makes this Return. Henry C. Okie, Md.

Address, 1203 W. Fayette St

Remorks, Filed 9 1/0/00 0 0 0 2 3 9

RECEIVED FOR RECORD JAN -6 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

Penalty. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN -6 1910 JAS. BOSLEY M.D. COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 15

1. *Name of child,* [illegible]
2. *Sex, (state whether male or female).* female
3. *Race or color, (if not of the White Race)* Wh
4. *Date of Birth* Dec 3 09
5. *Place of Birth, (Street and number)* 7 E. Fort Ave
6. *Full name of Mother,* Margaret Finnegan
7. *Mother's Maiden Name,* Margaret ?
8. *Mother's Birthplace,* Ireland
9. *Full name of Father,* Patrick Finnegan
10. *Father's Occupation,* ?
11. *Father's Birthplace,* ?

Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas

Address, 7 Fort Ave

Remarks, 1910000240

date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate, to the Registrar of Vital Statistics of the Board of Health of Baltimore City, or to such other person as the Commissioner of Health may designate. In case the birth of any child shall occur without the attendance of a physician or professional midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the form of a certificate, as above provided, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED
RECORD
JAN -6 191
JAS. BOSLEY M.D.
REGISTRAR OF VITAL STATISTICS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	female
2. *Sex, (state whether male or female)*	Wh female
3. *Race or color, (if not of the White Race)*	Wh
4. *Date of Birth*	Dec 27 09
5. *Place of Birth, (Street and number)*	J. H. Hospital
6. *Full name of Mother,*	Marion Jones
7. *Mother's Maiden Name,*	Marion Billings
8. *Mother's Birthplace,*	Md
9. *Full name of Father,*	Thomas Jones
10. *Father's Occupation,*	Painter
11. *Father's Birthplace,*	N. Ca
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. A. Thomas
Address,	J. H. H
Remarks,	1910000241

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the mother of such child shall be required to make a return of the particulars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -6 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Name of child,*	—
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Dec. 28.19 J. H. Hospital
5. *Place of Birth, (Street and number)*	J. H. Hospital
6. *Full name of Mother,*	Ida Shaffer
7. *Mother's Maiden Name,*	Ida Hoffman
8. *Mother's Birthplace,*	Germany
9. *Full name of Father,*	Edward Shaffer
10. *Father's Occupation,*	laborer
11. *Father's Birthplace,*	Md
Name of ~~Medical Attendant~~, or other person who makes this Return,	E O Thomas
Address,	J H H
Remarks,	1910000000242

Of a certificate to person on the first and third day of each month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner provided by law, and any person or persons neglecting or refusing to do so as herein required to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Rebecca Singer
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec. 1809
5. *Place of Birth, (Street and number)* J. H. H.
6. *Full name of Mother,* Sophie Singer
7. *Mother's Maiden Name,* Sophie (Azolf ?)
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Jake Singer
10. *Father's Occupation,* tailor
11. *Father's Birthplace,* Russia

Name of ~~Medical Attendant~~, or other person who makes this Return, Ed. Thomas J. H. H.

Address,

Remarks, 1910000243

RECEIVED FOR RECORD JAN -6 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

RETURN OF A BIRTH.

A52750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -6 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Name of child,*	V.
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Dec 17. 09
5. *Place of Birth, (Street and number)*	V. 14 14
6. *Full name of Mother,*	Nellie Russell
7. *Mother's Maiden Name,*	Nellie A Donovan
8. *Mother's Birthplace,*	Maryland
9. *Full name of Father,*	John Russell
10. *Father's Occupation,*	Carpenter
11. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	E. A. Thomas V H H
Address,	
Remarks,	1 9 1 0 U 0 0 0 2 4 4

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics of the City of Baltimore, or to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the Parents of such child to report it in like manner to the Commissioner of Health. And any person who shall neglect or refuse to make such report as herein required, or who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -6 1910
JAS. BOOLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	black
4. *Date of Birth*	Dec 17 09
5. *Place of Birth, (Street and number)*	Johns Hopkins Hosp
6. *Full name of Mother,*	Jeanette Hopkins
7. *Mother's Maiden Name,*	Jeanette Ward
8. *Mother's Birthplace,*	New York
9. *Full name of Father,*	Jas Rule Hopkins
10. *Father's Occupation,*	Army Officer
11. *Father's Birthplace,*	Michigan
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. A. Parmenter
Address,	2444
Remarks,	1910000245

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of such child, it shall be the duty of the mother, or in case of her inability, the duty of the nearest relative present, to report to the Board of Health, to the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -6 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Wh.
4. *Date of Birth* Dec. 10. 09
5. *Place of Birth, (Street and number)* Johns Hop Kins Hospital
6. *Full name of Mother,* Ada Bradley
7. *Mother's Maiden Name,* Ada Bradley
8. *Mother's Birthplace,* Md.
9. *Full name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas

Address, V. H. H

Remarks, 1910000024

Every midwife, or other person in attendance upon the mother during confinement, shall report in writing to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Name of Child,* Daniel Connors
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* December 23, 1909.
6. *Place of Birth, (Street and number)* 23 Hare Street
6. *Full name of Mother,* Sarah Matilda Connors
7. *Mother's Maiden Name,* Sarah Matilda Henderson
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Daniel Anthony Connors
10. *Father's Occupation,* Marine Engineer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Mary T. Goldschmidt

Address, 3503 E. Balto. St., Highlandtown, Md.

Remarks,

1 9 1 0 0 0 0 0 2 4 7

RECEIVED FOR RECORD JAN -6 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

day or race, and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and it shall be the duty of the father, householder, or owner of the premises where such birth occurs, to report the same, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second eighth

1. *Name of child,* Jacob Schumsky
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec. 25th 09.
5. *Place of Birth, (Street and number)* 2010 Christian St
6. *Full name of Mother,* Fannie Schumsky
7. *Mother's Maiden Name,* " Fromerook
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* David Schumsky
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Harry Goldberg

Address, 1604 Penna. Ave.

Remarks, 1910000248

RECEIVED FOR RECORD JAN -6 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father, or in case of his absence, of the mother, if able, to report to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A52755

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health

A52755

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Not determined.
2. Sex, (state whether male or female) M.
3. Race or color, (if not of the White Race) W.
4. Date of Birth December 30, 1909
5. Place of Birth, (Street and number) 904 N. Paca
6. Full name of Mother, Winifred Barry.
7. Mother's Maiden Name, Winifred Neary
8. Mother's Birthplace, Balto, Md
9. Full nome of Father, Joseph Barry
10. Father's Occupation, Blacksmith
11. Father's Birthplace, Balto, Md

Name of Medical Attendant, or other person who makes this Return, Eugene

Address, 1910000249

Remarks,

A child, (if any shall have been conferred) the same can be ascertained the full name and place of birth: and the said schedule shall be delivered, duly signed as aforesaid, to the ... In case the birth of any child shall occur without the attendance of a physician or practitioner of ... delivery, or should no other person shall neglect or refuse to become the duly or the person or parents of such child to the Registrar, ... after fail to comply with within the period above required, and any such person or persons shall ... such offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Name of child,*	
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	Wh.
4. *Date of Birth*	Dec 2 09.
5. *Place of Birth, (Street and number)*	V. H. Hospital
6. *Full name of Mother,*	Kate Ritzel
7. *Mother's Maiden Name,*	Katie Bickel
8. *Mother's Birthplace,*	Md.
9. *Full name of Father,*	Howard Ritzel
10. *Father's Occupation,*	Brewer Maker
11. *Father's Birthplace,*	Balto
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. A. Thomas
Address,	
Remarks,	1910000250

RECEIVED FOR RECORD
JAN -6 1910
H.S. BOSLEY, M.D.
COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period of time required by law. And any person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -6 1910
J.M.S. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th L
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	Jew
4. *Date of Birth*	Dec. 11. 09
5. *Place of Birth, (Street and number)*	J. H. Hospital
6. *Full name of Mother,*	Martha Kaplan
7. *Mother's Maiden Name,*	Martha Rheem
8. *Mother's Birthplace,*	Germany
9. *Full name of Father,*	Ben Kaplan
10. *Father's Occupation,*	Peddler
11. *Father's Birthplace,*	Russia
Name of ~~Medical Attendant~~, or other person who makes this Return.	C. A. Thomas
Address,	J. H. H.
Remarks,	1 9 1 0 0 0 0 0 2 5 1

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN -6 1910 JAS. BOOLEY M.D. SUPT OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Name of child,*	
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	Heb
4. *Date of Birth*	Dec. 30. 09
5. *Place of Birth, (Street and number)*	V. M. St.
6. *Full name of Mother,*	Annie Shapiro
7. *Mother's Maiden Name,*	Annie Pachuff
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	Isaac Shapiro
10. *Father's Occupation,*	Tailor
11. *Father's Birthplace,*	Russia.
Name of ~~Medical Attendant~~, or other person who makes this Return.	E. A. Thomas
Address,	V. M St
Remarks,	1910000252

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the father or mother, or in the absence of both father and mother, the householder or owner of the premises where the birth occurs, to report such birth to the Commissioner of Health, in the manner and within the period above required. And any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -6 1910
GEO. COOLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	Wh.
4. *Date of Birth*	Dec 26 1909
5. *Place of Birth, (Street and number)*	V. H. Hospital
6. *Full name of Mother,*	Goldie Schwartz
7. *Mother's Maiden Name,*	Goldie ?
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	Herman Schwartz
10. *Father's Occupation,*	Presser
11. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	E. A. Howard
Address,	V. H. H
Remarks,	1910000253

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report it to the Commissioner of Health within ten days thereafter, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 4/1/11

RETURN OF A BIRTH. A52760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	RALPH WESLEY GONTRUM
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	Wh
4. *Date of Birth*	Dec. 27 09
5. *Place of Birth, (Street and number)*	Johns Hopkins Hosp.
6. *Full name of Mother,*	Bessie Gontrum
7. *Mother's Maiden Name,*	"
8. *Mother's Birthplace,*	Va.
9. *Full name of Father,*	—
10. *Father's Occupation,*	—
11. *Father's Birthplace,*	—
Name of ~~Medical Attendant~~, or other person who makes this Return.	E. A. Thomas V. P. A. H.
Address,	
Remarks,	1910U000254

ACCEPTED FOR RECORD
JAN -6 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother of such child, and within ten days thereafter it shall be the duty of the father of such child, to report the particulars required by this section to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -6 1910
JOS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Name of child,*	
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	Wh.
4. *Date of Birth*	Dec. 30 1909
5. *Place of Birth, (Street and number)*	Johns Hopkins Hosp.
6. *Full name of Mother,*	Rosie Wolkof
7. *Mother's Maiden Name,*	Rosie
8. *Mother's Birthplace,*	Hungary
9. *Full name of Father,*	Edward Wolkof
10. *Father's Occupation,*	Russia
11. *Father's Birthplace,*	Tailor
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. A. Towns
Address,	V. H. U.
Remarks,	1910000025 5

date and place of birth, and the said return shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, to the Registrar of Vital Statistics of the Board of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Registrar of Vital Statistics, and the said return shall be signed by the person so reporting. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	Wh.
4. *Date of Birth*	Dec. 27. 09
5. *Place of Birth, (Street and number)*	Johns Hopkins Hosp.
6. *Full name of Mother,*	Rebecca Lewis
7. *Mother's Maiden Name,*	Rebecca Shapiro
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	Wesley Lewis
10. *Father's Occupation,*	Salesman
11. *Father's Birthplace,*	Balto
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. C. Hancock
Address,	
Remarks,	1910000025 6

RECEIVED FOR RECORD JAN -6 1910 JOS. BOSLEY, M.D. BOARD OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, no other person so in attendance upon the mother immediately thereafter it shall be the duty of the person in charge of such child, or of the parent thereof, to report the birth to the Health Officer, within ten days after the occurrence thereof; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -6 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Col.
4. *Date of Birth* Dec. 31. 09
5. *Place of Birth, (Street and number)* Johns Hopkins Hosp.
6. *Full name of Mother,* Edna Hibard
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Va.
9. *Full name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of ~~Medical Attendant~~, or other person who makes this Return, E. C. Thomas

Address, T H H

Remarks, 1910000257

Of a certificate shall be delivered to the father or mother of each and every month to be added to the above Return to Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the father or mother of such child within ten days thereafter to report to the Registrar of Health the particulars required to be reported by the person who shall be in attendance at the birth. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED
BIRTH RECORD
JAN -6 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7nd
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Dec. 20. 09
5. *Place of Birth, (Street and number)*	Johns Hopkins Hospital
6. *Full name of Mother,*	Mallie Keyser
7. *Mother's Maiden Name,*	Mallie Rovkin
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	Isaac Keyser
10. *Father's Occupation,*	Junk dealer
11. *Father's Birthplace,*	Russia
Name of ~~Medical Attendant~~, or other person who makes this Return.	Ed Thomas
Address,	V. H. H.
Remarks,	

1 9 1 0 0 0 0 0 2 5 8

Sec. 2. Be it further enacted, That it shall be the duty of each and every mother, within ten days after the birth of any child, to make or cause to be made a return of such birth to the Registrar of Vital Statistics of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the mother, or person in charge of her, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED OR RECORD
JAN -6 1910
[illegible] M.D
OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,*
2. *Sex, (state whether male or female)* White male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec. 18. 09
5. *Place of Birth, (Street and number)* Johns Hop Bros Hospital
6. *Full name of Mother,* Matilda Davis
7. *Mother's Maiden Name,* Matilda Perg
8. *Mother's Birthplace,* Md
9. *Full name of Father,* Chas Davis
10. *Father's Occupation,* Sailor
11. *Father's Birthplace,* Germany

Name of ~~Medical Attendant~~, or other person who makes this Return. E O. Thomas

Address, 1 H H

Remarks, 1910000259

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of the house in which such birth occurs, or in which the mother of such child may be, to report the particulars of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GIVEN NAME ADDED 12/5/11

RETURN OF A BIRTH.

A52766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -6 1910
JAS. BOOLEY M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	ABRAHAM ALPERT
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Dec. 18. 09
5. *Place of Birth, (Street and number)*	Johns Hop kins Hosp.
6. *Full name of Mother,*	Fannie Alpert
7. *Mother's Maiden Name,*	Fannie Cohen
8. *Mother's Birthploce,*	Russia
9. *Full nome of Father,*	Max Alpert
10. *Father's Occupation,*	Tailor
11. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Ca Thomas
Address,	J H H
Remorks,	1910000000260

Note.—Each and every physician, midwife or other person who shall attend upon any birth, shall, within three days after such birth, report the same to the Commissioner of Health, and shall also report the same at the end of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A52767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec. 13. 09
5. *Place of Birth, (Street and number)* Volum 1st Dist Spoke
6. *Full name of Mother,* Minnie Cohen
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Illinois
9. *Full name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of ~~Medical Attendant~~, or other person who makes this Return. F. A. Thomas M.D.

Address,

Remarks, 1910000026 1

RECEIVED FOR RECORD JAN -5 1910 JOS BOSLEY M.D. REGISTRAR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the mother, and in case she is unable to do so, of the parent or parents of such child, to report all the particulars required by this section to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 3-21-37

A52762

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -6 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 not 1

1. *Name of child,* Aaron Goetz
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Wh
4. *Date of Birth* Dec. 6. 09
5. *Place of Birth, (Street and number)* Vo no 4 Bon Sp Spitale
6. *Full name of Mother,* Hannah ~~Goetz~~ Goetz
7. *Mother's Maiden Name,* Hannah Korne
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Paul ~~Goetz~~ Goetz
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Baltimore

Name of ~~Medical Attendant~~, or other person who makes this Return. E. A. Thomas M.D.

Address, 1 H H

Remarks, 1910000262

Sec. 3. And be it enacted, That every child born within the limits of this State shall be registered in accordance with the provisions of this act, and it shall be the duty of the attending physician or midwife, or in cases where there is no physician or midwife in attendance, then the father or mother of such child, or the householder or owner of the premises where such child is born, to report and return the birth of such child to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, as aforesaid, to report the birth of such child to the Board of Health, as above required. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A52769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN -6 1910 JAS. BUSLEY, M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Constantine Stavrokos
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec. 8. 09
5. Place of Birth, (Street and number) Johns Hopkins Hospital
6. Full name of Mother, Nellie Stavrokos
7. Mother's Maiden Name, Nellie Nicoletti
8. Mother's Birthplace, Greece
9. Full name of Father, Harry Stavrokos
10. Father's Occupation, Greek
11. Father's Birthplace, Greece

Name of ~~Medical Attendant~~, or other person who makes this Return, Ed. A. Mus

Address, H H

Remarks, Full name of child added to original sworn statement signed by mother giving name of child + date of his birth. Sworn statement record copy transcript 11-24-10

Penalty for neglect to report birth.

Every person required by law to report the birth of any child who shall neglect to make such report for the space of ten days after the birth of such child, shall forfeit and pay the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Penalty for neglect to report birth.

Every person required by law to report the birth of any child who shall neglect to make such report for the space of ten days after the birth of such child, shall forfeit and pay the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -6 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4nd
1. Name of child,	
2. Sex, (state whether male or female)	male
3. Race or color, (if not of the White Race)	Wh —
4. Date of Birth	Dec. 2. 09
5. Place of Birth, (Street and number)	Johns Hop pius Hospital
6. Full name of Mother,	Jennie Lappenstein
7. Mother's Maiden Name,	Jennie Lauben?
8. Mother's Birthplace,	Russia
9. Full name of Father,	Hans Lappenstein
10. Father's Occupation,	Tailor
11. Father's Birthplace,	Russia
Name of ~~Medical Attendant~~, or other person who makes this Return.	E A Thomas
Address,	[illegible] H
Remarks,	1 9 1 0 0 0 0 0 2 6 4

of a certificate between the first and third day of each and every month to the Office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of Child, Raymond Sutes Bond
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. Dec 31st 1909
6. Place of Birth, (Street and number) Girard Ave
6. Full name of Mother, Alice Bond
7. Mother's Maiden Name, Alice ~~Catonia~~ Graham
8. Mother's Birthplace, Md
9. Full name of Father, Charles Bond
10. Father's Occupation, Blacksmith
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. M. Littlejohn M.D.

Address, 127 E. North Ave

Remarks, 1 9 1 0 0 0 0 0 2 6 5

RECEIVED FOR RECORD JAN -6 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person as in attendance upon the mother, it shall be the duty of the person who shall give the information required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A52772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

RECEIVED FOR RECORD
JAN -6 1916
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 29th 1909
6. Place of Birth, (Street and number) 3645 Frank Heights Ave
6. Full name of Mother, Florida Wright
7. Mother's Maiden Name, " Wiine
8. Mother's Birthplace, Md
9. Full name of Father, Rev. U. S. Wright
10. Father's Occupation, M. E. Minister
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, G. M. Lehinger M.D.
Address, 127 E. North Ave

Remarks, 1910000026 6

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, within ten days after the birth, make the return required by this section, the mother of such child, if able to do so, shall be subjected to the penalty provided for in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected, to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...al of Vital Statistics, ...

A52776

52776 GIVEN NAME ADDED 12-11-58

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Name of Child, James Russell Hasenei

Sex, (state whether male or female) Male

Race or color, (if not of the White Race) White

Date of Birth, December 22nd 1909

Place of Birth, (Street and number) 3311 Eastern Ave

Full name of Mother, Mary E. Hasenei

Mother's Maiden Name, Mary E. Rebbel

Mother's Birthplace, Baltimore Md.

Full name of Father, James J. A. Hasenei

Father's Occupation, Driver

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm. F. Johnson

Address, 2017 E. Baltimore

Remarks,

19100000267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-52778

OF BIRTH: Baltimore, Maryland
= of hospital or institution; if at home give street number:
on Ave.-2Blks So. of North Ave.
er's stay before delivery: Resident - 3 yrs+
al or institution lo Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. Fulton Ave.-2Blks. So. of North Ave.
(If rural give location)

me of child EDWARD POWELL SMITH

4. Date of birth December 30, 1909
(Month) (Day) (Year)

Male | 6. Twin or triplet | If so—born 1st, 2d, or 3rd | 7. Number weeks of pregnancy | 8. Hour of birth 8:30 P.M.

FATHER OF CHILD

Name Leonard Bayard Smith
or race White 11. Age at time of this birth 27 yrs.
place Linkwood, Maryland
(City, town, or county) (State or foreign country)
l occupation Minister
stry or business Methodist Protestant Church

r children born to mother (not including present child):
many other children of this mother are now living? 0
many other children were born alive but are now dead? 0
many children were born dead? 0

MOTHER OF CHILD

15. Full Maiden Name Martha Belle Powell
16. Color or race White 17. Age at time of this birth 22 yrs.
18. Birthplace Snow Hill, Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Minister's Wife
22. Mother's mailing address for registration notice:

reby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above
ished by ..... related to this child as Self

rec'd by local registrar Jan 10 1910
ed Dr. James Bosley
Registrar
n name added ..... by Registrar per .....

(Signed) 26 8 M. D.
Physician (or midwife) who attended this birth (Midwife)
or
Undertaker or Health Officer or Registrar
State Registrar of Vital Records
Address
Date

A 52779

RETURN OF A

to the Office of Registrar of Vital Statistics, Boa.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2n

1. Name of Child, AMENDT,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 7-1910
5. Place of Birth, (Street and number) 2008 Ede
6. Full name of Mother, Nellie Amendt
7. Mother's Maiden Name, Nellie Jenkins
8. Mother's Birthplace, Baltimore
9. Full name of Father. Frederick Amendt
10. Father's Occupation, Tin
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

191000 0 0 0 2 6 9

A52, 780

RETURN OF A ~~BIRTH~~ BORN

To the Office of Registrar of Vital Statistics, Board

A 52780

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Name of child, ~~Baby~~ Bibbs, Mary
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth Dec. 11th 1900
5. Place of Birth, (Street and number) Balto 1503
6. Full name of Mother, Bertha Owens Bibbs
7. Mother's Maiden Name, Bertha Brow
8. Mother's Birthplace, Anne Arundel
9. Full name of Father, Preston Monroe Bibbs
10. Father's Occupation, Waiter
11. Father's Birthplace, Louisa, Virginia

Name of Medical Attendant, or other person who makes this Return, Jo Nelson

Address, 627 W Lex

19100000270

...ber of b... This blank shall contain a list of the ... as to ascertain ... ...ion shall be delivered, duly signed by the ... ...ween the first and ... day of each ... ...ould no other person be in attendance upon the mother ... the duty of the person or persons in charge of such child to report ... manner and within the period above prescribed, and any person who ... so, to be recovered as other fines and forfeitures are recoverable.

A 52 781

...TURN

To the ... of Registrar of Vital St...

A52781

No. of Child of Mother, (state whether 1st, 2d, 3d, ...

1. Name of child, Baby Johnson.
2. Sex, (state whether male or female) Fem.
3. Race or color, (if not of the White Race) Black
4. Date of Birth 4.30 a.m. 12-7/0
5. Place of Birth, (Street and number) 908. Saint
6. Full name of Mother, Isabell Johnson.
7. Mother's Maiden Name, Isabell Morgan
8. Mother's Birthplace, Baltimore City.
9. Full name of Father, Albert Johnson
10. Father's Occupation, Laborer
11. Father's Birthplace, Annapolis.

Name of Medical Attendant, or other person who makes this Return. Jr. N. Oakley

Address, 1 9 1 0 0 0 0 0 2 7 6 1 2 7th

Remarks.

...ber of Death. This Certificate shall contain a list of the births reported with ... care during the month, and shall set forth as far as the same can be ascertained, the ... child, (if any shall have been conferred), sex, color, the full name and occupation of its ... Statute between the child and the person by whom delivered, duly signed by the practitioner in ... In case the birth of any child shall occur without the attendance of a physician or midwife, ... or should no other person be in attendance upon the mother, immediately thereafter ... to the manner and within the period of such child to report its birth to the Commissioner ... refuse or fail to comply with the provisions of this section shall be subject to a fine of ten (10) ... offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-27-24

RETURN OF A BIRTH. A52782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -8 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Name of child, ~~Baby~~ Hill, GENEVA
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Negro
4. Date of Birth December 6 1909
5. Place of Birth, (Street and number) 427 W. Henrietta St.
6. Full name of Mother, Mary Elizabeth Hill
7. Mother's Maiden Name, Mary E. Summers
8. Mother's Birthplace, Guilford county North Carolina
9. Full name of Father, Westley Hill
10. Father's Occupation, Farm Hand
11. Father's Birthplace, Winchester Tennessee

Name of Medical Attendant, or other person who makes this Return, J. Nelson Osborn
Address, 622 W. Lombard St

1 0 0 0 0 0 2 7 2

All certificates filed and preserved in this office are subject to inspection, and may be used as prima facie evidence in any court of law, but any person who shall wilfully make any false statement in any certificate required by this act, or who shall wilfully make any false statement in any certificate required by this act, or who shall wilfully make any false statement in any certificate required by this act, or

RETURN OF A BIRTH.

A32783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -8 1910
JAS. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Name of child, Baby Hardman
2. Sex, (state whether male or female) female.
3. Race or color, (if not of the White Race) Black.
4. Date of Birth 6 P M. 12-25-09
5. Place of Birth, (Street and number) 1032 Vine.
6. Full name of Mother, Fanny Hardman.
7. Mother's Maiden Name, Fanny Anderson
8. Mother's Birthplace, Baltimore
9. Full name of Father, Thomas Hardman
10. Father's Occupation, Coper,
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. Nelson Robinson

Address, 632 N. Bond St

Remarks, 1910000273

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein provided, to the Registrar of Vital Statistics of Baltimore City, or to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the said schedule hereinbefore described, and every person who shall neglect or hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -8 1910
JAS. MOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Baby Williams
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* black
4. *Date of Birth* Dec. 24 1909.
5. *Place of Birth, (Street and number)* 839 Robert St.
6. *Full name of Mother,* Nettie Williams
7. *Mother's Maiden Name,* Nettie Jackson
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Isaac Williams
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J. Nelson Coburn

Address, 1622 W. Lombard St

Remarks, 1910000274

Every physician or midwife in attendance upon the birth of any child shall, within ten days after the birth, report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the date and place of birth, and full name, sex, color, the full name and occupation of the parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of the house in which the birth occurs, or of the parent, if he be present, to report the particulars required, and any such person or persons who shall neglect or fail to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Name of Child,*	
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	Colored
4. *Date of Birth,*	Dec 30th 1909
6. *Place of Birth, (Street and number)*	812 in Bruce St Balto
6. *Full name of Mother,*	Eva May Savoy
7. *Mother's Maiden Name,*	Eva May Peachfields
8. *Mother's Birthplace,*	Baltimore Md
9. *Full name of Father,*	Edward Savoy
10. *Father's Occupation,*	Laborer
11. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Maria Jones
Address,	1432 Gilliams St.
Remarks,	1910000275

RECEIVED FOR RECORD JAN -8 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In all cases where the parents are unable to report the same, such report shall be made by the occupant of the house in which such birth occurs. Any person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A52786

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN -8 1910 JAS. BOOLEY, M.D. COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of Child,* Eleanor May Ireland
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Dec 24 - 1909
6. *Place of Birth, (Street and number)* 1435 Tremont St Rear
6. *Full name of Mother,* Mabel Lamettia Ireland
7. *Mother's Maiden Name,* Mabel Lamettia Kelly
8. *Mother's Birthplace,* Louisville Ky
9. *Full name of Father,* Thomas David Ireland
10. *Father's Occupation,* Coachman
11. *Father's Birthplace,* Talbot County

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1342 Caroline St

Remarks, 1910000002766

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any such person or parents shall refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1284.

RETURN OF A BIRTH. A52787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4)

1. Name of child, Baby Barnes
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth Dec. 12, 09.
5. Place of Birth, (Street and number) 673 N Milton St
6. Full name of Mother, Alice Barnes
7. Mother's Maiden Name, Alice Myers
8. Mother's Birthplace, Carroll County
9. Full name of Father, Julius E Barnes
10. Father's Occupation, Cook
11. Father's Birthplace, Calvert Co.

Name of Medical Attendant, or other person who makes this Return, J. Nelson Osborn

Address, 622 W. Lombard St

Remarks, 1 9 1 0 0 0 0 0 2 7 7

RECEIVED FOR RECORD JAN -3 1910 JOS. BOSLEY M.D. REGISTRAR OF HEALTH

Sec. 7. For failure of birth and death and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or Commissioner of Health. In case the birth or any child shall occur without the attendance of a physician or practitioner of health, it shall be the duty of the person in attendance upon the mother at the time of the birth or within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

1234.

A52788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN -8 1910 JAS. BOOLEY M.D. REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Name of child,* Baby Hunt
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* Negro
4. *Date of Birth* 12-11-09
5. *Place of Birth, (Street and number)* 622 N. Lombard
6. *Full name of Mother,* Bertha Ella Hunt
7. *Mother's Maiden Name,* Bertha Ella Jenkins
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Charles Frances Hunt
10. *Father's Occupation,* Labour at Steel Works
11. *Father's Birthplace,* St Marys County

Name of Medical Attendant, or other person who makes this Return, James A Hughes

Address, 622 N Lombard St

Remarks, 1 9 1 0 0 0 0 0 2 7 8

Every person who shall be present at the birth of any child shall within the first and third day of each and every month, transmit to the Commissioner of Health, in such form as he may direct, a certificate setting forth the name, sex, color, date and place of birth of any child born without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in such form as he may direct, and any person who shall neglect or refuse to make such report, or shall knowingly make a false report, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -8 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Baby Robinson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) colored
4. Date of Birth Dec. 16-09
5. Place of Birth, (Street and number) 727 Dover St
6. Full name of Mother, Blanch Robinson
7. Mother's Maiden Name, Blanch Robinson
8. Mother's Birthplace, 727 Dover St Baltimore MD.
9. Full name of Father, Joseph Barnes
10. Father's Occupation, Driver
11. Father's Birthplace, Baltimore MD.

Name of Medical Attendant, or other person who makes this Return, J. A. Hughes (Col'd)

Address, 622 N Lombard St

Remarks, 1910000279

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, in the manner and within the period above required, all fees and forfeitures are recoverable.

Every midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, all fees and forfeitures are recoverable. Every midwife or other person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any person shall occur in the absence of any physician or practitioner in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons failing to comply with the requirements of this section shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished for each offense, by a fine of ten (10) dollars nor more than fifty (50) dollars, and all fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, Beatrice Parker
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Dec 31 1909
5. Place of Birth, (Street and number) 245 Arch St.
6. Full name of Mother, Gertrude Evans
7. Mother's Maiden Name,
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Percy Parker
10. Father's Occupation, Market
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. H. Ulman

Address, 622 W. Lombard St

Remarks, 1910000280

RECEIVED FOR RECORD JAN -8 1910 JAS. BOSLEY M.D. COMM'R OF HEALTH

RETURN OF A BIRTH.

A52791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge or a certificate between the first and third days of each month, stating the number of births attended by him or her during the preceding month, or stating that no birth has occurred during such month, as the case may be. Any physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed in this section, and it shall be the duty of the Commissioner of Health to cause the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Baby Washington
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Dec 29-09
5. *Place of Birth, (Street and number)* 128 Welch Alley
6. *Full name of Mother,* Mabel Washington
7. *Mother's Maiden Name,* Mabel Washington
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* Henry Smith
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Phila Pa.

Name of Medical Attendant, or other person who makes this Return, J. Nelson Osburn

Address, 622 W. Lombard St.

Remarks, 1910000281

RECEIVED FOR RECORD
JAN -3 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

RETURN OF A BIRTH. A52732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* 27 November
6. *Place of Birth, (Street and number)* 713 Gold St
6. *Full name of Mother,* Melvina Evans
7. *Mother's Maiden Name,* Melvina Johnson
8. *Mother's Birthplace,* Calvert, Charles Co Md
9. *Full name of Father,* Richard Evans
10. *Father's Occupation,* Coachman
11. *Father's Birthplace,* Anderson Hall County

Name of Medical Attendant, or other person who makes this Return, Marietta Jones

Address, 1342 Eutaw St

Remarks, 1 9 1 0 0 0 0 0 2 8 2

Each schedule shall be delivered, duly signed by the proper person, to the Commissioner of Health, at the office of the Commissioner, or to such person as he may designate to receive it, within ten days after the birth, and the said schedule shall be delivered, duly signed by the proper person, to the Commissioner of Health, at the office of the Commissioner, or to such person as he may designate to receive it, within ten days after the birth, and the third day of each week next succeeding the week in which the birth occurs. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -8 1910
J.C.S. BOSLEY M.D.
REGISTRAR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of Child, Samuel Edward Smith
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Dec. 5 1909.
6. Place of Birth, (Street and number) Windsor Mills Rd Balto Co.
6. Full name of Mother, Sidney D. Jackson
7. Mother's Maiden Name, Dickeyville Balto. Co.
8. Mother's Birthplace, Samuel E Smith
9. Full name of Father, Driver
10. Father's Occupation, Greensville Miss Edward
11. Father's Birthplace, Maria Jones

Name of Medical Attendant, or other person who makes this Return,
Address, 1345 Calhoun St.
Remarks, 19100000283

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, the mother and in case of her death or inability to do so, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of Child,* Frederick LeRoy Foote
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* December 21 1909
6. *Place of Birth, (Street and number)* 1403 Calhoun St
6. *Full name of Mother,* Bertha Foote
7. *Mother's Maiden Name,* Bertha Queen
8. *Mother's Birthplace,* Annapolis Md.
9. *Full name of Father,* Joseph Harrison Foote
10. *Father's Occupation,* Coachman
11. *Father's Birthplace,* Cockeysville

Name of Medical Attendant, or other person who makes this Return, Mariah Jones

Address, 1342 Calhoun st.

Remarks, 1 9 1 0 0 0 0 0 2 8 4

VACCINATION RECORD
JAN -5 1910
JAS. BOSLEY M.D.
SUPT. OF HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each week, to the Registrar of Vital Statistics, Board of Health, Baltimore, Md. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. It shall be the duty of the keeper of every lying-in asylum and of every midwife, and of every person who shall receive a fee for procuring a nurse, to comply with the provisions of this section, and any person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or parents failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child.

1. Name of Child, Andrew [redacted] Beale
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Dec. 13 - 1909
5. Place of Birth, (Street and number) 1805 Druid Hill Cove.
6. Full name of Mother, Mamie Ada Beale
7. Mother's Maiden Name, Mamie Ada Bluford
8. Mother's Birthplace, Gloucester County Virginia
9. Full name of Father, Andrew Harrison Beale
10. Father's Occupation, Waiter
11. Father's Birthplace, Essex County Virginia

Name of Medical Attendant, or other person who makes this Return, Mattie Jones

Address, 1342 N. Calhoun Street.

Remarks, 1910000285

RECEIVED FOR RECORD JAN -5 1910 JOS. BOSLEY M.D. BOARD OF HEALTH

RETURN OF A BIRTH. A52796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons neglecting or refusing to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1c

RECEIVED FOR RECORD
JAN -8 1910
JAS. BOGLEY M.D.
SUPT OF HEALTH

1. Name of Child, —
2. Sex, (state whether male or female) male.
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Dec. 18, 1909
6. Place of Birth, (Street and number) 1552 woodyear st.
6. Full name of Mother, Jane Gray.
7. Mother's Maiden Name, Jane Evans.
8. Mother's Birthplace, Annarandall Co. Md
9. Full name of Father, Thomas C. Gray.
10. Father's Occupation, Clerk.
11. Father's Birthplace, Annarandall Co. Md.

Name of Medical Attendant, or other person who makes this Return, maria jones

Address, 1342 Calhoun st.

Remarks, 1910000286

RETURN OF A BIRTH. A52797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN -5 1910 JAS. BOSLEY M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Name of Child, Earnest Gambrill
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) colored
4. Date of Birth, Aug 1. 1909
6. Place of Birth, (Street and number) 1323 Carey st
6. Full name of Mother, Estella Gambrill
7. Mother's Maiden Name, Estella Jones
8. Mother's Birthplace, Baltimore md.
9. Full name of Father, William H. Gambrill
10. Father's Occupation, Janitor.
11. Father's Birthplace, Anne Arundell Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mary Jones.

Address, 1342 Calhoun st.

Remarks, 1910 0000287

Every physician or midwife in attendance upon a birth shall report the same to the Commissioner of Health within ten days after the birth has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, to the parent or parents of such child, or to the person having charge of the same, within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance, the parent or parents of such child shall report the same to the Commissioner of Health, in the manner and within the time above required, and the third day of each and every month thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner aforesaid, and to deliver to him a schedule containing the information required to be reported in relation to such birth. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.

RETURN OF A BIRTH.

A52798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -8 1910
JAS. BOOLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Name of child,* Baby Byrd
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Dec. 13th 1909
5. *Place of Birth, (Street and number)* 624 Warner St., Baltimore Md.
6. *Full name of Mother,* Beulah Viola Byrd
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* ~~Warner St, Va~~ Baltimore Md.
9. *Full name of Father,* (Not married)
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr. Nelson Gibson

Address, 632 W. Lombard St.

Remarks, 1 9 1 0 0 0 0 0 2 8 8

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person in charge of the house in which such birth occurs to report it, and shall become the duty of the person or parents of such child to report it to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1238.

RETURN OF A BIRTH.

A52739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN -8 1910 JAS. BOSLEY, M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Baby Washington
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Dec. 7 - 09
5. Place of Birth, (Street and number) 226 N. Amity
6. Full name of Mother, Bertha Washington
7. Mother's Maiden Name, Bertha Boyd
8. Mother's Birthplace, Hanover Co Va
9. Full name of Father, Lyman Washington
10. Father's Occupation, Laborer
11. Father's Birthplace, Hanover Co Va

Name of Medical Attendant, or other person who makes this return. J. N. Osburn

Address, 622 W. Lombard St

Remarks, 1 9 1 0 0 0 0 0 2 8 9

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of the house in which such birth occurs, or the parent of such child, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN -8 1910 WM. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c~~) 1st

1. Name of child, Baby Van William Dyer
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth December 5th 1909.
5. Place of Birth, (Street and number) 883 Clifford st
6. Full name of Mother, Mary Isabel Dyer
7. Mother's Maiden Name, Mary Isabel Andreason
8. Mother's Birthplace, Annapolis Md.
9. Full name of Father, John Benj. Andreason
10. Father's Occupation, Government service
11. Father's Birthplace, West River Md

Name of Medical Attendant, or other person who makes this Return, J. N. Osburn

Address, 622 W. Lombard St

Remarks, 1910000290

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of a certificate between the first and third day of each and every month to the office of Commissioner of Health, the name or names of all children born to such mother during the preceding month; and any midwife, or other person not in attendance upon the mother, who shall hereafter fail to report a birth as herein required, and any such person or persons who shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be guilty of a misdemeanor, and shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

236.

RETURN OF A BIRTH. A52801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of the child shall occur at such a time as to prevent the officer of Complainer of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so neglecting or refusing to make such report shall be liable to a penalty not to exceed ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
JAN -5 1910
JAS. E. KIRKLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Name of child, Baby Queen
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) Black.
4. Date of Birth 1 P m. 12 - 6E/09
5. Place of Birth, (Street and number) 1074 Roberg St.
6. Full name of Mother, Della Queen.
7. Mother's Maiden Name, Della Queen.
8. Mother's Birthplace, Baltimore.
9. Full name of Father, Charles Queen.
10. Father's Occupation, Coachman
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Nelson Clarke M.D.

Address, 622 W Lombard St

Remarks, 1910000291

RETURN OF A BIRTH. A52802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -8 1910
JAS. BOOLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Baby Deuby
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* Dec. 19-09
5. *Place of Birth, (Street and number)* 741 W. South Anne St.
6. *Full name of Mother,* Julia Deuby
7. *Mother's Maiden Name,* Julia Deuby
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* ?
10. *Father's Occupation,* ?
11. *Father's Birthplace,* ?

Name of Medical Attendant, or other person who makes this Return, J. Nelson Pepper
Address, 622 W. Lombard St

Remarks, 1910000292

Give an place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month of all births occurring in his practice during the preceding month, or by the physician or practitioner of midwifery in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -8 1910
JOS. BOOLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Name of child,* Baby Stretter
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Dec. 26 1909
5. *Place of Birth, (Street and number)* 622 Cider Alley
6. *Full name of Mother,* Elenor Stretter
7. *Mother's Maiden Name,* Elenor Banks
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Matthew Stretter
10. *Father's Occupation,* Teamster
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. Nelson Osborn

Address, 622 W. Lombard St

Remarks, 1910000293

The name of the child to be entered on said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day after the birth, to the Registrar of Vital Statistics of Baltimore City, and no child shall occur without the attendance of a physician or practitioner of midwifery, or should an other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 2

1. *Name of Child,* George Franklin Forest
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Monday January 3 1910
6. *Place of Birth, (Street and number)* 1607 Young's court
6. *Full name of Mother,* Charlotte Forest
7. *Mother's Maiden Name,* Charlotte Gross
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* George Franklin Forest
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Maggie Summers

Address, 621 N. Bethel St

Remarks, 1 9 1 0 0 0 0 0 2 9 4

RECEIVED FOR RECORD JAN -8 1910 JAS BOSLEY, MD. COMR OF HEALTH

Any person who shall attend the birth of a child, being a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -8 1910
J. S. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Name of child, Baby Powell
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Dec 18-1909
5. Place of Birth, (Street and number) 817 Mulberry Court
6. Full name of Mother, Alley Powell
7. Mother's Maiden Name, Alley Sanders
8. Mother's Birthplace, Cyprus Co. Md.
9. Full name of Father, Richard Powell
10. Father's Occupation, Carpenter
11. Father's Birthplace, Baltmore Md.

Name of Medical Attendant, or other person who makes this Return, J. Nelson Osborne

Address, 622 W. Lombard St

Remarks, 1910000295

Sec. 5. Be it further enacted, That the said Registrar shall also record the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or parents so offending shall be subjected to a fine of ten (10) dollars for each offense, as before fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Baby Davis
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* Dec. 14-1909
5. *Place of Birth, (Street and number)* 614 Arden St.
6. *Full name of Mother,* Edith Davis
7. *Mother's Maiden Name,* Edith Riley
8. *Mother's Birthplace,* Balto. Md.
9. *Full name of Father,* Harry Riley (Harry Riley)
10. *Father's Occupation,* Waiter
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J A Hughes M.D.

Address, 632 W Lombard St

Remarks, 1910000002956

RECEIVED FOR RECORD JAN -8 1910 JOS. BOSLEY M.D. BOARD OF HEALTH

Of a certificate between the first and third day of each and every month of the births of all children born within the city of Baltimore during the month next preceding, to the Office of the Registrar of Vital Statistics, Board of Health. To obtain this information, it is required that immediately after the birth of any child, the physician in attendance upon the mother, or in his absence, any other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so offending hereafter shall fail to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Baby Watson
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* Dec. 13-1909
5. *Place of Birth, (Street and number)* 69 N. Carlton St.
6. *Full name of Mother,* Mary Watson
7. *Mother's Maiden Name,* Mary Stewart
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* John Thomas Watson
10. *Father's Occupation,* Porter
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, James O. Hughes

Address, 622 W. Lombard St

Remarks, 1910000297

RECEIVED
JAN -8 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur after the usual time of the regular visit of the person in attendance upon the mother, such person or practitioner shall immediately thereafter give notice and report as herein required. And in case there shall be no person in attendance upon the mother, the father or parent of such child shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,* Machla Rabinofsky
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec. 29-09
5. *Place of Birth, (Street and number)* 607 S. Payson St.
6. *Full name of Mother,* Mollie Rabinofsky
7. *Mother's Maiden Name,* Polikoff
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Isaac Rabinofsky
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return N. B. Bordenick, M.D.

Address, 507 S. Pulaski St.

Remarks,

1 9 1 0 0 0 0 0 2 9 8

RECEIVED FOR RECORD JAN -8 1910 J. S. BOSLEY, M.D. REGISTRAR OF HEALTH

of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or regular midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. It shall be the duty of the Commissioner of Health to furnish blank forms for the returns hereinafter required to be made, and any person or persons who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN -8 1919 H.S. BOSLEY M.D. REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Name of child,* Elizabeth Lee
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 17th 1909
5. *Place of Birth, (Street and number)* # 615 N Castle St
6. *Full name of Mother,* Mary Lee
7. *Mother's Maiden Name,* Mary Lee
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Unknown
10. *Father's Occupation,* do
11. *Father's Birthplace,* do

Name of Medical Attendant, or other person who makes this Return, John J. Veth. M.D.

Address, # 936 E. Monument St.

Remarks, 1 9 1 0 0 0 0 0 2 9 9

Mrs. C. would not tell Father's name

of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in default of which he shall forfeit and pay for every month he shall neglect to make such return, the sum of ten dollars. In case there should be no other person to attend upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such return as aforesaid shall be subject to a like penalty for each offense, to be recovered as other debts and forfeitures are recoverable.

RETURN OF A BIRTH. A52310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -8 1910
JAS. BOSLEY, M.D.
REGR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Francis Ethel Suflett
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth December 7th 1909
5. Place of Birth, (Street and number) 622 E. Lombard
6. Full name of Mother, Francis Christine Suflett
7. Mother's Maiden Name,
8. Mother's Birthplace, Reisterstown Md.
9. Full name of Father, David E. Daniels
10. Father's Occupation, Nurse
11. Father's Birthplace, Dallas Texas

Name of Medical Attendant, or other person who makes this Return, James A. Hughes
Address, 622 E. Lombard St.
Remarks, 1 9 1 0 0 0 0 0 3 0 0

Of a certificate between the first and third day of each and every month to the Register of Commissioner of Health, in the City of Baltimore, and shall receive for each certificate so returned by him or her, the sum of fifty cents; and midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who shall, within the period above required, and any such Person or persons who shall neglect or refuse to comply with this provision shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN -8 1910
JAS. BOGLEY, M.D. REGISTRAR OF HEALTH

Name-

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Name of child, Anna (Baby) Szilinger
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White Russian
4. Date of Birth December 6, 1909.
5. Place of Birth, (Street and number) 127 W. Camden St.
6. Full name of Mother, Agnes Szilinger
7. Mother's Maiden Name, Agnes Sawutti
8. Mother's Birthplace, Swalk Russia
9. Full name of Father, John Szilinger
10. Father's Occupation, Tailor
11. Father's Birthplace, Swalk Russia

Name of Medical Attendant, or other person who makes this Return, J. Nelson Osburn

Address, 622 W. Lombard St.

Remarks, 1910000301

If any child born in this city shall not be registered as required by this section within the first thirty days of life, the parent or parents, guardian or other person having charge of such child shall forfeit and pay for each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, who shall require a certificate of the facts and circumstances of such birth. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

288.

RETURN OF A BIRTH.

A52812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -8 1910
JAS. BOOLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Name of child,* Cecelia Warner.
2. *Sex,* (state whether male or female) Female
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth* ~~Dec 6th '08~~ December 6th 1909.
5. *Place of Birth,* (Street and number). 534 South Paca Street
6. *Full name of Mother,* Annie Warner
7. *Mother's Maiden Name,* Annie Schmidt.
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* John J. Warner
10. *Father's Occupation,* Painter.
11. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other person who makes this Return. J. Nelson Osburn

Address, 622 W. Lombard St

Remarks, 1910000003-02

Or a certificate between the 31st and third day of each and every month to the Registrar or Commissioner of Health, how many children were born alive to each mother during the preceding month, and the name of the midwife, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons in charge of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURNED FOR RECORD
JAN -8 1910
J.S. BOOLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Baby Harmon
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 27 1909
5. *Place of Birth, (Street and number)* 2802 Harlem Ave
6. *Full name of Mother,* Mary Catherine Harmon
7. *Mother's Maiden Name,* Mary Catherine Shine
8. *Mother's Birthplace,* Westminster Md
9. *Full name of Father,* Wm P. Harmon
10. *Father's Occupation,* Auto-Driver
11. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, James E. Loughran

Address, 622 Lombard St

Remarks, 1910000303

of a certificate between the 31st and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the person who shall be appointed by the Board of Health, in the manner above described, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Baby Wilson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec. 29-09
5. Place of Birth, (Street and number) 622 W. Lombard
6. Full name of Mother, Mary Ella Wilson
7. Mother's Maiden Name, Mary Ella Groves
8. Mother's Birthplace, Garrett County Md.
9. Full name of Father, Calvert Wilson
10. Father's Occupation, Laborer
11. Father's Birthplace, W. Va.

Name of Medical Attendant, or other person who makes this Return, E. H. Klomans

Address, 622 W. Lombard St

Remarks, 1910000304

RECEIVED FOR RECORD JAN -8 1910 JOS. BOSLEY, M.D. COMR OF HEALTH

of a certificate between the first and third day of each month of every birth occurring in the district to the form of which he shall be supplied by the Commissioner of Health. In case there is no physician or midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any person or persons so offending shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

152815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ch

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec - 9 - 1909
5. Place of Birth, (Street and number) 2 E Lanvale St
6. Full name of Mother, Helen Ballen
7. Mother's Maiden Name, Mullen
8. Mother's Birthplace, Md
9. Full name of Father, Wm Ballen
10. Father's Occupation, Carpenter
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bryals

Address, 1 W [redacted] Health St

Remarks, 1910000030

RECEIVED FOR RECORD JAN -3 1910 J.S. SOLLEY M.D. COM'R OF HEALTH

Every physician, midwife, or other person who shall attend upon the birth of any child shall cause the birth of such child to be reported to the Commissioner of Health. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, if no physician, midwife, or other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report his birth to the Commissioner of Health, if no physician, midwife, or other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its

RETURN OF A BIRTH.

A52816
over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, Rosie Lee
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 29/09
6. Place of Birth, (Street and number) 58 Brick Hill
6. Full name of Mother, Victoria Harmon
7. Mother's Maiden Name, " Powell
8. Mother's Birthplace, Va
9. Full name of Father, Richard A. Harmon
10. Father's Occupation, Laborer
11. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Wm H. Feddeman

Address, 800 W. 33rd St

Remarks, 1910000306

RECEIVED FOR RECORD JAN 8 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

shall neglect or refuse to report, as herein required, a birth occurring in his practice or that of any person associated with him, or under his supervision, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 4 Jun 1910
5. *Place of Birth, (Street and number)* 612 Clement St
6. *Full name of Mother,* Amelia La Mar
7. *Mother's Maiden Name,* Koch
8. *Mother's Birthplace,* America
9. *Full name of Father,* Leo La Mar
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort Ave

Remarks, 1 9 1 0 U 0 0 0 3 0 7

RECEIVED FOR RECORD JAN -9 1911 JAS. BOSLEY M.D. COM'R OF HEALTH.

Section 3. And be it further enacted, That no undertaker shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine or surgery, or midwife, then the undertaker employed to bury the dead body of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN -6 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of Child,* Howard Wilson Lovejoy
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* December 31st 1909
6. *Place of Birth, (Street and number)* 4192 20th St.
6. *Full name of Mother,* Mrs. Charles H. Lovejoy
7. *Mother's Maiden Name,* Estella M. Reese
8. *Mother's Birthplace,* Youngstown N.Y.
9. *Full name of Father,* Charles H. Lovejoy
10. *Father's Occupation,* Slater and tiler
11. *Father's Birthplace,* Toledo Ohio

Name of Medical Attendant, or other person who makes this Return. Reginald J. Tommy M.D.

Address, 4126 Northland Ave

Remarks, 1910000308

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within ten days after the birth, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED
RECORD
JAN -8 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 20th 1909
6. Place of Birth, (Street and number) 507 N. Carey St
6. Full name of Mother, Jennie Hammond Lang
7. Mother's Maiden Name, Elizabeth Hammond
8. Mother's Birthplace, Baltimore, Md
9. Full name of Father, Walter Bell Lang
10. Father's Occupation, Travelling Salesman
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. Howard Iglehart M.D.

Address, 509 N. Carrollton Ave

Remarks, 1 9 1 0 0 0 0 0 3 0 9

Every person who shall neglect to report the birth of any child as required by section 23 of the Code of Public Local Laws of Maryland, shall be guilty of a misdemeanor and shall be fined not less than ten dollars nor more than fifty dollars; and every person who shall neglect to report the birth of any child as required by section 23 of the Code of Public Local Laws of Maryland, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Name of child,* Louis Eisenberg
2. *Sex,* (state whether male or female) Male
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth* Dec. 21-09
5. *Place of Birth,* (Street and number) 2028 Wilkens ave.
6. *Full name of Mother,* Kate Eisenberg
7. *Mother's Maiden Name,* Bobe
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Samuel Eisenberg
10. *Father's Occupation,* Shoemaker
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, N. B. Bodensky, M.D.

Address, 507 S. Pulaski St.

Remarks, 1910000310

If a certificate between the first and third day of each quarter month to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the city, the return shall be made by the physician, midwife, or should no other person be in attendance upon the mother, immediately after the birth, by the father, if living in the city, or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the time above specified, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 152821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -8 1910
JOS. BOGLEY, M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Name of child, Harry L. Young.
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth December 21st 1909
5. Place of Birth, (Street and number) # 830 Rutland Ave
6. Full name of Mother, Annabelle Young.
7. Mother's Maiden Name, Annabelle Mitchell
8. Mother's Birthplace, Butler Md.
9. Full name of Father, Edward Young.
10. Father's Occupation, Traveling Salesman
11. Father's Birthplace, Butler Md.

Name of Medical Attendant, or other person who makes this Return. John J. Veth. M.D.

Address, # 936 E. Monument St

Remarks, 1910000311

If the birth of any child shall not be reported as required by this section, every person required to report the birth, and every physician, midwife or other person who shall have been in attendance upon the mother at the birth of such child, and every undertaker who shall be employed to bury the body of such child, and every person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Lawrence Warren Kinemanne
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth December 6th 1909
5. Place of Birth, (Street and number) 14 E. Hamburg St
6. Full name of Mother, Grace Madeline Kinemanne
7. Mother's Maiden Name, Grace Madaline Fleming
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, John Charles Kineman
10. Father's Occupation, Brush Maker
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. Nelson Orbyson

Address, 622 W. Lombard St

Remarks, 1910000003 12

RECEIVED FOR RECORD JAN -5 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

Health. In case the child named in this Return shall die before the next monthly return day, the undersigned shall report the fact to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the requirements of this section shall be subject to a fine of not less than Five (5) Dollars nor more than Ten (10) Dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A52823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN -8 1910
JAS. BOSLEY M.D.
CITY OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Name of child,* Henry Daniel Jones
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 12-18-09
5. *Place of Birth, (Street and number)* 622½ N. Lombard St.
6. *Full name of Mother,* Fanny Jones
7. *Mother's Maiden Name,* Fanny Jones
8. *Mother's Birthplace,* Prince Edward Co. Va.
9. *Full name of Father,* Henry Daniel
10. *Father's Occupation,* Cook
11. *Father's Birthplace,* Charlotte Co. Va.

Name of Medical Attendant, or other person who makes this Return, James A Hughes

Address, 622 N Lombard St

Remarks, 1910000313

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein prescribed, on the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the father or mother of such child, if living, and if not, then the nearest relative present, or the householder or agent shall become the duty of the person above required, and any such person or persons who shall fail to make such return within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall neglect or refuse to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovarable.

RECEIVED FOR RECORD JAN -8 1910 JAS. BOSLEY M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* Dec 23 09
6. *Place of Birth, (Street and number)* 701 W. 33rd St
6. *Full name of Mother,* Florence L Clarke
7. *Mother's Maiden Name,* " Casey
8. *Mother's Birthplace,* Balto Co
9. *Full name of Father,* Charles H Clarke
10. *Father's Occupation,* Paper Hanger
11. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return Wm H Fordyce
Address, 800 W. 33rd St

Remarks, 1910000314

RETURN OF A BIRTH.

A52825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 + 2nd Twins

1. Name of Child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 22/09
6. Place of Birth, (Street and number) 729 Powers St
6. Full name of Mother, Magdalena D'Havern
7. Mother's Maiden Name, " Mack
8. Mother's Birthplace, Balto
9. Full name of Father, Samuel H. D'Havern
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm H. Goodman

Address, 800 W 33rd St

Remarks, This 9th of 0 T 0 0 0 3 0 1 5 = one still born born dead some time Cause = unknown

RECORD
JAN -8 1910
JAS. BORLEY M.D.
COMM'R OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so offending shall be subject to a penalty of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORDED
JAN -8 1910
JOS. BOSLEY M.D.
BD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 6/10
5. *Place of Birth, (Street and number)* 1021 Fort Ave
6. *Full name of Mother,* Augusta Meyer
7. *Mother's Maiden Name,* [illegible]
8. *Mother's Birthplace,* America
9. *Full name of Father,* Gustav Meyer
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, [illegible]

Remarks, 1910000031 6

of a certificate before the end of the third day of each and every month to the officer of Commissioner of Health, in the district in which the birth occurred. A penalty of not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN -8 1910 JAS. BOOLEY, M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 third

1. Name of child, Oscar Francis Laburnum
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 17, 1909
5. Place of Birth, (Street and number) 2905 Bernard St
6. Full name of Mother, Henerretta Laburnum ~~Laburnum~~
7. Mother's Maiden Name, Henerretta Anderson
8. Mother's Birthplace, Germany
9. Full name of Father, Lee Laburnum ~~Laburnum~~
10. Father's Occupation, Laborer
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. H. Osborn M.D.

Address, 622 W. Lombard St.

Remarks, 1910000317

If a certificate between the first and third day of each month is not returned to the office of Commissioner of Health, as required by law, the person or physician or practitioner of midwifery so offending shall forfeit and pay the sum of ten dollars for each offense. In case the person or parents of such child so to report its birth to the Commissioner of Health, in the manner and within the period above required, the person so offending shall become the duty of the person or parents of such child so to report its birth to the Commissioner of Health, in the manner and within the period above required, the person so offending shall hereafter fail to comply with the requirements of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 9 1919
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 23 1909
4. *Place of Birth, (Street and Number)*	2104 - 15th St Walbrook
5. *Full Name of Mother,*	Annie E. Smart
6. *Mother's Maiden Name,*	Annie E. Hurley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fred'k G. Smart
9. *Father's Occupation*	Letter Carrier
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Edward Gallagher M.D.
Address,	1910 Druid Hill Ave
Remarks,	

Every midwife or person who shall attend upon any woman in labor, or after the birth of any child, shall cause a return of such birth to be made to the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such midwife or other person who shall fail to comply with the provisions of this section shall be subject to a penalty of not less than five (5) dollars nor more than fifty (50) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-27-67

RETURN OF A BIRTH. A52829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of a certificate between the first and third day of each and every month to the office of Commissioner of Health, for each birth which shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report it's birth to the Commissioner of Health, in the manner and within the period of time prescribed in this section. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	17th
1. *Name of child,*	CELESTIAL LEMMON
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	Black
4. *Date of Birth*	Dec 28. 09
5. *Place of Birth, (Street and number)*	1. H. Hospital
6. *Full name of Mother,*	Hennie Lemmon
7. *Mother's Maiden Name,*	Hennie Gibson
8. *Mother's Birthplace,*	Md.
9. *Full name of Father,*	Robert Lemmon
10. *Father's Occupation,*	Junk Dealer
11. *Father's Birthplace,*	Md.
Name of ~~Medical Attendant~~, or other person who makes this Return.	E. A. Thomas
Address,	1. H. Hosp.
Remarks,	1910000319

RECEIVED FOR RECORD JAN -6 1910

JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

RETURN OF A BIRTH. A52830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 10 1910
JAS BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, January 4th, 1910.
4. Place of Birth, (Street and Number) 904 Fawn ave.
5. Full Name of Mother, Joaquina Marie Watson.
6. Mother's Maiden Name, " " Foy.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Harry Shelton Watson.
9. Father's Occupation, Waiter.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Eldridge C. Price, M.D.

Address, 1910000032 Madison ave Baltimore

Remarks,

The Return of each birth is to be made to the office of the Commissioner of Health. In case the birth of any child is not attended by a physician or midwife, the return is to be made within the first day of each and every month to the office of the Commissioner of Health, by the parent or parents of such child, or in the absence of the parent or parents, by the householder in charge of the premises where such birth occurred. In case the birth occurs in a hospital, institution or boarding house, the person in charge thereof shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be fined not exceed to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN 10 1910 JOS. BOSLEY, M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Clarence Ellsworth Scarcum
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth 30th Dec. 1909
5. Place of Birth, (Street and number) 1536 Shield Alley
6. Full name of Mother, Rebecca Scarcum
7. Mother's Maiden Name,
8. Mother's Birthplace, Northumberland Va
9. Full name of Father, Unknown
10. Father's Occupation,
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Lucinda Mitchell

Address, 1023 Stockton St

Remarks, 1910000032 1

Health. In case the birth of any child shall occur without the said notice of a physician, Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, if the mother had within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 10 1910
JAS. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of child, George F. Parker
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Jan. 1st 1910 Baltimore Maryland
5. Place of Birth, (Street and number) Baltimore 180 West Hamburg Street
6. Full name of Mother, Lydia P. Corbett
7. Mother's Maiden Name, Lydia Parker
8. Mother's Birthplace, Calvert County Maryland
9. Full name of Father, Draper Plumber
10. Father's Occupation, Packsman.
11. Father's Birthplace, Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Mc Dare.

Address, 917 Peach Alley.

Remarks, 1910000032

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 152833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 14 1910
JAS. BOORLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Name of child,* Hurbert Campner.
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* 6 January 1910
5. *Place of Birth, (Street and number)* 1127 Calhoun st
6. *Full name of Mother,* Alice Campner.
7. *Mother's Maiden Name,* Alice Banks.
8. *Mother's Birthplace,* Caroline Co. Md
9. *Full name of Father,* Robert Campner.
10. *Father's Occupation,* Waiter
11. *Father's Birthplace,* Buraw Va.

Name of Medical Attendant, or other person who makes this Return, Lucinda Mitchell

Address, 1023 Stockton st

Remarks, 1910000000323

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner required by law; and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be convicted thereof in a court of record for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Edward (Whyte) Wilson
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* January 4, 1910
6. *Place of Birth, (Street and number)* Balto. W. cor N. Spring St.
6. *Full name of Mother,* Not Married
7. *Mother's Maiden Name,* Cecilia Whyte
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Joseph Wilson
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Carolin Patterson

Address, 516 Aisquith Hubbard Ct.

Remarks, 1910000321

RECEIVED FOR RECORD
JAN 10 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Every birth occurring in the city of Baltimore shall be reported to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the owner or agent of the house in which such birth shall occur, or the parent or parents of such child, if present at the birth, shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

The 1st and 3d Tuesday of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the owner or agent of the house in which such birth shall occur, or the parent or parents of such child, if present at the birth, shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 10 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth March 30/09
4. Place of Birth, (Street and Number) 1132 S. Charles st
5. Full Name of Mother, Sophie S. Mayer
6. Mother's Maiden Name, Sophie Schickeanz
7. Mother's Birthplace, City
8. Full Name of Father, Henry H. Mayer
9. Father's Occupation, mail clerk,
10. Father's Birthplace, City.

Name of Medical Attendant, or other person who makes this Return, E. L. Elliott, Jr.

Address, 916 Light St

1 9 1 0 0 0 0 0 3 2 5

Remarks,

the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and for every child born after the expiration of said time, and before the end of the month in which it was born, within ten days after the end of the month in which it was born; and if any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person or parents of the child, and any such person or persons who shall after such occurrence, neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1074

RETURN OF A BIRTH. A52836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 10 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

(2) Catherine Margaret Bopp → 2nd & 3rd

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female) Both females
2. *Race or color*, (if not of the white race) white
3. *Date of Birth* June 10/09
4. *Place of Birth*, (Street and Number) 115 Schroeder st
5. *Full Name of Mother*, Margaret C. Bopp
6. *Mother's Maiden Name*, Margaret Conner
7. *Mother's Birthplace*, Indiana
8. *Full Name of Father*, Geo. Bopp
9. *Father's Occupation*, Cook
10. *Father's Birthplace*, Ger.

Name of Medical Attendant, or other person who makes this Return, E. L. Eckhardt

Address, 115 Light st

1910 000032 6

Remarks,

the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, which certificate shall contain the name of a physician or midwife in attendance upon the mother; immediately thereafter fail to comply with the provisions of this section shall be subject to a fine of not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without such attendance then the mother, immediately thereafter, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall

CERTIFICATE CORRECTED 6-21-49

RETURN OF A BIRTH. A52837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Within ... days after the birth of any child born in any house in Baltimore City, or within ... days after the arrival of any child born elsewhere, if brought into any house in Baltimore City, the physician, midwife or other person in attendance upon the mother at the birth of such child shall report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered in other like and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Name of child,* Dona (Hoffman) Nofzaca

2. *Sex, (state whether male or female)* Female

3. *Race or color, (if not of the White Race)*

4. *Date of Birth* Dec. 21/09

5. *Place of Birth, (Street and number)* 823 N. Montford Ave.

6. *Full name of Mother,* Mary (Hoffman) Nofzaca

7. *Mother's Maiden Name,* Mary Davis

8. *Mother's Birthplace,* Baltimore

9. *Full name of Father,* Ted (Hoffman) Nofzaca

10. *Father's Occupation,* Machinist

11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, J. Wilbert B. Fitzgerald M. D.

Address, 1503 E. Lombard St.

Remarks,

1 9 1 0 0 0 0 0 3 2 7

RECEIVED FOR RECORD
JAN 10 1910
WM. BOSLEY M.D.
COMR OF HEALTH

RETURN OF A BIRTH. 152838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FILED FOR RECORD
JAN 10 1910
J.S. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Name of child,* Elsie Cornelia Minor
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec. 27/09
5. *Place of Birth, (Street and number)* 1536 N. Washington St.
6. *Full name of Mother,* Emelia Minor
7. *Mother's Maiden Name,* Emelia Turck
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Edward E. Minor
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Dykesville Balto. Co.

Name of Medical Attendant, or other person who makes this Return, Albert G. Dingenfelder M. D.

Address, 1503 E. North Ave.

Remarks,

1 9 1 0 0 0 0 0 3 2 8

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the Birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH 52839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Mildred Coyle
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec - 11 - 09
6. Place of Birth, (Street and number) 2207 Gough st.
6. Full name of Mother, Annie Coyle
7. Mother's Maiden Name, Lechthaler
8. Mother's Birthplace, Md.
9. Full name of Father, John Coyle
10. Father's Occupation,
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. M. J. McAvoy M.D.

Address, 839 S. Caroline St

Remarks, 1 9 1 0 U 0 0 0 3 2 9

RECEIVED FOR RECORD JAN 10 1910 JOS. BOSLEY, M.D. COMM'R OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of Child, Matilda Wheatley
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Sept 23 1909
6. Place of Birth, (Street and number) 3138 Fait ave.
6. Full name of Mother, Catherine Wheatley
7. Mother's Maiden Name, " Schlett
8. Mother's Birthplace, Pa.
9. Futt name of Father, William Wheatley
10. Father's Occupation, Carpenter
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, M. J. McAvoy M.D.

Address, 839 S. Carlton St.

Remarks, 1910000330

RECEIVED FOR RECORD JAN 10 1910 H.C. BAILEY M.D. HEALTH COMMISSIONER

Every person having charge of any child born in the City of Baltimore, shall, within ten days after the birth of such child, make a return thereof to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned. Every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in order that a certificate may be issued; and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
JAN 19 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Name of Child,* Emma Elizabeth Fletcher
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth,* December 24 1909.
6. *Place of Birth, (Street and number)* 1406 Traction St.
6. *Full name of Mother,* Amelia Gertrude Fletcher
7. *Mother's Maiden Name,* " " Marshall
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* William F. Fletcher
10. *Father's Occupation,* Sailor.
11. *Father's Birthplace,* Pittsburg Pa

Name of Medical Attendant, or other person who makes this Return, M. L. Ingram M.D.

Address, 10 W Preston Ave. Baltimore Md.

Remarks,

1910000331

RETURN OF A BIRTH. A52842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Bertha Antonette Wenkam
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 3/09
5. *Place of Birth, (Street and number)* 2240 William Ave
6. *Full name of Mother,* Elizabeth Wenkam
7. *Mother's Maiden Name,* Wick
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Edward Wenkam
10. *Father's Occupation,* Book-keeper
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. John Chrisman M.D.

Address, 1102 N. Eutaw St

Remarks, 1910000000332

FILED FOR RECORD JAN 29 '10
JAS. FOLEY M.D. REGISTRAR OF HEALTH

Of a certificate between the first and third day of each and every month to the Registrar of the Board of Health, in the City of Baltimore, under the penalty of Ten Dollars for each and every neglect or refusal. And if any midwife, or other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so shall neglect or refuse shall be subject to the same penalty as is above imposed on a midwife, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

A50843

RETURNED FOR RECORD
JAN 10 1910
JAS. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, Elisabet
2. Sex, (state whether male or female)
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 25
6. Place of Birth, (Street and number) 211 Vincent St
6. Full name of Mother, Katarina Nael
7. Mother's Maiden Name, Kiefel
8. Mother's Birthplace, Hungary
9. Full name of Father, Florian Nael
10. Father's Occupation, Work Mason
11. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return,

Address, Anna Daso

Remarks, 1125 James St

19100000333

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the city, it shall be the duty of the father, or in case of his absence, of the mother, or in case of the absence of both parents, of any other person having knowledge of the facts, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 30 1910
JAS. EDSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of child, Frances Sophia Hinkes
2. Sex, (state whether male or female) girl
3. Race or color, (if not of the White Race) White
4. Date of Birth December 28th, 1909
5. Place of Birth, (Street and number) Baltimore Md 44 S Streeter Ct
6. Full name of Mother, Caroline Catherine Hinkes
7. Mother's Maiden Name, Caroline Catherine Reins
8. Mother's Birthplace, Baltimore, Md
9. Full name of Father, Benjamin Edward Hinkes
10. Father's Occupation, Hardwood Floor Layer.
11. Father's Birthplace, Anne Arundel County, Md

Name of Medical Attendant, or other person who makes this Return, Mary C McKnew

Address, 1322 W Lombard St

Remarks, 1910000334

Birth or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child of which such person was delivered, the date of birth, the name and residence of the parents, and such other information as may be required by the printed form of said schedule. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 20 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Name of Child, [illegible]
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Mulatto
4. Date of Birth, Jan 5 1910
6. Place of Birth, (Street and number) 1604 Marshall St.
6. Full name of Mother, Catherine E. Spikes
7. Mother's Maiden Name, " " Brooks
8. Mother's Birthplace, Md
9. Full name of Father, Edward Spikes
10. Father's Occupation, Laborer
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, R. E. L. Campbell M.D.

Address, 1644 Hanover St

Remarks,

19100000335

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of Medicine, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and in addition thereto shall furnish such information as may be required by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The form of a certificate between the lines and the penalty of ten dollars, to be given by the officer of the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ALLOWED FOR RECORD
JAN 10 1910
JAS. BORLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth July 21/09
4. Place of Birth, (Street and Number) 1425 Patapsco
5. Full Name of Mother, Mary E. H. Stewart
6. Mother's Maiden Name, Mary E Howe
7. Mother's Birthplace, Balt
8. Full Name of Father, Robt J. Stewart
9. Father's Occupation, Paint Painter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E L Ellis M D

Address, 1910000033/6 Eighteen

Remarks,

RETURN OF A BIRTH.

A59847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 19 1910
JAS. BOYLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) Fourth

1. *Sex,* (*state whether male or female*) Male
2. *Race or color.* (*if not of the white race*) White
3. *Date of Birth* Dec. 22/09
4. *Place of Birth,* (*Street and Number*) 2212 Mt Royal Terrace
5. *Full Name of Mother,* Rose K. Lewis
6. *Mother's Maiden Name,* Rose Kirchner
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Chas. E. Lewis
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, E. L. Ellis M.D.

Address, 1910 Eutaw St.

1 9 1 0 0 0 0 0 3 3 7

Remarks,

The form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health, who shall attend upon the mother, immediately thereafter, and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child, Henry August Lindner
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth, Dec 5 09
6. Place of Birth, (Street and number) 705 N. Chester St.
6. Full name of Mother, Dora Lindner
7. Mother's Maiden Name, Dora Gillespie
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Henry Lindner
10. Father's Occupation, Cast Iron Worker
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Albert H. Dingwall M. D.

Address, 1226 E North ave.

Remarks, 1910000000338

RECEIVED FOR RECORD JAN 10 1910 BALTIMORE MD BOARD OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person in charge of the house in which such child was born, and in case it shall occur elsewhere than in a house, then the parents of such child, if living in the city, and if not living in the city, then any person present at the birth, hereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. A52849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 27 1910 JAS. BOSLEY M.D. CITY HEALTH OFFICER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child, (Schwarzman Joseph Stanley) Schwarzman
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth, Jan 5/09
6. Place of Birth, (Street and number) 28 Payson St.
6. Full name of Mother, Bessie Ruth Schwarzman (Schwarzman)
7. Mother's Maiden Name, Bessie Brown
8. Mother's Birthplace, Moorefield W. Va.
9. Full name of Father, Harry L. Schwarzman (Schwarzman)
10. Father's Occupation, Physician
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Albert P. Siegmund M.D.

Address, 505 E. North Ave

Remarks, 1 9 1 0 0 0 0 0 3 3 9

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if such child shall die before a certificate of birth shall have been filed, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 52850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Name of child, Joseph Frederick Schrieffer
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth Dec. 1879
5. Place of Birth, (Street and number) 221 J. Hopkinson St
6. Full name of Mother, Mary Schrieffer
7. Mother's Maiden Name, Mary Wurtz
8. Mother's Birthplace, Germany
9. Full name of Father, George Schrieffer
10. Father's Occupation, Fireman
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Albert H. Dingwald

Address, 1503 E. North Ave.

Remarks, 1910000340

RECEIVED FOR RECORD JAN 10 1910 JAS. BOSLEY, M.D. BOARD OF HEALTH

...ed by law have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form or a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, mother, or other person having charge of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 10 1910
JAS. BOSLEY M.D.
COMMISSIONER OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child, Sebastiano Catanzaro
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth 2 January
5. Place of Birth, (Street and number) 41 N. Front St
6. Full name of Mother, Carmelina Catanzaro
7. Mother's Maiden Name, Carmelina Ranzino
8. Mother's Birthplace, Cefalù (Italy)
9. Full name of Father, Giuseppe Catanzaro
10. Father's Occupation, Bussing [illegible]
11. Father's Birthplace, Catania Italy

Name of Medical Attendant, or other person who makes this Return, Dr Vincent Lo Tempio

Address, 41 N. Calvert St

Remarks, 1910000341

of a certificate between the 2ds. and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person present at the birth to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

452852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 10 1910 BOSLEY M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Edward Leroy Jones
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth, Dec. 11 - 09
6. Place of Birth, (Street and number) 302 Hudson
6. Full name of Mother, Bertha Jones
7. Mother's Maiden Name, " Neale
8. Mother's Birthplace, md.
9. Full name of Father, Leo Jones
10. Father's Occupation, Laborer
11. Father's Birthplace, md.

Name of Medical Attendant, or other person who makes this Return, W. J. McAvoy M.D.

Address, 839 S. Caton Av.

Remarks, 1910000003 42

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

In case the birth of any child shall occur in the absence of the attending physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to so report shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Name of Child,*	Not yet conferred
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth,*	Dec 25 – 09
6. *Place of Birth, (Street and number)*	3001 Elliott St.
6. *Full name of Mother,*	Mary Francis Brauck
7. *Mother's Maiden Name,*	" " Casey
8. *Mother's Birthplace,*	N. J.
9. *Full name of Father,*	Wm. Brauck
10. *Father's Occupation,*	Clerk
11. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	W. J. McAvoy M.D.
Address,	839 S. Caulton Ave.
Remarks,	1910000003 43

RECEIVED FOR RECORD JAN 10 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

RETURN OF A BIRTH.

A52854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Daniel Laurence Dorrer
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 17 - 09
6. Place of Birth, (Street and number) 1017 Chesapeake St
6. Full name of Mother, Carrie Dorrer
7. Mother's Maiden Name, Carrie Poultney
8. Mother's Birthplace, Va
9. Full name of Father, John Dorrer
10. Father's Occupation, Fireman
11. Father's Birthplace, md

Name of Medical Attendant, or other person who makes this Return, M. J. McAvoy M.D.

Address, 839 S. Canton Av.

Remarks, 1910000034 1

RECEIVED FOR RECORD JAN 10 1910 JAS. BUCKLEY, M.D. BOARD OF HEALTH

third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above set forth; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECORD
JAN 19 1910
[illegible] M.D.
[illegible] OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Name of Child,*	Edward McDonough
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth,*	Dec – 1 – 09
6. *Place of Birth, (Street and number)*	2206 Caulton Av.
6. *Full name of Mother,*	Christina McDonough
7. *Mother's Maiden Name,*	" Dolch
8. *Mother's Birthplace,*	Md.
9. *Fult name of Father,*	Edward McDonough
10. *Father's Occupation,*	Laborer
11. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	M. J. McAvoy M.D.
Address,	839 N. Caulton Av
Remarks,	1910000345

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above named; any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time hereinbefore provided to be reported by such person or persons, and every person who shall neglect or refuse to comply with the provisions of this section shall be deemed guilty of a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Name of Child,*	Edward Patrick Egan
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth,*	nov-14-09
6. *Place of Birth, (Street and number)*	1613 E. Biddle st
6. *Full name of Mother,*	Margaret E. Egan
7. *Mother's Maiden Name,*	Margaret E. McMahon
8. *Mother's Birthplace,*	Md.
9. *Full name of Father,*	Edward P. Egan
10. *Father's Occupation,*	Plumber
11. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	W. J. McAvoy M.D.
Address,	839 S. Caton Ave
Remarks,	1910000034 6

RECEIVED FOR RECORD JAN 19 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 452857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 10 1910 ISAC DOBLEY M.D. REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Name of Child, Milton Caplan
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 21/09.
6. Place of Birth, (Street and number) 1721 Pierce St.
6. Full name of Mother, Annie Caplan
7. Mother's Maiden Name, Annie Gaskel
8. Mother's Birthplace, Russia
9. Full name of Father, Frank Caplan
10. Father's Occupation, Grocery and Provision dealer
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, William J. Sullivan M.D.

Address, 1701 W. Fulton Avenue

Remarks, 1910000347

CERTIFICATE AMENDED - 7/8/74

RETURN OF A BIRTH. 452858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the Mother, immediately after the birth, then the Mother herself shall within the period above required, make such return to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th HILTE
1. *Name of child,*	Thomas Earle
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	Black
4. *Date of Birth*	December 23rd 1909
5. *Place of Birth, (Street and number)*	838 N Madeira St.
6. *Full name of Mother,*	Rosa ~~Earle~~ HILTE
7. *Mother's Maiden Name,*	Weir
8. *Mother's Birthplace,*	Baltimore
9. *Full name of Father,*	~~Thomas Earle~~ FRANCIS HILTE
10. *Father's Occupation,*	Waiter
11. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	John Gerhardt M.D.
Address,	102 E 25th St.
Remarks,	1910000348

RECEIVED FOR RECORD JAN 10 1910 JAS. BOYCE, V. M.D. BOARD OF HEALTH

RETURN OF A BIRTH. A52859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 19 1910
JAS. BOSLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of Child,* Stefan
2. *Sex, (state whether male or female)*
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 3 December
6. *Place of Birth, (Street and number)* Norris Alley 314
6. *Full name of Mother,* Regina Bathmar
7. *Mother's Maiden Name,* — Alber
8. *Mother's Birthplace,* Hungary
9. *Full name of Father,* Kretosar Bathmar
10. *Father's Occupation,* Worker Man
11. *Father's Birthplace,* Hungary

Name of Medical Attendant, or other person who makes this Return
Address, Annie Dosser
Remarks, 1325 Forrest St

1 9 1 0 U 0 0 0 3 4 9

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person above named be present at such birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Name of Child, Thomas
2. Sex, (state whether male or female)
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 26
6. Place of Birth, (Street and number) 401 Edison Alley
6. Full name of Mother, Carrie Foley
7. Mother's Maiden Name, — — Shrote
8. Mother's Birthplace, Baltimore
9. Full name of Father, Pat Foley
10. Father's Occupation, Black Smith
11. Father's Birthplace, Roland

Name of Medical Attendant, or other person who makes this Return,
Address, Annex Dr. Soc
Remarks, 1325 James St

19100000350

The age of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the limits of a city, town or village, the duty of reporting such birth shall devolve upon the father, and in case he is absent from the State, or dead, then upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GIVEN NAME ADDED - 10/8/17

RETURN OF A BIRTH. A52861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 11 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Name of Child, WILLIAM AUGUST OTTO
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 6 1910
6. Place of Birth, (Street and number) 1505 Marshall Ave
6. Full name of Mother, Rosie Otto
7. Mother's Maiden Name, Phelps
8. Mother's Birthplace, A. A. Co. Md.
9. Full name of Father, Julius A. Otto
10. Father's Occupation, Bar Tender
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr. J. Gurlington

Address, 1012 E Fortaw

Remarks, 1910000351

Third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in writing, within the period above required, and immediately thereafter he shall become and within the period above required, and attendance upon the mother, and shall in like manner report the birth to the Commissioner of Health, in writing, within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 11 1910
JAS. EDGLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. Name of child,
2. Sex, (state whether male or female) female.
3. Race or color, (if not of the White Race) Colored.
4. Date of Birth December 6, 1909.
5. Place of Birth, (Street and number) 820 Pierce St.,
6. Full name of Mother, Adelia Gall.
7. Mother's Maiden Name, Adelia Gall.
8. Mother's Birthplace, Lancaster Virginia
9. Full name of Father, Charlie Smith.
10. Father's Occupation, Laborer
11. Father's Birthplace, Lancaster, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Fannie Meyers.

Address, 820 Pierce St.

Remarks,

1 9 1 0 0 0 0 0 3 5 2

Health Code, Section 4. The first and third day of each and every month to be the days of Commissioner of Health's Office, at which all returns of births and deaths shall be made by physicians or practitioner of midwifery. Should no birth or death occur during the month, a return to that effect shall be made. Every person who shall become the duty or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child born alive in a house or tenement shall not be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of knowingly make any false report or statement in relation to any birth required to be reported, he shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD JAN 21 1910 WM. BOSLEY M.D. COMMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Name of child, John Wilmer Smith.
2. Sex, (state whether male or female) male.
3. Race or color, (if not of the White Race) Colored.
4. Date of Birth December 4, 1909.
5. Place of Birth, (Street and number) 626 St. Mary's St.
6. Full name of Mother, Sadie Smith.
7. Mother's Maiden Name, Sadie Wilmer.
8. Mother's Birthplace, Williston. maryland.
9. Full name of Father, John Westley Smith
10. Father's Occupation, Dairy Worker.
11. Father's Birthplace, Hillsboro maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Fannie Myers.

Address, 870 Pierce St.

Remarks, 1910000353

1-2-72

GIVEN NAME ADDED

RETURN OF A BIRTH. A52864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 11 1910 DR. BOSLEY M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Name of Child, MARY MARGARET MILLER
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 10th 1910
6. Place of Birth, (Street and number) 539 E. 23rd St.
6. Full name of Mother, Grace Miller
7. Mother's Maiden Name, Grace Miller
8. Mother's Birthplace, Maryland
9. Full name of Father, Harry E. Miller
10. Father's Occupation, Electrician
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, L. A. Rifhardson M.D.

Address, 112 W. 25th St

Remarks, 1910000354

FILED: JAN 11 1910

All persons who shall neglect or refuse to report, as herein required, any birth at which he or she shall be present, or which shall come to his or her knowledge, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 11 1910
JAS. BOOLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Name of Child, Harry Snyder
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 25, 1909
6. Place of Birth, (Street and number) 224 S. Eden St.
6. Full name of Mother, Annie Snyder
7. Mother's Maiden Name, Annie Weinberg
8. Mother's Birthplace, Russia
9. Fult name of Father, Joseph Snyder
10. Father's Occupation, Tailor Tailor
11. Father's Birthplace, Russia

Name of Medicat Attendant, or other person who makes this Return. Libbie Snyder
Address, 29 S. Caroline St.
Remarks, 1910 ~~00~~ 3255 fm

Every day of each and every month, to the office of the Commissioner of Health, a return shall be made by the Attending Physician or Resident Officer, or should no other person be in attendance upon the mother, by the Householder, of every birth which shall occur without the Attendance of any

RETURN OF A BIRTH.

A52866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 12 1910
CHAS. R. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Clara
2. Sex, (state whether male or female) ~~Male~~ Female
3. Race or color, (if not of the White Race) White
4. Date of Birth August 28 1909.
5. Place of Birth, (Street and number) 631 W. Mulberry St.
6. Full name of Mother, Ethel Levin
7. Mother's Maiden Name, Ethel Brown
8. Mother's Birthplace, India
9. Full name of Father, Jack Levin
10. Father's Occupation, Actor
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Gertrude Kaziar

Address, 631 W. Mulberry St.

Remarks,

19100000356

Sec. 13. And be it further enacted, That it shall be the duty of each and every midwife to report to the Commissioner of Health, on the first Monday of each month, the births which have occurred during the preceding month in which she officiated, and in case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Marie Jefferson First

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 2 1909
5. Place of Birth, (Street and number) 631 N Mulberry St
6. Full name of Mother, Tiffanie Jefferson
7. Mother's Maiden Name. Tiffanie Sellers
8. Mother's Birthplace, Balto
9. Full name of Father, Lofon Francis
10. Father's Occupation, Laborer
11. Father's Birthplace, Kent Co Md

Name of Medical Attendant, or other person who makes this Return, Gertrude Lazen

Address, 631 N. Mulberry St.

Remarks, 1910000357

RECEIVED FOR RECORD JAN 12 1910 H.S. BOSLEY M.D. COM'R OF HEALTH

If any person shall refuse or neglect for the space of ten days after the birth of any child to make the return required by this section, or shall make a false return, every person required by this section to make such return shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each offense, or by imprisonment in the city jail not exceeding thirty days, or both such fine and imprisonment, in the discretion of the court. And every such person who shall thereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A32003

RECEIVED FOR RECORD JAN 12 1910 JAS. EOSLEY, M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	January 12th — 1910
5. *Place of Birth, (Street and number)*	1794 W. Franklin St.
6. *Full name of Mother,*	Lillie May Schaninger
7. *Mother's Maiden Name,*	Lillie May Brown
8. *Mother's Birthplace,*	Baltimore City
9. *Full name of Father,*	Edward P. Schaninger
10. *Father's Occupation,*	Electro Type Moulder.
11. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Robt. J. Murray M.D
Address,	510 N. Fremont Ave.
Remarks,	19100000358

Health, to make the birth of any child known to the Office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse so to do shall be subject to a fine of not less than two (2) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED for RECORD
JAN 13 1917
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 7th
5. *Place of Birth, (Street and number)* 1621 Eula st Balto Md
6. *Full name of Mother,* Lena Thompson
7. *Mother's Maiden Name,* " Green
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Harry Thompson
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Caroline Ryer

Address, 1469 Garrett Ave Balto Md

Remarks, 1910000359

Every midwife or other person who shall attend at the birth of any child shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, or midwife, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 13 1910
JAS. BOOLEY, M.D.
SUPT OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child.

1. *Name of Child,* No name.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* Colored.
4. *Date of Birth,* Dec 29. 1909.
6. *Place of Birth, (Street and number)* 1503 Eastonst.
6. *Full name of Mother,* Tisacina Yancey.
7. *Mother's Maiden Name,* Tisacina Fredricks.
8. *Mother's Birthplace,* Charles Co Md.
9. *Full name of Father,* Alexander Yancey.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* North Car.

Name of Medical Attendant, or other person who makes this Return, Hettie Brown

Address, 1307 W Falcoast

Remarks, Natural.

1910000000360

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person having such attendance upon the mother, immediately thereafter, to report such birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) twin Children

1. *Name of Child,* No Name.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* Colored.
4. *Date of Birth,* January 6, 1910.
6. *Place of Birth, (Street and number)* 1344 Fremont.
6. *Full name of Mother,* Colombia Colton.
7. *Mother's Maiden Name,* Crawford
8. *Mother's Birthplace,* Essex Virginia
9. *Full name of Father,* James Colton.
10. *Father's Occupation,* Labor.
11. *Father's Birthplace,* Stanardsville

Name of Medical Attendant, or other person who makes this Return, Hettie Brown

Address, 130 7 W Lafayette St.

Remarks, Colored

1910000361

ALPHABETICAL RECORD
JAN 10 1910
JAS. BOSLEY M.D. COMR OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. Any person failing to make such report as herein required, and any person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child.

1. *Name of Child,* Rosabelle Ford.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* Colored.
4. *Date of Birth,* Nov 24 1909.
6. *Place of Birth, (Street and number)* 1224 Calhoun St.
6. *Full name of Mother,* Rosalee Ford.
7. *Mother's Maiden Name,* Rosalee Powers.
8. *Mother's Birthplace,* Orangeburg Co.
9. *Full name of Father,* David Ford.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* George Town.

Name of Medical Attendant, or other person who makes this Return, Lottie Brown.

Address, 1307 Wheatcroft St

Remarks, 1 6 1 0 0 0 0 3 6 2

RECEIVED FOR RECORD JAN 13 1910 JAS. BOSLEY M.D. COMMISSIONER OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the form and manner required by law, and any person or persons so neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Name of Child,* No Name Given
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* Colored child.
4. *Date of Birth,* January 11, 1910.
6. *Place of Birth, (Street and number)* 305 N. Bruce St.
6. *Full name of Mother,* Mamie E. Holly.
7. *Mother's Maiden Name,* Mamie E. Martin
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Joshua Holly
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* St. Marys Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Dorsey.

Address, 1809 Lorman St.

Remarks, This child as far as I can see.

RECEIVED FOR RECORD
JAN 12 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

1910 100900363

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine or midwife, then the father or mother of such child or owner of the house where such birth occurs shall have the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall occur in any family in which there is no physician or midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In default thereof, all persons who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as herein provided, within the period above required, and any such person or persons who shall neglect or refuse to make such report as herein required, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
JAN 12 1910
H. G. BOSLEY, M.D.
COMM'R OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Dec 2nd 1909.
5. *Place of Birth, (Street and number)*	2012 Bank St Balto.
6. *Full name of Mother,*	Margaret Canavan
7. *Mother's Maiden Name,*	Margaret Deasel
8. *Mother's Birthplace,*	Balto.
9. *Full name of Father,*	Patrick Canavan.
10. *Father's Occupation,*	Laborer
11. *Father's Birthplace,*	Balto.
Name of Medical Attendant or other person who makes this Return.	Mrs Mary M. Taylor
Address,	611 S. Patterson Pk Ave Balto.
Remarks,	1910000003644

RETURN OF A BIRTH. A52875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR BOARD JAN 19 1910 BOSLEY, M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child, Female
2. Sex, (state whether male or female) White 1909
3. Race or color, (if not of the White Race) Dec 14th
4. Date of Birth
5. Place of Birth, (Street and number) 2001 Bank St Balto.
6. Full name of Mother, Margaret Gerber
7. Mother's Maiden Name, Margaret Cheeman
8. Mother's Birthplace, Baltimore
9. Full name of Father, Michael Gerber.
10. Father's Occupation, Laborer
11. Father's Birthplace, Chicago

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor.

Address, 611 S. Patterson Pk Ave Balto.

Remarks, 1910000003 65

Health, to whom the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of said child, it shall become the duty of the person or persons above required, and any such person or persons who shall forever fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
JAN 12 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec. 19th 1909.
5. *Place of Birth, (Street and number)* 522 N. Luzerne St. Balto.
6. *Full name of Mother,* Anna E. Lemmerman
7. *Mother's Maiden Name,* Anna E. Sommer
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Henry Lemmerman
10. *Father's Occupation,* Policeman
11. *Father's Birthplace,* Balto.

Name of Medical Attendant or other person who makes this Return. Mrs. Mary M. Taylor
Address, 411 S. Patterson Park Ave. Balto.
Remarks,

1 9 1 0 0 0 0 0 3 6 6

Every case between the first and third day of each and every month to the office of (Commissioner of Health.) In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, then such other person in attendance upon the mother, immediately thereafter it shall become the duty of such person or parent, and any such person or parent neglecting so to do, shall forfeit to the Board of Health, in the manner and within the period above required, and any such person or parent who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 10/31/73

RETURN OF A BIRTH. A52877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, AMANDA AMELIA BUSSE
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 22nd 1909
5. Place of Birth, (Street and number) 623 S Fiet St Balto Co
6. Full name of Mother, Gertrude Busse
7. Mother's Maiden Name, Gertrude Schaue
8. Mother's Birthplace, Balto
9. Full name of Father, Carl Busse
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr Mary M Taylor

Address, 611 S. Patterson Pk Ave Balto

Remarks, 1910000367

RECEIVED DEC 12 1910 BOARD OF HEALTH

Every person who shall neglect the first and third day of each and every month to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case no such person be present at the birth, the mother of such child, if able, shall become the duty of the person or parents of such child, if able, to report the same to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Dec 13th 1909
5. *Place of Birth, (Street and number)*	630 S. Milton Ave Balto.
6. *Full name of Mother,*	Mary Haase
7. *Mother's Maiden Name,*	Mary Hoecher.
8. *Mother's Birthplace,*	Balto.
9. *Full name of Father,*	George Haase
10. *Father's Occupation,*	Painter
11. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this return.	Mrs Mary M. Taylor
Address,	611 S. Patterson Park Ave Balto.
Remarks,	

RECEIVED FOR RECORD JAN 12 1910 JAS. BOSLEY M.D. COMR OF HEALTH

1910000368

A certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of the house in which the birth occurred, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of a certificate between the first and third day of each and every month to the office of Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and any person who shall neglect or refuse to make such report hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECORD
JAN 12 1910
JAS. BOWLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Dec 29th 1909.
5. *Place of Birth, (Street and number)*	2001 Gough St. Balto.
6. *Full name of Mother,*	Ora McLain
7. *Mother's Maiden Name,*	Ora Segree
8. *Mother's Birthplace,*	Germany
9. *Full name of Father,*	John McLain
10. *Father's Occupation,*	Laborer
11. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Mary McPhee
Address,	611 S. Patterson Pk. Ave & Baltimore
Remarks,	

19100000369

RETURN OF A BIRTH. A52880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec. 31st 1909
5. Place of Birth, (Street and number) 2515 Fait ave. Balto.
6. Full name of Mother, Elizabeth Greenefelter
7. Mother's Maiden Name, Elizabeth Brockel
8. Mother's Birthplace, Balto
9. Full name of Father, George Greenefelter
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, 611 S. Patterson Park Ave Balto.

Remarks,

1910000370

RECEIVED FOR RECORD JAN 12 1910 JAS. BOSLEY M.D. REGISTRAR

If a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, the father, mother or other person in attendance upon the mother, immediately thereafter is hereby required to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

A52883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 12 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of Child,* Ethel Mintz
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* Hebrew
4. *Date of Birth,* Dec 8 1909
5. *Place of Birth, (Street and number)* 1812 E. Balto St
6. *Full name of Mother,* Sadie B. Mintz
7. *Mother's Maiden Name,* Sadie B. Valentein
8. *Mother's Birthplace,* New York City
9. *Fult name of Father,* Isidore Mintz
10. *Father's Occupation,* Merchant
11. *Father's Birthplace,* Cleveland Ohio

Name of Medical Attendant, or other person who makes this Return, C. Farrell MD

Address, 1705 E. Balto. St.

Remarks,

1 9 1 0 U 0 0 0 3 7 1

Sec. 2. And every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report such birth to the Commissioner of Health within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

The day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of such child to report the birth to the Commissioner of Health, in like manner as is required of physicians and midwives within the first ten days after the birth. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Marie Elizabeth Fitchett
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec 10-09
6. *Place of Birth, (Street and number)* 266 Orleans St
6. *Full name of Mother,* Anna Marie Fitchett
7. *Mother's Maiden Name,* " " Sauer
8. *Mother's Birthplace,* Balto City
9. *Full name of Father,* Wm Edgar Fitchett
10. *Father's Occupation,* Plumber
11. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, C. C. Carroll M.D.

Address, 1710 E. Balto St.

Remarks,

1910000372

REGISTRATION RECORD
JAN 12 1910
JAS. BOSLEY M.D.
COMMR OF HEALTH

RETURN OF A BIRTH. A52883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan. 7. 1910
4. *Place of Birth, (Street and Number)* #29 S. Smallwood St
5. *Full Name of Mother,* Mrs. Ella Elmore
6. *Mother's Maiden Name,* " " Smith
7. *Mother's Birthplace,* Brooklyn N.Y.
8. *Full Name of Father,* Milton P. Elmore
9. *Father's Occupation,* Supt. mat factory
10. *Father's Birthplace,* New York City

Name of Medical Attendant, or other person who makes this Return. P Burson

Address, 201 Wilkens Ave

Remarks,

1910000373

RECEIVED FOR RECORD
JAN 12 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Every Parent and every Midwife in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required of any such person or persons, under the penalties of the law, which shall be enforced against any person subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of Child,* Katheleen Staige Davis
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Nov. 17. 1909
6. *Place of Birth, (Street and number)* 1278 W. Calvert St.
6. *Full name of Mother,* Katheleen Bowdoin Davis
7. *Mother's Maiden Name,* Katheleen Gordon Bowdoin
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* John Staige Davis
10. *Father's Occupation,* Physician
11. *Father's Birthplace,* Portsmouth Va.

Name of Medical Attendant, or other person who makes this Return, G. H. D. Muse

Address, 56 W Biddle St

Remarks, 1910000037 Back to,

RECEIVED FOR RECORD JAN 12 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child, over the age of twenty-one years, residing in the house where such birth occurs, to report the same, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Name of child, Magdalena
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth 7 January 1910.
5. Place of Birth, (Street and number) 100 S Wolfe St.
6. Full name of Mother, Magdalena Brosser.
7. Mother's Maiden Name, Magdalena Tuschel
8. Mother's Birthplace, Germany.
9. Full name of Father, John Brosser.
10. Father's Occupation, Carpenter
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Marie Kiass

Address, 304 Third St.

Remarks, Highland Town

1 9 1 0 0 0 0 0 3 7 5

RECEIVED FOR RECORD JAN 12 1910 J.S. BOGLEY M.D. REGR OF HEALTH

If any person shall neglect for the first and third day of each and every month to the office of Commissioner of Health, to cause the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, such person or persons shall forfeit and pay the sum of ten dollars, and any such person or persons who shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN 12 1910 JAS. BOSLEY M.D. COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, ~~2d, 3rd, &c.~~)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 8th 1910
4. Place of Birth, (Street and Number) 325 S. Arrallwood st
5. Full Name of Mother, Margaret Dinger
6. Mother's Maiden Name, Margaret Deinger
7. Mother's Birthplace, B C
8. Full Name of Father, Joseph Frederick Dinger
9. Father's Occupation, Butcher
10. Father's Birthplace, B.C

Name of Medical Attendant, or other person who makes this Return, Lyman F Hill M.D.

Address, 1910000003 "The Walbert."

Remarks,

Any person who shall neglect or refuse to report to the Commissioner of Health, in the manner and within the period above required, the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, any person who shall neglect or refuse to report to the Commissioner of Health, in the manner and within the period above required, the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother of such child shall be subject to a fine of not more than fifty dollars for each offence. It shall be the duty of the Commissioner of Health to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White.
4. *Date of Birth*	Dec. 3rd 1909
5. *Place of Birth, (Street and number)*	905 Eutaw St. Balto.
6. *Full name of Mother,*	Elizabeth Schorr.
7. *Mother's Maiden Name,*	Elizabeth Wilson
8. *Mother's Birthplace,*	Balto.
9. *Full name of Father,*	Wm. Schorr
10. *Father's Occupation,*	Painter
11. *Father's Birthplace,*	Balto.
Name of Medical Attendant or other person who makes this Return,	Mrs Mary M. Taylor.
Address,	611 S. Patterson Pk Ave Balto
Remarks,	1910000377

RECEIVED FOR RECORD JAN 1 1910 JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

Every midwife or person other than a physician or practitioner of medicine who shall attend upon any case of confinement shall, between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, then it shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

A52888

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White.
4. Date of Birth Dec 7th 1909
5. Place of Birth, (Street and number) 6 S. Gay St. Balto.
6. Full name of Mother, Frances Schauer
7. Mother's Maiden Name, Frances Schaeffer.
8. Mother's Birthplace, Balto.
9. Full name of Father, Peter Schauer.
10. Father's Occupation, Missionary.
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor.

Address, 611 S. Patterson Pk cor Gay Balto.

Remarks, 19100000378

RECEIVED
JAN 12 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

Failure to comply with the provisions of this Section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Orig.

RETURN OF A BIRTH. A52889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,* James Henry Rayner Jr.
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* Dec 10th 1909
5. *Place of Birth, (Street and number)* 304 S. Bouldin St.
6. *Full name of Mother,* Margaret Rayner
7. *Mother's Maiden Name,* Margaret Brechbill.
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* James Rayner.
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor

Address, 611 S. Patterson Pk Ave Balto

Remarks,

JAN 12 1910
JAS. BOSLEY, M.D.
SUPT. OF VITAL STATISTICS

1 9 1 0 U 0 0 0 3 7 9

If any physician, midwife or other person shall neglect for the first and third day of each and every month to the office of Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of the knowledge of the person so neglecting, or shall refuse to report the same, or any midwife or other person who shall become the duty of the person so neglecting, or shall refuse to report the same, or any midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
JAN 12 1910
JAS. BOSLEY M.D.
REGISTRAR OF RECORDS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec. 15th.
5. Place of Birth, (Street and number) 2403 Foster Ave. Balto.
6. Full name of Mother, Margaret Haas
7. Mother's Maiden Name, Margaret Appel
8. Mother's Birthplace, Balto
9. Full name of Father, Adam Haas
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor

Address, 611 S. Patterson Pk Ave & Balto.

Remarks, 1 9 1 0 0 0 0 0 3 8 0

Sec. 4. Be it further enacted that the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother, or in case of her inability, the person having charge of her, to report the case and the particulars required to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A62891

RECORD
JAN 13 1910
H.S. BOSLEY M.D.
REGISTRAR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec. 16th 1909
5. *Place of Birth, (Street and number)* 314 S. Duncan Alley Balto.
6. *Full name of Mother,* Sophia Schroeder.
7. *Mother's Maiden Name,* Sophia Kostrawek.
8. *Mother's Birthplace,* Europe
9. *Full name of Father,* Joseph Schroeder
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Europe

Name of Medical Attendant or other person who makes this Return, Mrs Mary M. Taylor.

Address, 611 S. Patterson Park Ave Balto.

Remarks,

1 9 1 0 0 0 0 0 3 8 1

Penalty.—Between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White.
4. Date of Birth Dec. 21st 1909.
5. Place of Birth, (Street and number) 633 S. Maryland Ave. Balto.
6. Full name of Mother, Rosa Wagner
7. Mother's Maiden Name, Rosa Piskor
8. Mother's Birthplace, Europe
9. Full name of Father, John Damaty
10. Father's Occupation, Laborer
11. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary M. Taylor

Address, 611 S. Patterson Pk Ave Balto.

Remarks, 1910000382

RECEIVED FOR RECORD JAN 19 1910 J. WOOLLEY, M.D. COMR OF HEALTH

Certificate between the first and third day of each month to the Registrar of Vital Statistics, Board of Health, Baltimore City, and a penalty of Five Dollars for each offense, as provided by Section 4 of Ordinance No. 1 of 1910, shall be imposed upon the person or persons required by said Ordinance to report the birth to the Commissioner of Health. In case the birth occurs in the absence of a physician or practitioner of medicine, midwife or nurse, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and a penalty of Five Dollars shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and a penalty of Five Dollars hereafter fail to comply with the provisions of said Ordinance shall be subjected to a fine of ten (10) dollars for each offense, as herein recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 23rd 1909
5. Place of Birth, (Street and number) 122 S. Augusta St. Balto
6. Full name of Mother, Elizabeth [illegible]
7. Mother's Maiden Name, Elizabeth Donkowski
8. Mother's Birthplace, Germany
9. Full name of Father, Frank [illegible]
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, 611 S. Potteson Ave and Balto.

Remarks, 1910000003 83

JAN 12 1910

[illegible] M.D.
BOARD OF HEALTH

SECTION 34 OF THE CODE OF PUBLIC LOCAL LAWS OF BALTIMORE CITY.

Be it ordained by the Mayor and City Council of Baltimore, That the Board of Health shall cause to be printed a sufficient number of blank forms for the return of births and deaths, and shall furnish the same to the physicians and midwives of the City, and to such other persons as may be required to make such returns. Every physician or midwife who shall attend upon any birth, and every undertaker or other person who shall bury any dead body, or cause the same to be buried, within the City of Baltimore, shall, within ten days after such birth or burial, make a return thereof to the Board of Health, in the form and manner prescribed by the Board, and shall sign the same. Every such return shall be made to the Board of Health at its office in the City of Baltimore, and shall contain all the information required by the Board of Health, and shall be verified by the oath or affirmation of the person making the same. Every such return of a birth shall be made between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the father or mother of such child, or the householder in whose house it shall occur, or the person in charge of such house at the time of such birth, to report the same to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED
JAN 20 1910
DR. E. BORLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.
1. *Name of child,*
2. *Sex, (state whether male or female)* White.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* Dec. 28th 1909.
5. *Place of Birth, (Street and number)* 524 S. Montford Ave. Balto.
6. *Full name of Mother,* Margaret Paul
7. *Mother's Maiden Name,* Margaret Smith.
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* James H. Paul.
10. *Father's Occupation,* Fireman
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary M. Taylor
Address, 611 S. Patterson Pk Ave Balto.
Remarks, 19100000384

Every midwife, nurse or other person in the form of a duty between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to a fine (of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 8/2/74

RETURN OF A BIRTH. A52895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of child, JOSEPH EVERETT WIEST
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White.
4. Date of Birth Dec. 30th 1909.
5. Place of Birth, (Street and number) 701 N. Collington Ave. Balto.
6. Full name of Mother, ~~Mabel Wiest~~ WIEST
7. Mother's Maiden Name, Mabel Estelle Fetsch
8. Mother's Birthplace, Balto.
9. Full name of Father, Joseph ~~Wiest~~ M. WIEST
10. Father's Occupation, Salesman.
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Mary M Taylor

Address, 611 S Patterson Park Ave Balto.

Remarks, 1910000385 Filed: 1/12/10

RECORD
JAN 12 1910
JAS. BOSLEY
REGISTER OF WILLS

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then it shall be the duty of the mother, within ten days after the birth, to make and deliver to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Name of child,*	Mabel
2. *Sex, (state whether male or female)*	White female
3. *Race or color, (if not of the White Race)*	
4. *Date of Birth*	Dec. 31st 1909
5. *Place of Birth, (Street and number)*	518 S. Castle St. Balto.
6. *Full name of Mother,*	Bertha Werner
7. *Mother's Maiden Name,*	Bertha Kaffel
8. *Mother's Birthplace,*	Germany
9. *Full name of Father,*	August Werner
10. *Father's Occupation,*	Laborer
11. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Mary M. Taylor
Address,	611 S. Patterson Pk Ave Balto.
Remarks,	1910000386

RECEIVED FOR RECORD JAN 12 1910 JAS. BOSLEY, M.D. REGISTRAR OF THE BOARD OF HEALTH

Health. In case the birth of any child shall occur or shall not be reported within the time prescribed by this section, it shall be the duty of the Commissioner of Health to cause the necessary investigation to be made, and if it shall appear upon such investigation that the birth of such child occurred without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child report its birth to the office of the Registrar of Vital Statistics of Baltimore City, as required by this section, the person upon whom it shall become the duty to report the birth of such child, as aforesaid, shall, within the period above required, report the same in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person in charge of the mother at the time of the birth, and if such shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Name of child,*	Laurence Morrissey
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	December 26th, 1940
5. *Place of Birth, (Street and number)*	410 Sanders Street
6. *Full name of Mother,*	Anna Maria Morrissey
7. *Mother's Maiden Name,*	Anna Phillips
8. *Mother's Birthplace,*	Baltimore, Md.
9. *Full name of Father,*	John Joseph Morrissey
10. *Father's Occupation,*	Conductor - B. & O. Locust Point yard
11. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return,	Bertha E. Tapman M. D.
Address,	1725 York Road
Remarks,	1910000387

RECEIVED FOR RECORD
JAN 23 1941
JAS. BUSLEY, M.D.
COMR OF HEALTH

RETURN OF A BIRTH.

A52898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every Return to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance, it shall be the duty of the parent or parents, and in default thereof, of the occupant of the house where such child is born, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
JAN 12 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3rd, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 7th 1910
4. *Place of Birth, (Street and Number)* 402 S. Payson st
5. *Full Name of Mother,* Rosina Arnold
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* B. C
8. *Full Name of Father,* not given
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. Norman F Hill M.D.

Address, 1910 0000 Ha Walbrook

Remarks.

RETURN OF A BIRTH. A52899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Name of Child, Isador H. Gresser
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. 3, 1910
6. Place of Birth, (Street and number) 23 S. Bond St.
6. Full name of Mother, Rosa Gresser
7. Mother's Maiden Name, Rosa Feldman
8. Mother's Birthplace, Russia
9. Full name of Father, Morris Gresser
10. Father's Occupation, Carpenter
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Tillie Snyder

Address, 29 S. Caroline St.

Remarks, 19100000389 Snyder

RECEIVED FOR RECORD
JAN 14 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate which will be furnished by the Registrar, within ten days after the birth, and every such

GIVEN NAME ADDED 4-9-66

RETURN OF A BIRTH. A52500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 14 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, WILLIAM JOSEPH SLADE
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) white
4. Date of Birth, December 24th 1909
6. Place of Birth, (Street and number) 169 Jackson pl.
6. Full name of Mother, Ellen Mary Slade
7. Mother's Maiden Name, Lemmon
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Charles A. Slade
10. Father's Occupation, R.R. Fireman
11. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, Robt. G. Leidt M.D.

Address, 1310 E. Chase St.

Remarks, 1910000390

Any person or persons who shall neglect or refuse to report to the Registrar of Vital Statistics, at the time required by law, the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such case to report the birth to the Registrar of Vital Statistics, in the manner and within the period above required, and shall report such facts as may be required by said Registrar. Every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then it shall become the duty of the person in charge of such case to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 6-28-63

RETURN OF A BIRTH. A52901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 14 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of Child,* Helen Elizabeth Shea
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* December 23rd 1909
6. *Place of Birth, (Street and number)* 1746 Covington st.
6. *Full name of Mother,* Mary J. Shea
7. *Mother's Maiden Name,* Hynes
8. *Mother's Birthplace,* Ireland
9. *Full name of Father,* Michael Shea
10. *Father's Occupation,* Iron Moulder
11. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Robt. D. Leitch M.D.

Address, 1318 E. Pleasant st.

Remarks, 1910000391

RETURN OF A BIRTH. A52902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 14 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child, Dorothy
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 3, 1910
5. Place of Birth, (Street and number) 1930 W Lafayette Ave.
6. Full name of Mother, Ella Mary Gilliece
7. Mother's Maiden Name, Ella Mary Tackinet
8. Mother's Birthplace, Penna.
9. Full name of Father, James Melville Gilliece
10. Father's Occupation, Manager
11. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return, Geo. Thiede M.D.

Address, 1530 N. Lanvale St.

Remarks, 1910000392

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, it shall become the duty of the mother herself to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 14 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 5 1910
6. Place of Birth, (Street and number) 220 N. Arden Av.
6. Full name of Mother, Mamie Bittner
7. Mother's Maiden Name, Huttard
8. Mother's Birthplace, St. Michaels Talbot Co. Md.
9. Full name of Father, James E. Bittner
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Robt. P. G. Leidig M.D.
Address, 1318 E. Lanvale St.
Remarks, 1910000393

Every physician or midwife in attendance upon a birth shall report the same to the Commissioner of Health within ten days thereafter, and every householder in whose house a birth occurs, or in which a person is residing at the time of birth, shall report the same to the Commissioner of Health within ten days thereafter, if there be no physician or midwife in attendance upon such birth; and it shall be the duty of the person or parents of each child born within the limits of Baltimore City, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Name of child, Ella
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 6 January 1910
5. Place of Birth, (Street and number) 1122 Lanston St
6. Full name of Mother, Sarah E Gaston
7. Mother's Maiden Name Sarah E Stewart
8. Mother's Birthplace, Baltimore
9. Full name of Father, William F Gaston
10. Father's Occupation, Labor
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Gaston

Address, 1122 Lanston St

Remarks, 1910000394

TYPED FOR RECORD
JAN 14 1910
J. H. BOGLEY M.D.
BOARD OF HEALTH

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of the physician, midwife, or other person in attendance upon any birth occurring within the City of Baltimore, to make a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the midwife, or other person in charge, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,* Bertha Shulman
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 2. 1910
5. *Place of Birth, (Street and number)* 1118 E Fayette St
6. *Full name of Mother,* Sara Shulman
7. *Mother's Maiden Name,* Bernstein
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Samuel Shulman
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Alfred Silberman M D

Address, 1526 E Broadway

Remarks, 1910000003 95

RECEIVED RECORD JAN 11 1910 JAS. BAGLEY M.D. COMR OF HEALTH

Sec. 4. Be it further enacted, That the first and third day of each and every month is hereby appointed as the time within which the midwife, physician or parent, guardian or other person having charge of any child born within the City of Baltimore shall report the birth of such child to the office of Commissioner of Health. In case the birth of any child shall occur on the day appointed for the report thereof, the midwifery, or should no other person be in attendance upon the mother, then the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the parent, guardian or other person having charge of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur on the day appointed for the report thereof, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

A52306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 12 1910 JAS. BOOLEY, M.D. COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child, Violet Lyst Cole
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Dec. 14-09
6. Place of Birth, (Street and number) 1 Baltimore City
6. Full name of Mother, Lilly E. Lyst-Cole 2
7. Mother's Maiden Name,
8. Mother's Birthplace, Chicago
9. Full name of Father, Harry Lyst
10. Father's Occupation, Keeper - Saloon
11. Father's Birthplace, Towson Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000039 5

In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents, or in default of such parent or parents, the householder in which such child is born, shall report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, the mother of such child shall herself make the return required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Name of Child, Shane Spedenheim
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Oct 29 - 1910
5. Place of Birth, (Street and number) 1420 Division St
6. Full name of Mother, Shane Spedenheim
7. Mother's Maiden Name, Rockett
8. Mother's Birthplace, Virginia
9. Full name of Father, Samuel Spedenheim
10. Father's Occupation, Hacker
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Dr. A. P. Talbott

Address, Mercy Hospital

Remarks, 1910000397

RECEIVED FOR RECORD JAN 13 1911 H. BARLEY, M.D. BOARD OF HEALTH

RETURN OF A BIRTH.

A52803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 13 1910
JAS. BOXLEY, M.D.
REGISTRAR OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of such birth, then it shall be the duty of the father or mother of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of Child,* Ina Goldstein
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec. 12-09
6. *Place of Birth, (Street and number)* 1023 E Lombard St
6. *Full name of Mother,* Ora Goldstein
7. *Mother's Maiden Name,* Ora Cohen
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Barnet Goldstein
10. *Father's Occupation,* Cap-maker
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. Talbott

Address, Mercy Hospital

Remarks, 1910 0 0 0 398

RETURN OF A BIRTH.

A52309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 13 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, Elizabeth Greene
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 2 5 - 09
6. Place of Birth, (Street and number) Maternity
6. Full name of Mother, Lucy Parker Cheney
7. Mother's Maiden Name, [illegible]
8. Mother's Birthplace, Balto. Co. Md
9. Full name of Father, J. Parker Cheney Jr
10. Father's Occupation, Insurance Agent
11. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks,

1910000003 99

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person or persons present shall cause a return to be made to the office of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 4/18/73

RETURN OF A BIRTH.

A52910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 13 1910 M.S. RIDSLEY, M.D. REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Name of Child,* SOPHIE ~~Abel~~ Grossman
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Dec 7 - 09.
6. *Place of Birth, (Street and number)* 1124 E Eagle St
6. *Full name of Mother,* Ann Grossman
7. *Mother's Maiden Name,* Chase
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Sam Grossman
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000400

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report the particulars of such birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A52911

To the Office of Registrar of Vital Statistics, Board of Health,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, Rosenberg
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 2-09
6. Place of Birth, (Street and number) 220 Lindsley
6. Full name of Mother, Rosenberg
7. Mother's Maiden Name,
8. Mother's Birthplace,
9. Full name of Father,
10. Father's Occupation,
11. Father's Birthpl

Name of Medical

Address,

Remarks,

1910000401

RETURN OF A BIRTH. A52912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 13 1910 REGISTRY M.D. COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 4

1. Name of Child, Margaret Lilly Bailey
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Nov. 26. - 09
6. Place of Birth, (Street and number) Maternity
6. Full name of Mother, Elizabeth L. Bailey
7. Mother's Maiden Name, Loveless
8. Mother's Birthplace, Agnes Md
9. Full name of Father, Hobson Bailey
10. Father's Occupation, Insurance Mgr.
11. Father's Birthplace, Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000402

third day of each and every month, to this office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father, or, in his absence, the mother, or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 18 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, Elsie Wineker
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 27-09-
6. Place of Birth, (Street and number) Parkman Place
6. Full name of Mother, Elsie Wineker
7. Mother's Maiden Name, Lockhart
8. Mother's Birthplace, Balto
9. Full name of Father, Emory L. Wineker
10. Father's Occupation, Painter
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, H H Talbott

Address, Mercy Hospital

Remarks, 1910000403

The physician or midwife in attendance shall send a certificate within ten days after the birth, and the parent or parents, guardian or other person having control of such child or reporting the birth, shall within ten days after the birth, procure and send a certificate of birth, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Every midwife or person other than a physician who shall be in attendance upon the mother, immediately thereafter shall make a return of such birth to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health within ten days after the birth, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 13 1910
JAS. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of Child, Marjorie Baum
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 30-09
6. Place of Birth, (Street and number) 37 Poultney St
6. Full name of Mother, Cornelia Baum
7. Mother's Maiden Name, Wagner
8. Mother's Birthplace, Ballo Md
9. Full name of Father, Valentine Baum
10. Father's Occupation, Huckster
11. Father's Birthplace, Ballo Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000040A

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third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Mildred Helen Prahler
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec. 13th 1909
5. Place of Birth, (Street and number) 627 N. Gay Street
6. Full name of Mother, Reecie A. Prahler
7. Mother's Maiden Name, Reecie N. Hockinberry
8. Mother's Birthplace, Balto. City.
9. Full name of Father, Chas. F. Prahler
10. Father's Occupation, Barber
11. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, P. G. Warner, M.D.

Address, 503 N. Lombard St.

Remarks, 19100000405

RECEIVED FOR RECORD JAN 13 1910

REGISTER OF VITAL STATISTICS BOARD OF HEALTH

Date to be entered the third day of each and every month to the Bureau of Vital Statistics, Board of Health, Baltimore City. Any person required by the Commissioner of Health to report a birth who shall neglect or refuse to do so within the time specified, or who shall report as the mother of such child any person other than the woman who was delivered of such child, or who shall report as the father of such child any person other than the husband of the mother, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and any such person so neglecting or refusing to report such birth to the Commissioner of Health, in the manner and within the period above required, shall upon conviction thereof be fined not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 12 191 JAS. BOOSLEY, M.D. REGISTRAR OF RECORDS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of Child,* Richard Osmond
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Blue
4. *Date of Birth,* Dec. 7-0 9-
6. *Place of Birth, (Street and number)* Baltimore
6. *Full name of Mother,* Martha Osmond
7. *Mother's Maiden Name,* Hunter
8. *Mother's Birthplace,* Md.
9. *Full name of Father,* Richard L. Osmond
10. *Father's Occupation,* Painting
11. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000040 6

Every physician or midwife in attendance upon any birth shall report the same within ten days thereafter to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, M

Baltimore under whose charge or supervision a birth occurs shall within ten days thereafter, in the City of Baltimore, and within the first month after the birth elsewhere, make a report thereof to the Commissioner of Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if it has been christened, its sex, color, if not of the White Race, the date and place of birth, the full name of the parents, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the occupant of the house where such birth occurs shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of Child, Frank Drauffer
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 7-09-
6. Place of Birth, (Street and number) 412 Bethel St
6. Full name of Mother, Cecelia Drauffer
7. Mother's Maiden Name, Shipley
8. Mother's Birthplace, Balto. Md
9. Full name of Father, Peter Drauffer
10. Father's Occupation, Painter
11. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. Talbott

Address, Mercy Hospital

Remarks,

RECEIVED FOR RECORD JAN 12 1910 JAS. BOSLEY M.D. COMR OF HEALTH

1 9 1 0 0 0 0 0 4 0 7

RETURN OF A BIRTH.

A52918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED
JAN 13 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, Mary Elizabeth
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 3-1909
6. Place of Birth, (Street and number) 7 E Lanvale Place
6. Full name of Mother, Henrietta Schuler
7. Mother's Maiden Name, Schuman
8. Mother's Birthplace, Baltimore
9. Full name of Father, Peter Schuler
10. Father's Occupation, Grocer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000408

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the head of the family where such birth occurs, or the person occupying such premises at the time of such birth, shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said statute shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the householder or owner of the premises where such birth occurs shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD JAN 13 1910 JAS. BUCKLEY M.D. REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Name of Child, [illegible] Jacob Schwarz
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 6-09-
6. Place of Birth, (Street and number) 2 11 25 E. Pratt St
6. Full name of Mother, Ida Schwarz
7. Mother's Maiden Name, Eckard
8. Mother's Birthplace, Germany
9. Full name of Father, Jack Schwarz
10. Father's Occupation, Laborer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. Talbott

Address, Mercy Hospital

Remarks, Change 9 to 10 on 1909 Certificate Date Do not back certificate. F. C. Wehn - Dist. Index Clerk June 4-1931

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

A52920

RECORD

JAN 13 1910

J. H. BAISLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, Harry (Chas.) Constantine
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 25 - 1909
6. Place of Birth, (Street and number) 25 Upper 4th
6. Full name of Mother, Helena Constantine
7. Mother's Maiden Name, Edelman
8. Mother's Birthplace, Russia
9. Full name of Father, Chas. Constantine
10. Father's Occupation, Peddler
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1 9 1 0 U 0 0 0 4 1 0

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of said child to report the birth to the Commissioner of Health within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

452921

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 13 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Anna Eisen
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec 30 09
6. *Place of Birth, (Street and number)* 2025 Eastern Ave
6. *Full name of Mother,* Anna Eisen
7. *Mother's Maiden Name,* Fisch
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Henry Eisen
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, H. K. Talbott

Address, Mercy Hospital

Remarks, 1910000411

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent of such child to report the birth to the Registrar of Vital Statistics within the period above named, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A32922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 19 1910
H.B. BARLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Samuel Branch
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 9-09
6. *Place of Birth, (Street and number)* 2232 E. Eager St
6. *Full name of Mother,* Fran Branch
7. *Mother's Maiden Name,* [illegible] Harrison
8. *Mother's Birthplace,* Va
9. *Full name of Father,* Samuel Branch
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks,

1 9 1 0 0 0 0 0 4 1 2

been conferred, its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case there is no physician or midwife in attendance, the said schedule shall be delivered, duly signed by the person who shall perform the duties required, in the manner and within the time above specified. And no other person shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required. And any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH.

452923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED
JAN 13 1910
JAS. BUBLEY, M.D.
HEALTH OFFICER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, Samuel ~~Lipsitz~~ Lipsitz
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 26 1909
6. Place of Birth, (Street and number) 1021 E Lombard St
6. Full name of Mother, Sadie Lipschutz (Lipsitz)
7. Mother's Maiden Name, Rosenthal
8. Mother's Birthplace, Russia
9. Full name of Father, Jacob Lipschutz (Lipsitz)
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, FILED 1-13-1910 0 4 1 3

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, or of the mother herself, if able, to report the same within the time specified in this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovarable.

RETURN OF A BIRTH.

A5209[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of Child,* Elsie Palmer
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec 20 1909
6. *Place of Birth, (Street and number)* 220 E Lexington St
6. *Full name of Mother,* Elsie Palmer
7. *Mother's Maiden Name,* Swalsin
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Charles Palmer
10. *Father's Occupation,* Fruiterer
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. H. H. Talbott

Address, Mercy Hospital

Remarks, 1 9 1 0 U 0 0 0 4 1 4

RECEIVED FOR RECORD JAN 12 1910 JOS. BOSLEY M.D. COMM'R OF HEALTH

Every Physician, Midwife, or other person who shall attend upon any case of birth, shall, within ten days after such birth, report the same to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and be the duty of such father or mother of such child to report the same to the Commissioner of Health within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 19 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Name of Child,* Meyer Lakof
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec 22 - 09 -
6. *Place of Birth, (Street and number)* 246 N Exeter St
6. *Full name of Mother,* Leah Lakof
7. *Mother's Maiden Name,* Bernstein
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Meyer Lakof
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000415

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, then the father or mother of such child, or in case of the absence or inability of both father and mother, then the person having charge of such child or in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 13 1910 JAS. BUCKLEY, M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, William Cross
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Dec 9 - 09
6. Place of Birth, (Street and number) Baltimore
6. Full name of Mother, Mary Cross
7. Mother's Maiden Name, "
8. Mother's Birthplace, England
9. Full name of Father, George Anderson
10. Father's Occupation, Farmer
11. Father's Birthplace, Cumberland - Md

Name of Medical Attendant, or other person who makes this Return. H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000041 6

Any person who shall neglect to report the birth of any child as above required, for each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the father or mother of such child, or in case of the absence of both father and mother, then the person in charge of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 12 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Name of Child,* No Name Given
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* Colored.
4. *Date of Birth,* January 12th 1910
6. *Place of Birth, (Street and number)* 1316 N. Bruce St.
6. *Full name of Mother,* Florence Greene.
7. *Mother's Maiden Name,* Florence Greene.
8. *Mother's Birthplace,* Virginia.
9. *Full name of Father,* Julius Hill.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* A. A. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Dorsey

Address, 1809 Lorman Street.

Remarks, Fine Healthy Child

19100900417

RETURN OF A BIRTH. A50928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 12 1910 J.S. BOSLEY, M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child, Maria Barth
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Dec. 5-09
6. Place of Birth, (Street and number) 1 Industry
6. Full name of Mother, Jennie Barth
7. Mother's Maiden Name, Delaware
8. Mother's Birthplace, Essex Co. Va
9. Full name of Father, Calvert Gray
10. Father's Occupation, Laborer
11. Father's Birthplace, Colbert Co. Ala

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000041 8

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of Midwifery, or should no other person be in attendance who is required by this section to report such birth, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of Child, Camie Lee
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Dec. 12th 09
6. Place of Birth, (Street and number) Fredericks
6. Full name of Mother, Edith Ford.
7. Mother's Maiden Name, Wallis Ford
8. Mother's Birthplace, Dave Lee
9. Full name of Father, Laborer
10. Father's Occupation, Alexandria Va
11. Father's Birthplace, Dr. H. H Talbott
Name of Medical Attendant, or other person who makes this Return,
Address, Mercy Hospital
Remarks, 1910000419

RECEIVED FOR RECORD JAN 12 1910
J. C. BOSLEY M.D. BOARD OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons residing in the house where such child is born to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 13 1910
S. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Thelma Baddy
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Dec 22-09
6. Place of Birth, (Street and number) Maternity
6. Full name of Mother, Dora Baddy
7. Mother's Maiden Name, "
8. Mother's Birthplace, Lancaster Va.
9. Full name of Father, Grafton Powell
10. Father's Occupation, Elevator Man
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910 0 0 0 0 4 2 0

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, it shall become the duty of the mother of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of Child, Margaret Taylor
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Dec. 7-09.
5. Place of Birth, (Street and number) 715 Byron St
6. Full name of Mother, Eugenia Taylor
7. Mother's Maiden Name, Barber
8. Mother's Birthplace, Balto.
9. Full name of Father, Edmund Taylor
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. H. L. Talbott

Address, Mercy Hospital

Remarks, 1 9 1 0 U 0 0 0 4 2 1

REGISTRATOR RECEIVED JAN 12 1910 JAS. BOGLEY M.D. REGISTRAR OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required by this section to make the return, the parent or parents of such child are required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child, Lillie Bullen
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Dec 6-09
6. Place of Birth, (Street and number) 27 E. Fremont St
6. Full name of Mother, Lillie Bullen
7. Mother's Maiden Name, Ballard
8. Mother's Birthplace, Va
9. Full name of Father, Wallace Bullen
10. Father's Occupation, Stone Cutter
11. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000422

162932

RECORDED
JAN 13 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, it shall be the duty of the father, or in case of his absence, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 13 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Grace Eugene
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Dec. 24 1909.
6. Place of Birth, (Street and number) 69 Druid Hill Ave
6. Full name of Mother, Grace Eugene
7. Mother's Maiden Name, [illegible] Eugene
8. Mother's Birthplace, Baltimore City
9. Full name of Father, Walter Eugene
10. Father's Occupation, Porter
11. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910 00042 3

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child or parent, if able, to report in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

452934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 13 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of Child,* Emma Jackson
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Dec 27-09
6. *Place of Birth, (Street and number)* 625 Druid St
6. *Full name of Mother,* Emma Jackson
7. *Mother's Maiden Name,* Lord
8. *Mother's Birthplace,* East Leland Miss
9. *Full name of Father,* John Jackson
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, H H Talbott

Address, Mercy Hospital

Remarks, 1910000004204

Every case of birth must be reported to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the householder or owner of such premises upon the mother, immediately thereafter if it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 12 1910
JAS. BOSLEY, M.D.
CHMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child, Martin Lyst
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Dec 31-09
6. Place of Birth, (Street and number) 1 Cudgard Ave
6. Full name of Mother, Lettie Johnson
7. Mother's Maiden Name,
8. Mother's Birthplace, Annapolis Md.
9. Full name of Father, Lewis Lyst
10. Father's Occupation, Laborer
11. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other person who makes this Return, H. N. Talbott

Address, Mercy Hospital.

Remarks,

19100000425

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother shall herself, within the period above required, and in the manner and within the time above specified, report the particulars of such birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

452936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of mid-wifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child

1. *Name of Child,* Joseph Robert Edward Peters
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* jan. 7th 1910
6. *Place of Birth, (Street and number)* 936 N Eutaw st
6. *Full name of Mother,* Rebecca Peters
7. *Mother's Maiden Name,* Rebecca Cahill
8. *Mother's Birthplace,* Martinsville Va
9. *Full name of Father,* Joseph Peters
10. *Father's Occupation,* Porter
11. *Father's Birthplace,* Mountain Valley Va

Name of Medical Attendant, or other person who makes this Return, Maria Wright

Address, 716. N. spring st

Remarks, 1910000426

RECEIVED FOR RECORD
JAN 17 1910
JAS. SOSLEY M.D.
COM'R OF HEALTH

RETURN OF A BIRTH. A52937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, James M.E. Ginn Johnson
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Nov. 22-09
6. Place of Birth, (Street and number) 9 Penn St.
6. Full name of Mother, Sophia Jackson
7. Mother's Maiden Name, Sophia Hawkins
8. Mother's Birthplace, Balti. Md
9. Full name of Father, Lewis Jackson
10. Father's Occupation, Waiter
11. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. Talbott

Address, Mercy Hospital

Remarks, 1 9 1 0 0 0 0 0 4 2 7

RECEIVED FOR RECORD JAN 13 1910 JAS. BOSLEY, M.D. SUPT. OF HEALTH

Every midwife, physician or practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of such child, it shall be the duty of the father or mother of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

AB2933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 20 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, James [illegible] Richardson
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Dec 11 - 09
6. Place of Birth, (Street and number) 512 S. Stamp St
6. Full name of Mother, Bessie Richardson
7. Mother's Maiden Name, [illegible]
8. Mother's Birthplace, Talbot Co. Md.
9. Full name of Father, Henry Jackson
10. Father's Occupation, Laborer
11. Father's Birthplace, Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. Talbott

Address, Mercy Hospital

Remarks, 1910 0 0 0 0 4 2 8

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person having charge of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 12 1910 JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Lewis Balkwill
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Dec 7th 09
6. *Place of Birth, (Street and number)* 50 Harrison Ave
6. *Full name of Mother,* Benjamin Balkwill
7. *Mother's Maiden Name,* Carroll
8. *Mother's Birthplace,* Howard Co Md
9. *Full name of Father,* Lewis Balkwill
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000429

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present, and each and every person or nurse who shall hereafter attend upon the mother within ten days after the birth of any child to report its birth to the Commissioner of Health, and any person who shall refuse or neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are now recoverable.

RETURN OF A BIRTH. A52940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 12 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, John Bridgman
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Dec 5 09
6. Place of Birth, (Street and number) 2 W Pine St
6. Full name of Mother, Florence Bridgman
7. Mother's Maiden Name, Tyler
8. Mother's Birthplace, Atlantic City N J
9. Full name of Father, John Bridgman
10. Father's Occupation, Waiter
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr H. R. Talbott
Address, Mercy Hospital
Remarks, 1910 0 0 0 0 4 3 0

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health shall cause an investigation to be made, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 13 1910 JOS. S. MAHLEY, M.D. REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 —

1. Name of Child, Joseph Son —
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black —
4. Date of Birth, Dec. 3-09
6. Place of Birth, (Street and number) 261 Cross St
6. Full name of Mother, Mary Brown
7. Mother's Maiden Name, Mary E Tyler
8. Mother's Birthplace, Maryland
9. Full name of Father, Joseph Brown
10. Father's Occupation, Truckman
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr H. H. Talbott Mercy Hospital

Address,

Remarks, 1910000004310

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of such birth, then the mother of such child shall herself make the return required by this section, and in case of her inability to do so, then the person in charge of the house in which such birth occurs shall make such return. Any person who shall refuse to furnish to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 12 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of Child, Charles Johnson
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Nov. 29 1909
6. Place of Birth, (Street and number) 934 Eagle Alley St
6. Full name of Mother, Annie Johnson
7. Mother's Maiden Name, [illegible]
8. Mother's Birthplace, Va.
9. Full name of Father, Bill Johnson
10. Father's Occupation, Driver
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. Talbott
Address, Mercy Hospital

Remarks, 1910000436

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the householder or owner of the premises where such birth occurs shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 13 1910
JAS. BOOLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Name of Child, Leroy T Lloyd
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Dec 9-09
6. Place of Birth, (Street and number) 13 Lemon St
6. Full name of Mother, Matilda F Lloyd
7. Mother's Maiden Name, Lankins
8. Mother's Birthplace, Balto Md
9. Full name of Father, John Lloyd
10. Father's Occupation, Stevedore
11. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Dr H. H. Talbott

Address, Mercy Hospital

Remarks, 1 9 1 0 U 0 0 0 4 3 3

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall make such return, then the father or mother of such child, or the person or persons in charge of such

RETURN OF A BIRTH. A52944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 19 1910 JAS. BOOLEY, M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, William Gallion
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Nov 30-09
6. Place of Birth, (Street and number) Maternity
6. Full name of Mother, Helen Gallion
7. Mother's Maiden Name, Hall
8. Mother's Birthplace, Balto Co. Md
9. Full name of Father, William Gallion
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000434

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, both in attendance upon the mother, immediately after the birth, make the return of such birth, then the nurse in attendance shall make the return required, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 12 1910 J.S. BOSLEY, M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of Child, Edna Shuter
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Dec. 11- 09
6. Place of Birth, (Street and number) 26 Ley Court
6. Full name of Mother, Fannie Shuter
7. Mother's Maiden Name, Wilson
8. Mother's Birthplace, Penna, Georgia, U.S.A.
9. Full name of Father, Osborn Williams
10. Father's Occupation, Laborer
11. Father's Birthplace, Penna, Georgia, U.S.A.

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000045

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons residing in the house where such child is born to give notice of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the parent or parents of such child shall within ten days make return of the birth to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
JAN 13 1910
J.S. BOGLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Lucie Jackson
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan. 27 1910
6. *Place of Birth, (Street and number)* 1515 E. Baltimore St.
6. *Full name of Mother,* Lucie Jackson
7. *Mother's Maiden Name,* Lucie Baker
8. *Mother's Birthplace,* Va
9. *Full name of Father,* William Jackson
10. *Father's Occupation,* Bleacher
11. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910U000436

RETURN OF A BIRTH. A52947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Name of Child, Leon
2. Sex, (state whether male or female) male White
3. Race or color, (if not of the White Race) White
4. Date of Birth, ~~No~~ Dec. 1st
6. Place of Birth, (Street and number) 229 Asquith st
6. Full name of Mother, Rosa Ironia
7. Mother's Maiden Name, Rosa Nevins
8. Mother's Birthplace, Russia
9. Full name of Father, Sol Irame
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rose Wolowitch

Address, 1105 E. Baltimore, Md

Remarks, 1910000437

RECEIVED FOR RECORD
JAN 14 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by law; and any person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of child, not named yet
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth December 29th 1909
5. Place of Birth, (Street and number) # 869 Boyd st.
6. Full name of Mother, Martha Scott
7. Mother's Maiden Name, Martha Scott
8. Mother's Birthplace, Clover Va.
9. Full name of Father, James Edward Scott
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jane Green

Address, 425 N. Appleton st.

Remarks, 1910000438

RECEIVED FOR RECORD
JAN 15 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be severally liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of said artfery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 15 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Name of Child,* Edward Wagner
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* C.
4. *Date of Birth,* January 4th 1910
6. *Place of Birth, (Street and number)* #1161 St Joseph st
6. *Full name of Mother,* Louise Wagner
7. *Mother's Maiden Name,* Louise Kurtz
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Edward Wagner
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* N.C.

Name of Medical Attendant, or other person who makes this Return, Marie Nesbit

Address, 710 Druid st

Remarks, 1910000439

RETURN OF A BIRTH.

A52950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, January 13, 1910
6. Place of Birth, (Street and number) 532 N Carolina Street
6. Full name of Mother, Lillian Saunders
7. Mother's Maiden Name, Lillian Young
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, William Saunders
10. Father's Occupation, porter
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Lizzie Lovett

Address, 530 east 31st (Lovett)

Remarks, 1910 Certificate 440

RECEIVED FOR RECORD JAN 15 1910 REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH BALTIMORE MD.

Every physician, midwife or other person who shall attend upon any birth, shall, within ten days thereafter, report the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid-wifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report the same to the Commissioner of Health within the period above required. And any such parent or parents or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
JAN 15 1910
JAS. BOGLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of Child,* Henry
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec 29th 1909
6. *Place of Birth, (Street and number)* 537 Conway St
6. *Full name of Mother,* Mary Dingerman
7. *Mother's Maiden Name,* Ruth L.
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Barney Dingerman
10. *Father's Occupation,* Cigar Maker
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J. W. Lucke M.D.

Address, 1531 E. Lafayette St

Remarks, 1910000441

RETURN OF A BIRTH. A52952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 15 1910
JAS. BOSLEY M.D.
REGISTRAR OF VITAL STATISTICS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Mary Lucile
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Dec. 22nd 1909
6. *Place of Birth, (Street and number)* 147 Anthony St.
6. *Full name of Mother,* Nettie M. Fraser
7. *Mother's Maiden Name,* Lemmond
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* Henry Fraser
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, S.W. Bilder M.D.

Address, 150 E. Biddle St

Remarks, 1910000442

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of Child,* Emma Adele
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec 10 1909
6. *Place of Birth, (Street and number)* 604 N Bond St.
6. *Full name of Mother,* Hattie Lucie Fooler
7. *Mother's Maiden Name,* Serpick
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* Howard Burton Fooler
10. *Father's Occupation,* Barber
11. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, S W Seldner M D.

Address, 1511 E Fayette St

Remarks,

1 9 1 0 0 0 0 0 4 4 3

RECEIVED FOR RECORD JAN 15 1910 JAS. EOSLEY, M.D. COMM'R OF HEALTH.

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, then the father, mother, householder or owner of the premises where such child is born, shall be required to report its birth to the Commissioner of Health, in the manner and within the period above named; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Helen Margaret
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, December 31st 1909.
6. Place of Birth, (Street and number) 505 Franklin Terrace
6. Full name of Mother, Charity Ella Groff.
7. Mother's Maiden Name, Duvall
8. Mother's Birthplace, Md.
9. Full name of Father, Robert Lee Groff
10. Father's Occupation, Investigator & Claims Maryland Casualty Co.
11. Father's Birthplace, Thurmont Md.

Name of Medical Attendant, or other person who makes this Return, L. W. Seldon M.D.

Address, 1511 E Baltimore St.

Remarks, 1910000444

RECEIVED FOR RECORD JAN 15 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, it shall be the duty of the mother, and in case she be unable, then the person having charge of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of Child;* Dorothy Pearlie
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Nov 26th 1909
6. *Place of Birth, (Street and number)* 2258 E Baltimore St
6. *Full name of Mother,* Pearlie Dorothy
7. *Mother's Maiden Name,* Connie
8. *Mother's Birthplace,* Baltimore Md.
9. *Fult name of Father,* Eric Lester Negle
10. *Father's Occupation,* Railroad Fireman
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, C. H. Selden M.D.

Address, 1211 E Lanvale St

Remarks,

1 9 1 0 0 0 0 0 4 4 5

RECEIVED FOR RECORD
JAN 15 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, then the person in whose house or on whose premises such child shall be born shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 2-3-54

A52956

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

According to Article 23, Section 7.

ild of Mother, (state whether 1st, 2d, 3d, &c.)	Evelyn Lee Dehne 4th
tate whether male or female)	Female
r color, (if not of the white race)	W
f Birth,	Jan 8th 1910
f Birth, (Street and Number)	20 Forman Ave
ame of Mother	Ada Louise Dehn
's Maiden Name	" " Clarke
's Birthplace	Baltimore
ame of Father	William G Dehn
's Occupation	Trade Foreman
's Birthplace	Baltimore
f Medical Attendant, r other person who makes this Return.	1910000044 Jos Wolff M.D. 15 N. Monroe
s	

RECEIVED FOR RECORD
JAN 15 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

RETURN OF A BIRTH. A52957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 15 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Name of child,* No
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* January 14 1910
5. *Place of Birth, (Street and number)* 2 Broadway Md.
6. *Full name of Mother,* Lithia Fairbanks
7. *Mother's Maiden Name,* Lithia Davis
8. *Mother's Birthplace,* Mecklenburg Co Va
9. *Full name of Father,* Robert W Fairbanks
10. *Father's Occupation,* Barber
11. *Father's Birthplace,* Mecklenburg Co Va

Name of Medical Attendant, or other person who makes this Return, Elliott Lusby

Address, 417 E 24 St

Remarks,

1910000447

of a certificate between the first and third day of each and every month to the office or commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or parents, guardian or other person who shall neglect or refuse to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by.

RETURN OF A BIRTH. A52953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
JAN 17 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Laura Bell Simmons
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth January second (Year) 1910
5. Place of Birth, (Street and number) 1700 N. Woodyear st
6. Full name of Mother, Mabel Estelle Simmons
7. Mother's Maiden Name, Mabel Estelle Neilson
8. Mother's Birthplace, 1813 Madison st Balto City
9. Full name of Father, Charles Bertrum Simmons
10. Father's Occupation, Driver + Pork Packer
11. Father's Birthplace, 510 N. Gay st Balto City

Name of Medical Attendant, or other person who makes this Return Mrs. Mary J. Shockeney

Address, 731 Cumberland St

Remarks, 1 Baltimore City 448

A penalty of not less than five nor more than fifty dollars is imposed by law for neglect to make return of any birth within the time above specified. If the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the midwife, or nurse in attendance upon the mother, to report the birth to the Commissioner of Health, and in case there is no midwife or nurse in attendance, or in case the midwife or nurse shall become the duty of the father, or in case he be absent from the city during the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 32959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-th

1. *Name of child,* Fannie Marie Erson.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec- 5- 1909.
5. *Place of Birth, (Street and number)* 341- W- 21 St.
6. *Full name of Mother,* Elsie Mary Erson
7. *Mother's Maiden Name,* Elsie Mary Finnegan
8. *Mother's Birthplace,* Balto. Md.
9. *Full name of Father,* Samuel Forrest Erson
10. *Father's Occupation,* Tranisman
11. *Father's Birthplace,* Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Roscoe Grossmill.

Address, 211- W- 25 St.

Remarks, 1910000449

If a certificate between the first and third day of each and every month to the office of Commissioner of Health, of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the parent or parents of such child fail to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-11-68

RETURN OF A BIRTH.

A52960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 17 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Name of Child, ELSIE MARTHA STIFFLER
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Oct 6 1909.
6. Place of Birth, (Street and number) 2615 Bernard St.
6. Full name of Mother, Maggie Estelle Stiffler
7. Mother's Maiden Name, Margaret E. Smith
8. Mother's Birthplace, Baltimore City Md.
9. Full name of Father, Horace Freeland Stiffler
10. Father's Occupation, Night watchman W. P. R. Co
11. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, Horace F. Stiffler

Address, 211 W 26 St

Remarks,

1910000450

The Law requires that a Return of every birth occurring in a family, or in any house, tenement or lodging, shall be made by the householder, or by the nurse, or by the physician, in attendance, within the first ten days after the birth occurs, and that a Return of every birth occurring elsewhere than in a family, or in any house, tenement or lodging, shall be made by the physician, nurse or person in charge, within the first ten days after the birth occurs. Such Return shall be made to the Registrar of Vital Statistics, at the office of the Board of Health, Baltimore, Md., and shall contain the information required by the blanks. Every Return shall be signed by the person making the same, and shall be delivered or mailed to the Registrar of Vital Statistics, at the office of the Board of Health, Baltimore, Md., on or before the third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the event of the failure of the person or parents of such child to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 17 1918
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Name of Child, ✓
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 25 1917
6. Place of Birth, (Street and number) Maryland Gen'l Hosp.
6. Full name of Mother, Mrs. Bird
7. Mother's Maiden Name, same
8. Mother's Birthplace, ✓ ?
9. Fult name of Father, ✓
10. Father's Occupation, ✓
11. Father's Birthplace, ✓

Name of Medical Attendant, or other person who makes this Return, E. L. Whitney M.D.
Address, 1103 Linden ave.
Remarks, 1 9 1 0 0 0 0 0 4 5 1

Every midwife or other person, not being a physician or practitioner of medicine, who shall deliver any woman of a child, and every physician or practitioner of medicine who shall deliver any woman of a child otherwise than in a regular manner, or should neither himself nor herself nor any other person within the knowledge of such midwife, physician or practitioner of medicine, immediately thereafter report it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1910.

RETURN OF A BIRTH. A52962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 17 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Name of child, 2
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth December 31st. 1909
5. Place of Birth, (Street and number) 417. Calvin Ave.
6. Full name of Mother, Elizabeth Bateman
7. Mother's Maiden Name, Elizabeth Hess
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Wm Bateman
10. Father's Occupation, Salesman
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton.

Address, Calvert & Preston Sts.

Remarks, Normal Gave Proprietor Position 0 0 0 0 4 5 1/2

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the parent or parents, or in default thereof, the occupant of the house or tenement where such birth occurs, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Name of Child,* Hilda
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 5 day of January 1910
6. *Place of Birth, (Street and number)* 1518 Pratt st
6. *Full name of Mother,* Annie Bernhard
7. *Mother's Maiden Name,* Annie Baron
8. *Mother's Birthplace,* England
9. *Full name of Father,* Philipp Bernhard
10. *Father's Occupation,* Barber
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Bessie Hannah

Address, 132 S. Eden st

Remarks, 1910000453

and otherwise shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person having knowledge of such child so born, to notify the Commissioner of Health of such birth within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Jan 14 1910
5. *Place of Birth, (Street and number)* 1816 Jackson st
6. *Full name of Mother,* Rose Waxman
7. *Mother's Maiden Name,* Kupfert
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* William Waxman
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, Mrs Katie Lee

1910050045

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and any person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Jan 10 1910
5. *Place of Birth, (Street and number)* 15-34 Light st
6. *Full name of Mother,* Mary Biddle
7. *Mother's Maiden Name,* Gipped
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* George Biddle
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, Mrs Katie Lee

1910 Jan 10 15-34 Light st

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child, to report its birth to the Commissioner of Health, and any person who shall neglect or refuse to make such report, or who shall make a false report, or fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME RECORD 2417 44

RECEIVED BY RECORD
JAN 17 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child, Bertha E. Foss
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race)
4. Date of Birth Jan 10 1910
5. Place of Birth, (Street and number) 116 Hazelwood ave
6. Full name of Mother, Bell Foss
7. Mother's Maiden Name, Roberson
8. Mother's Birthplace, Balto
9. Full name of Father, Charles Foss
10. Father's Occupation, Saloon
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Katie Lea

Address,

Remarks,

1910/00002345 ast

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of the house or premises where such birth shall occur to report the same to the Board of Health, as required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 4-6-38

RETURN OF A BIRTH. A52967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Forrest Tyone
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Jan 1 1910
5. *Place of Birth, (Street and number)* 1645 Bell ave
6. *Full name of Mother,* Elsey Bizzet
7. *Mother's Maiden Name,* " Mack
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Robert E. Bizzet
10. *Father's Occupation,* Labr
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, Mrs Katie Lee

191000500 A52967

If any Midwife delivers the birth of any child and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec 31 1909
5. *Place of Birth, (Street and number)* 215 Hamburg st
6. *Full name of Mother,* Sarah Pattie
7. *Mother's Maiden Name,* " Pattie
8. *Mother's Birthplace,* Canal Co
9. *Full name of Father,* Robert Pattie
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Canal Co

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, Mrs Katie Lee

1910 108 03458

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and any such person or parents who shall fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52969

CERTIFICATE CORRECTED 1-3-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 17 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* ~~Mary~~ Alice I. Goldsmith.
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec 28 1909
6. *Place of Birth, (Street and number)* 643 Hanover St
6. *Full name of Mother,* Fannie Lilian Goldsmith
7. *Mother's Maiden Name,* Fannie Lilian Trigg
8. *Mother's Birthplace,* Cumberland Md
9. *Full name of Father,* Jesse Goldsmith
10. *Father's Occupation,* Shipping Clerk
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mulberry Stephen

Address, 1409 Light St

Remarks, 1 0 1 0 0 0 0 4 5 9

RETURN OF A BIRTH. A52970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN 17 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Nelson Reynolds Coleman.
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan: 12-1910.
5. Place of Birth, (Street and number) 2833 Huntingdon Ave.
6. Full name of Mother, Mattie Calantha Coleman
7. Mother's Maiden Name, Mattie Calantha Grant
8. Mother's Birthplace, Glenrock, Pa.
9. Full name of Father, Nelson Reynolds Coleman
10. Father's Occupation, Fireman - City Dept.
11. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Roscoe L. Crockett M.D.

Address, 211 W. 25 St.

Remarks, 1910000004-60

A certificate between the first and third day of each and every month to the office of Registrar of Vital Statistics, Board of Health, Baltimore City, shall be made by the physician or midwife, or should no other person be in attendance, by the householder or owner of the house in which any child is born, and any person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, the mother and within the period above required, and any such person or persons who shall neglect or refuse to make such report as herein required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FOR RECORD

JAN 17 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Name of child,* Ernest Leroy Cumoles
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* November 29- 1909
5. *Place of Birth, (Street and number)* 2721 Bernard St.
6. *Full name of Mother,* Lottie Viola Cumoles.
7. *Mother's Maiden Name,* Lottie Viola Fishes
8. *Mother's Birthplace,* Balto. Co. Md.
9. *Full name of Father,* Benjamin Harrison Cumoles.
10. *Father's Occupation,* Conductor B. R & E. Co.
11. *Father's Birthplace,* Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Roscoe Z. Crossland.

Address, 211- W-25 St

Remarks, 1910000461

If a certificate between the first and third day of each month to the Registrar of Vital Statistics of Baltimore City, of any child born within the limits of said City during the preceding month, and of the death of any child occurring during the same period, whether the same shall have been attended by a physician, midwife, or nurse, or not, and if no physician, midwife, or nurse shall have been in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and it shall be the duty of the undertaker, sexton, or other person having charge of the burial of any child, to comply with the provisions of this section. Each person failing to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 28 09
6. Place of Birth, (Street and number) Maryland Genl Hosp.
6. Full name of Mother, Edith Everton
7. Mother's Maiden Name, Lamb.
8. Mother's Birthplace, "
9. Full name of Father, "
10. Father's Occupation, "
11. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, E. L. Whitney M.D.

Address, 1163 Linden Ave

Remarks, 1 9 1 0 0 0 0 0 4 6 2

The ... day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents shall forfeit and pay to the use of the city a sum not exceeding ten dollars, and subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

452973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of Child,* George Franklin Brown
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 4th
6. *Place of Birth, (Street and number)* 1210 N. Bradford st
6. *Full name of Mother,* Annie Brown
7. *Mother's Maiden Name,* Annie Holtzner
8. *Mother's Birthplace,* Balto Co
9. *Full name of Father,* George F. Brown
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Balto City

* *Name of Medical Attendant,* or other person who makes this Return. Mrs. M. Steenburg

Address, 1517 E. Preston St.

Remarks, 7 9 1 0 U 0 0 0 4 6 3

shall occur without the attendance of a physician or practitioner of the healing art, he shall report any such birth to the Registrar of Vital Statistics, or shall cause the same to be reported to him, within ten days after the occurrence thereof, and shall furnish all information in his possession concerning the same, and shall immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, to report such birth to the Registrar of Vital Statistics, or cause the same to be reported, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Name of Child, Edward [illegible]
2. Sex, (state whether male or female) [illegible]
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 3 1910
6. Place of Birth, (Street and number) Bet. 3d & 4th on Forest Ave
6. Full name of Mother, [illegible]
7. Mother's Maiden Name, " " [illegible]
8. Mother's Birthplace, Bet. 3d & 4th
9. Full name of Father, [illegible]
10. Father's Occupation, [illegible]
11. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Steenburg

Address, 1517 E. Preston St.

Remarks, 1 9 1 0 0 0 0 0 4 6 4

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOGLEY, M.D.
COM'R OF HEALTH

In case the birth of any child shall occur without the knowledge of the physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Louis
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 7 day of January 1910
6. *Place of Birth, (Street and number)* 1004 Granby st
6. *Full name of Mother,* Marie Lewis
7. *Mother's Maiden Name,* Marie Weinstein
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Joseph Lewis
10. *Father's Occupation,* Cap maker
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Bessie Harmatz

Address, 132 S. Eden st

Remarks, 1910000465

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the nurse or midwife present at the birth of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 17 1910
JAS. EOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Jan 14 1910
5. *Place of Birth, (Street and number)* 1816 Jackson st
6. *Full name of Mother,* Rose Waxman
7. *Mother's Maiden Name,* Keppert
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* William Waxman
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Midwife

Address,

Remarks, Mrs Katie Lear

191000010465

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner herein provided, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine not less than five (5) dollars nor more than fifty (50) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED RECORD
JAN 17 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth Jan 11 1910
5. Place of Birth, (Street and number) 2020 Olive st
6. Full name of Mother, Lizzie Coupelman
7. Mother's Maiden Name, Hartman
8. Mother's Birthplace, Balto
9. Full name of Father, Chas Coupelman
10. Father's Occupation, Saln
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, Mrs Katie Lee

1 9 1 0 0 0 0 0 4 6 7

Boyd st

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That the first Monday of each and every month shall be the day for the Commissioner of Health to receive from the Registrar of Vital Statistics the returns of births and deaths. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, midwifery, or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parent of such child, or in case of the absence of both parents, of the person who shall be present at the birth, to report the same to the Registrar of Vital Statistics within ten days thereafter; and any person who shall neglect or refuse to perform the duty hereby required of him or her, or who shall wilfully make any false report, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth Jan 8 1910
5. Place of Birth, (Street and number) 1425 Olive st
6. Full name of Mother, Mary Gullett
7. Mother's Maiden Name, " Happle
8. Mother's Birthplace, Balto
9. Full name of Father, John Gullett
10. Father's Occupation, Baker
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, Mrs Katie Lee

1910 0 0 0 4 6 8 1

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and it shall be the duty of the person so reporting to give the information required by this section. Any person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth Jan 1 1910
5. Place of Birth, (Street and number) 1638 Eight-st
6. Full name of Mother, Kate Gerlick
7. Mother's Maiden Name, " Deaton
8. Mother's Birthplace, Balto
9. Full name of Father, William Gerlick
10. Father's Occupation, Iron
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, Mrs Katie Gerlick

1910 Jan 1 1638 Eight-st

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, or his duly appointed agent, and any person neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY M.D.
SEC'Y OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, Frank Robert Gannon
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth, Dec 31 1909
6. Place of Birth, (Street and number) 1743 S. Charles st
6. Full name of Mother, Louise Gannon
7. Mother's Maiden Name, " Snyder
8. Mother's Birthplace, Germany
9. Fult name of Father, Frank Gannon
10. Father's Occupation, Labor
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, 1910000470 Mrs Katie Zier 1709 Bank st

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, or should no other person be in attendance than the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1898.

RETURN OF A BIRTH. A52931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 13th 1910
5. *Place of Birth, (Street and number)* 1617 N. Gilmor St
6. *Full name of Mother,* Mary Kelly
7. *Mother's Maiden Name,* Keavsney
8. *Mother's Birthplace,* Ireland
9. *Full name of Father,* John Kelly
10. *Father's Occupation,* Iron Moulder
11. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Chas. E. Sadtler

Address, 1415 Linden Ave

Remarks, 1 9 1 0 0 0 0 0 4 7 1

Every certificate given to the father or mother of a child, or other person, in pursuance of this section, shall be void and of no effect in case the midwife or other person who shall have given such certificate shall have received any fee or reward for procuring the same, or in case the midwife or other person who shall have given such certificate shall have been guilty of any misdemeanor in connection with the birth of such child. Every midwife or other person who shall violate any of the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* C. M.
4. *Date of Birth,* Jan 2
6. *Place of Birth, (Street and number)* Maryland Gen Hos.
6. *Full name of Mother,* Mrs [illegible]
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,*
9. *Full name of Father,* [illegible]
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, E. R. Lewis, M.D.
Address, Maryland Gen Hos.
Remarks, 1910U00472

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall neglect or refuse to make such report shall be subject to a penalty, and any such person or parents who shall forge or falsify any such report shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Col'd
4. *Date of Birth,* January 1st 1910
6. *Place of Birth, (Street and number)* Maryland Lying-in Asy.
6. *Full name of Mother,* Lillie Carter
7. *Mother's Maiden Name,* Jones
8. *Mother's Birthplace,* Va.
9. *Full name of Father,* Clifton Sanders
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, E. A. Kemp M.D.

Address, Maryland Lying-in Asy.

Remarks, 1910000473

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A52984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of Child,* [illegible]
2. *Sex, (state whether male or female)* [illegible]
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* [illegible]
6. *Place of Birth, (Street and number)* Maryland Gen Hos
6. *Full name of Mother,* [illegible]
7. *Mother's Maiden Name,* [illegible]
8. *Mother's Birthplace,* [illegible]
9. *Full name of Father,* [illegible]
10. *Father's Occupation,* [illegible]
11. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible] St. Louis M.D.

Address, Maryland Gen Hos.

Remarks, 1 9 1 0 0 0 0 0 4 7 4

Any person who shall neglect, for every month, to make a return of a birth, to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person, or parent, who shall neglect to comply with the provisions of this section of this article, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 1 - 10
6. *Place of Birth, (Street and number)* Hayward Ave 849
6. *Full name of Mother,* Lena Pendleton
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Va
9. *Full name of Father,* Jno Pendleton
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Dr. Louis Hill

Address, Westfield Ave. & Pa.

Remarks, 1 9 1 0 U 0 0 0 0 4 7 5

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

GIVEN NAME ADDED 9/7/24 JCK

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, ELMER GORDON HAMMOND
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 18th 1910
6. Place of Birth, (Street and number) 1017 Riverside Ave
6. Full name of Mother, Mary Frances Hammond
7. Mother's Maiden Name, " Leutz
8. Mother's Birthplace, Balto
9. Full name of Father, Elmer Hammond
10. Father's Occupation, Hair Hat Examiner
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, L. Jenkins MD
Address, 102 E Fort Ave
Remarks,

19100000476

Every person who shall neglect for the space of ten days after the birth of any child to report the same as required by the ordinances of the City of Baltimore, or shall report any false statement concerning the same, or shall report the birth of any child not born within the limits of the City of Baltimore, shall be guilty of a misdemeanor, and upon conviction thereof before any court of competent jurisdiction shall be punished by a fine of not more than one hundred dollars, and in default of payment of such fine shall be imprisoned in the House of Correction for a period not exceeding thirty days. In case the birth of any child shall occur within the limits of the City of Baltimore, and the parent or parents of such child shall neglect or refuse to report the same, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A52987

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 17 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Name of Child,*
2. *Sex, (state whether male or female)* [illegible]
3. *Race or color, (if not of the White Race)* [illegible]
4. *Date of Birth,* [illegible]
6. *Place of Birth, (Street and number)* [illegible]
6. *Full name of Mother,* [illegible]
7. *Mother's Maiden Name,* [illegible]
8. *Mother's Birthplace,* [illegible]
9. *Full name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, E. J. Lewis M.D.

Address, Maryland Gen'l Hosp.

Remarks, 1 9 1 0 U 0 0 0 4 7 7

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner above required. And every such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 18 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* ✓
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 15-'10
6. *Place of Birth, (Street and number)* Maryland Hosp.
6. *Full name of Mother,* Carrie Black
7. *Mother's Maiden Name,* same
8. *Mother's Birthplace,* Va
9. *Full name of Father,* William Brown
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, E. R. Lewis M.D.

Address, Maryland Gen Hosp

Remarks, 1910000478

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed; and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.

RETURN OF A BIRTH. A52989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 18 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~First~~ Sixt

1. *Name of child,*
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Fourteenth January
5. *Place of Birth, (Street and number)* 1118 Ridgely St.
6. *Full name of Mother,* Elizabeth White
7. *Mother's Maiden Name,* Leonard.
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* James White.
10. *Father's Occupation,* Laundryman.
11. *Father's Birthplace,* England.

Name of Medical Attendant, or other person who makes this Return, Mrs Dell

Address, 911 Russ ~~Street~~

Remarks, 1 9 1 0 0 0 0 0 4 7 9

of a certificate between the first and fifteenth days of each and every month to the office of Commissioner of Health. In case the birth of any child shall be delivered, duly signed by the practitioner in the form hereinafter set forth, to the Commissioner of Health, or should no other person be in attendance upon the case of a physician or practitioner of the healing art, the midwife or person or persons in charge of the mother shall report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

CERTIFICATE AMENDED - 21169

RETURN OF A BIRTH. A52990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

NAME: EDITH GENEVA COVELL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight child

1. Name of Child, ~~Baltimore~~
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 13 of January 1910
6. Place of Birth, (Street and number) 1470 West Pratt
6. Full name of Mother, Mary L Covell
7. Mother's Maiden Name, MARY Wilson
8. Mother's Birthplace, Baltimore
9. Full name of Father, Luther L Covell
10. Father's Occupation, Boiler maker
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Burgoyne & Waters

Address, 330 S Woodyear st

Remarks, 1910000004 80

RECEIVED FOR RECORD JAN 18 1910 JAS. BOSLEY, M.D. COMMISSIONER

The ... day of each and every month, to the undersigned Commissioner of Health. In case the birth of any child shall occur without the knowledge of the attending physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN 18 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Name of child, Ruth ~~Last Name~~ Elizabeth Edwards
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Friday January 14th 1910 (12 o'clock M)
5. Place of Birth, (Street and number) 2658 W. Fayette St
6. Full name of Mother, Katie C.B. Edwards
7. Mother's Maiden Name, Katie C.B. Humphries
8. Mother's Birthplace, Baltimore County Md
9. Full name of Father, Paul W. Edwards
10. Father's Occupation, Engineer (Locomotive)
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, E. Bosley Jno

Address, 607 N. Charles St Balto Md

Remarks, 1910000048 1

If a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child be not attended upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report that birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents shall thereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 18 1910
JAS. BOSLEY M.D.
REG'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child, Anna May Rogers
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 9th 1910
6. Place of Birth, (Street and number) 1667 Richland St.
6. Full name of Mother, Lilly Elizabeth Rogers,
7. Mother's Maiden Name, Lilly Elizabeth Bowne,
8. Mother's Birthplace, Phila Pa.
9. Full name of Father, Harrison R. Rogers
10. Father's Occupation, Mortgoman
11. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return, A. L. McCurdy M.D.

Address, 2505 Pennsylvania ave.

Remarks, 1910000482

The birth of each child must be returned within five days after birth, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the event of the failure of such person or parents to report such birth within the time and in the manner as above required, such person or parents shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Anw

RETURN OF A BIRTH.

A52993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Norman Louis Edward Straten

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

RECEIVED FOR RECORD
JAN 18 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Dec. 27. 1909.
4. *Place of Birth, (Street and Number)* 326 N. Fremont St.
5. *Full Name of Mother,* Minnie Helen (Stratton) Straten
6. *Mother's Maiden Name,* Minnie Helen Schroeffer.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Henry J (Stratton) Straten
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, George C. Shannon M.D.

Address, 700 N. Fulton Ave 0 0 0 0 4 8 3

Remarks,

Any day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the occupant of the house in which such birth occurs to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286

RETURN OF A BIRTH. A62994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sip

1. *Name of child,* Howard Jeanes Murphy
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White race
4. *Date of Birth* Jan 10 1910
5. *Place of Birth, (Street and number)* 1003 Bundyan ~~Street~~
6. *Full name of Mother,* Annie Mary Murphy
7. *Mother's Maiden Name,* Annie Mary Mulh
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* John Thomas Murphy
10. *Father's Occupation,* Foreman
11. *Father's Birthplace,* Bal Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Dell midwife

Address, 911 Russell Street

Remarks,

1 9 1 0 0 0 0 0 4 8 4

RECEIVED FOR RECORD JAN 18 1910 JAS. BOOLEY, M.D. SUPT. HEALTH

Every midwife, physician or other person who shall be in attendance upon the birth of any child shall deliver, duly signed by the practitioner in the form of a certificate between the first and tenth day of each month, to the Board of Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father or mother of such child to report the birth to the Commissioner of Health, within the time above mentioned, and a neglect to make such report shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 162395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 18 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Name of child,
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) Wite
4. Date of Birth Jan. 11, 1910.
5. Place of Birth, (Street and number) 182 W. Dover St. Balto Md
6. Full name of Mother, Lillian Bertha Galvin
7. Mother's Maiden Name, Lillian Bertha Warfield
8. Mother's Birthplace, Balto Md.
9. Full name of Father, Edgar Galvin
10. Father's Occupation, Barber.
11. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Elizabetha Wicke

Address, 162 Lombard

Remarks, 1910000485

Every child born within the limits of Baltimore City shall be registered, and it shall be the duty of the physician in attendance upon the mother, immediately after the birth of a child, and in the absence of such physician, then the midwife, or should no other person be in attendance upon the mother, then the father or mother of such child, or the householder or owner of the premises where such birth occurs, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 18 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 16 1910
5. Place of Birth, (Street and number) 1008 N. Appleton St
6. Full name of Mother, Mary Elizabeth Neeb
7. Mother's Maiden Name, " " Seipp
8. Mother's Birthplace, Balto Md
9. Full name of Father, George F. Neeb
10. Father's Occupation, Plumber
11. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Chas. C. Conser M.D

Address, 1113 N. Fulton ave

Remarks, 1910000004865

Of a birth between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of the house in which such birth occurs, or the duty of the parent of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A52997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 19 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Name of child,* Leon Cohen
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* Nov 7th 1904
5. *Place of Birth, (Street and number)* 117 S. Greene St.
6. *Full name of Mother,* Rebecca Goldberg Cohen
7. *Mother's Maiden Name,* Rebecca Goldberg
8. *Mother's Birthplace,* England
9. *Full name of Father,* Aaron Cohen
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, A. Hamperian M.D.

Address, 2529 St. Paul St.

Remarks, "Duplicate" 0000487

Any person who shall neglect to report the birth of any child as required by the Board of Commissioners of Health, or who shall refuse to answer any question relative thereto, or who shall give a false answer thereto, or who shall neglect or refuse to comply with any of the rules and regulations of the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of not less than five (5) dollars nor more than fifty (50) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 20 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Name of Child, Taylor
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, January 14 th 1910
6. Place of Birth, (Street and number) 720 Eutaw st
6. Full name of Mother, Eleanora Taylor
7. Mother's Maiden Name, Eleanora Bean
8. Mother's Birthplace, Lancaster Va
9. Full name of Father, Albert Taylor
10. Father's Occupation, Laborer
11. Father's Birthplace, Lancaster Va

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Wright

Address, 716 Spring st

Remarks,

1910000488

The day of each and every month, to the office of Commissioner of Health, in the city of Baltimore, a record of all births which shall occur without the attendance of a physician or midwife, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 452999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Name of Child,* Charles Matthew Bowyer.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* Colored.
4. *Date of Birth,* 16 th. Jan. 1910.
6. *Place of Birth, (Street and number)* 829 Boyd st.
6. *Full name of Mother,* Maria Bowyer
7. *Mother's Maiden Name,* Maria Carroll.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* John Bowyer
10. *Father's Occupation,* Teamster
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Eliza Winston

Address, 884 Broadway St. City.

Remarks, Bad eyes, needs attention.

RECEIVED FOR RECORD JAN 20 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(Section 10. Every physician, midwife, or other person who shall be in attendance upon the birth of any child, shall, within ten days after the birth, report to the Commissioner of Health the name, sex, color, and date of birth; and the occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of either physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if such person or parents shall neglect or refuse to comply with the provisions of this section he shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.)

RETURN OF A BIRTH. A53000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 20 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 18/10
5. *Place of Birth, (Street and number)* 27 E Fort Ave
6. *Full name of Mother,* Mary Thornton
7. *Mother's Maiden Name,* Warfield
8. *Mother's Birthplace,* America
9. *Full name of Father,* Gilbert Thornton
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Georgiana Lee Jones

Address, 434 Fort Ave

Remarks,

1910000490

Every birth occurring within the city of Baltimore shall be reported only by the practitioner in the first case, and in all other cases by the father, mother, householder or owner of the premises where the birth occurs, within ten days after the birth, and every midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father of such child, if living in the city of Baltimore, to report the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father of such child, if living in the city of Baltimore, to report the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father of such child, if living in the city of Baltimore, to report the birth to the Commissioner of Health. Every person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 10/47

RETURN OF A BIRTH. A53001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 29 1910
JAS. BOGLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Name of child, MARY ADELAIDE PUCKETT
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 26 1909
5. Place of Birth, (Street and number) 1441 N Central Ave
6. Full name of Mother, Anna Puckett
7. Mother's Maiden Name, Anna Mannheller
8. Mother's Birthplace, Maryland
9. Full name of Father, W B Puckett
10. Father's Occupation, ?
11. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, F. M. Tanner M.D.

Address, 317 N. Carrollton Ave

Remarks, 1910U000491

Every child born alive within the City of Baltimore shall be reported, delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 20 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth January 19th
5. Place of Birth, (Street and number) 48 Brick Hill
6. Full name of Mother, Annie E. Smith
7. Mother's Maiden Name, Annie M. Connell
8. Mother's Birthplace, New Jersey
9. Full name of Father, Basil W. Smith
10. Father's Occupation, Laborer
11. Father's Birthplace, Brick Hill, Nt. Vernon

Name of Medical Attendant, or other person who makes this Return, Margaret A. Wheat

Address, 87 Brick Hill

Remarks, Still Birth 0492

date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third days of each and every month to the Registrar of Vital Statistics, at his office, by the Practitioner in attendance upon the mother, or by the Physician or Midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and form as above required, and every person who shall neglect or refuse to perform the duties required by this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 20 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 16th Jan 1910.
5. *Place of Birth, (Street and number)* 1904 Ramsay st
6. *Full name of Mother,* Bertha Bettie Ferguson
7. *Mother's Maiden Name,* Bertha Imhoff
8. *Mother's Birthplace,* Balto md
9. *Full name of Father,* James Ferguson
10. *Father's Occupation,* Confectionary
11. *Father's Birthplace,* Balto md

Name of Medical Attendant, (or other person who makes this Return,)

Address, Mrs Frederick Reuter 2116 W. Pratt st.

Remarks, 1910000493

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. *Name of child,* Margaret Pflaum
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 12th day of January 1910
5. *Place of Birth, (Street and number)* 1912 Monthrose St
6. *Full name of Mother,* Rosa Pflaum
7. *Mother's Maiden Name,* " " Seeglein
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* John Christian Pflaum
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Friedemann Kreuder

Address, 2116 W Pratt st.

Remarks, 1910000494

RECEIVED FOR RECORD
JAN 20 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 19 1910
JAS BOSLEY M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of Child, Edna Virginia Atkinson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White.
4. Date of Birth, Jan 1 1910
6. Place of Birth, (Street and number) 2797 Cedar Ave.
6. Full name of Mother, Jane C Atkinson
7. Mother's Maiden Name, Williams
8. Mother's Birthplace, Washington D.C.
9. Full name of Father, Thomas M Atkinson
10. Father's Occupation, Store Cutter.
11. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Marie Lititia Ingram M.D.

Address, 10 W North Ave.

Remarks,

1910U000495

Every day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 3/4/14

RETURN OF A BIRTH.

A53006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Name of child, HERMAN BERMAN GEISLER
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 18/10
5. Place of Birth, (Street and number) 1553 Sandlow St
6. Full name of Mother, Grace Geisler
7. Mother's Maiden Name, Berryman
8. Mother's Birthplace, America
9. Full name of Father, Jose Geisler
10. Father's Occupation, Laborer
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Caroline Schwarz

Address, 420 S Ert ar

Remarks,

1 9 1 0 0 0 0 0 4 9 6

of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein prescribed, at the office of the Commissioner of Health within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, with the particulars required to be stated by physicians and midwives, and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 453007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Name of child,* James V Hullett
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 4. 1910
5. *Place of Birth, (Street and number)* 2810 N Rowles
6. *Full name of Mother,* Bessie M Hullett
7. *Mother's Maiden Name,* Bessie Hall
8. *Mother's Birthplace,* Md.
9. *Full name of Father,* E.T. Hullett
10. *Father's Occupation,* ?
11. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, F. McTamnor M.D.

Address, 311 N. Carrollton Ave

Remarks, 1910000497

RECEIVED FOR RECORD
JAN 29 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

Every child born within the City of Baltimore shall be registered, and the midwife or other person in attendance upon the mother shall deliver to the parent or person having charge of such child, within ten days after the birth, a blank form for the return of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the parent or person having charge of such child shall be required to make the return of the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A53008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 20 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of child, Baby Hampton-
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Mulatto
4. Date of Birth January 9- 1910
5. Place of Birth, (Street and number) University Hospital Lombard & Greene
6. Full name of Mother, Esther Juliette Hampton
7. Mother's Maiden Name, Esther Juliette Carew
8. Mother's Birthplace, New York
9. Full name of Father, Howard Hampton
10. Father's Occupation, Insurance Agent
11. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Robt. S. Bay M.D.

Address, University Hospital

Remarks, 1910000498

The head officer of the native born colored citizens, color, the full name and occupation of its parents (the name of the mother before marriage), the number of children born to the mother, including the present one, and whether this is the first, second or third child born to the mother, and the date of birth of each and every child born to the mother, shall be recorded by the Registrar of Vital Statistics of Baltimore City, and it shall be the duty of the Registrar of Vital Statistics to furnish blank forms for the purpose of securing the information required by this section, and it shall be the duty of the Board of Health to supply midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall be the duty of the physician or midwife in attendance upon the mother, and in the absence of such physician or midwife, the parent or parents of such child, or the householder or owner of the premises where such child was born, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

453009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 20 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall become the duty of the person or parents of such child, within ten days after such birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19. 1910
4. Place of Birth, (Street and Number) 1402 E Preston St
5. Full Name of Mother, Daisy Etta Reich
6. Mother's Maiden Name, Argenbright
7. Mother's Birthplace, Augusta Co Va.
8. Full Name of Father, Wm Alexander Leech
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm D Sage M.D.

Address, 1910 Druid Hill Ave

Remarks,

RETURN OF A BIRTH.

A53010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 20 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 15 1909
4. Place of Birth, (Street and Number) 1320½ N Gilmore St
5. Full Name of Mother, Sophia M Stone
6. Mother's Maiden Name, Kunnett
7. Mother's Birthplace, Balto City
8. Full Name of Father, John T Stone
9. Father's Occupation Clerk for B & O. R.R.
10. Father's Birthplace, Alexandria Va

Name of Medical Attendant, or other person who makes this Return, Alex J. Sage M.D.

Address, 1910000000500

Remarks,

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child shall remove from the house in which it was born before the birth is reported, the person in attendance upon the mother, immediately after the birth, or the parents of such child, as the case may be, shall report the particulars of such birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 19 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1)

1. *Name of Child,* Gladys Estelle Holland.
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* January 12, 1909
6. *Place of Birth, (Street and number)* Franklin Road Walbrook.
6. *Full name of Mother,* Alice Estelle Holland.
7. *Mother's Maiden Name,* Alice Estelle Buckmer.
8. *Mother's Birthplace,* Windsor mill Road, Baltimore Md
9. *Full name of Father,* Harrison Richard Holland
10. *Father's Occupation,* Presser
11. *Father's Birthplace,* Franklin Road, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 719 Bunen street

Remarks, 1910000501

Every person who shall be present at the birth of any child shall, within ten days after such birth, report the same, in writing, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within ten days after the birth of such child. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 19 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Mattie Jefferson.
2. Sex, (state whether male or female) female.
3. Race or color, (if not of the White Race) Colored
4. Date of Birth January 11th 1910
5. Place of Birth, (Street and number) 1116 Argyle Avenue
6. Full name of Mother, Mattie B. Jefferson
7. Mother's Maiden Name, Mattie B Wyatt.
8. Mother's Birthplace, Ex see County Virginia
9. Full name of Father, William G. Jefferson
10. Father's Occupation, Waiter.
11. Father's Birthplace, Amlinia County Virginia

Name of Medical Attendant, or other person who makes this Return, Caroline J Murray

Address, 838 N. Howard St.

Remarks, Alright.

1910000502

Every person who shall be present at the birth of any child, or shall have charge of any child after birth, or shall be informed of the birth of any child, shall, within ten days after such birth, make a return thereof to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person who shall wilfully or knowingly fail to make such return, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

CERTIFICATE AMENDED 8-2-67 A53013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 19 1910
JAS. BOGLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of child, Clarence ~~E.~~ Gough.
2. Sex, (state whether male or female) ~~female~~ MALE
3. Race or color, (if not of the White Race) colored.
4. Date of Birth January 13th 1910.
5. Place of Birth, (Street and number) 1036 Argyle Avenue.
6. Full name of Mother, Helen B. ~~Gough~~ (Gough) Gough.
7. Mother's Maiden Name, Helen B. Smith.
8. Mother's Birthplace, Baltimore.
9. Full name of Father, Clarence Gough.
10. Father's Occupation, porter.
11. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Cedrotline Murray.
Address, 838 N. Howard st.
Remarks, Albright.

1910000503

date and place of birth; and the said schedule shall be delivered duly signed by the person therein in the form of a certificate to the Registrar of such district as may be appointed by the Board of Health, to whom the said Registrar shall report, from time to time, such births as may be registered with him; and no child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then it shall be the duty of the person or parents of such child, and of any such person or persons who shall become aware of the birth of such child, to report the same to the Registrar of Vital Statistics of the Board of Health, in the manner and within the time prescribed by this section; and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 19 1910
JAS. BOSLEY, M.D.
SUPT. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9te Child

1. Name of child, Theresia Gertz
2. Sex, (state whether male or female) Girl
3. Race or color, (if not of the White Race) weith
4. Date of Birth 17 January 1910
5. Place of Birth, (Street and number) 1405 Cookson St
6. Full name of Mother, Emilie Gertz
7. Mother's Maiden Name, Mariel
8. Mother's Birthplace, Lusis Polen
9. Full name of Father, Hieronymus Emil Gertz
10. Father's Occupation, Black Schmidt
11. Father's Birthplace, Lusis Polen

Name of Medical Attendant, or other person who makes this Return, Margret Fuerg
Address, Hanbert St 1133 Locust Point City
Remarks, 1910000504

Of a certificate between the first and third day of each and every month to the office or Commissioner of Health, under the same penalty as is provided by law for the neglect of a physician or midwife; or should no other person be in attendance upon such birth, then it shall become the duty of the person in whose house or premises such birth shall occur, to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 19 1910 JAS. EOSLEY, M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 children

1. *Name of Child,* Sophia Morris
2. *Sex,* (state whether male or female) female
3. *Race or color,* (if not of the White Race) White Race
4. *Date of Birth,* Jan 2, 1910
6. *Place of Birth,* (Street and number) 153 N. Exeter St.
6. *Full name of Mother,* Esther Morris
7. *Mother's Maiden Name,* Esther Finegold
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Abe Morris
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Feldman

Address, 135 N Exeter St

Remarks, 1 9 1 0 0 0 0 0 5 0 5

Said attendant shall be allowed only started by the practitioner in the form of a certificate between the first and fifth day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 19 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 children

1. *Name of Child,* Sam Tucker
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White Race
4. *Date of Birth,* Dec. 21, 1909
6. *Place of Birth, (Street and number)* 316 S. Bond St.
6. *Full name of Mother,* Celia Tucker
7. *Mother's Maiden Name,* Celia Margorland
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Ike Tucker
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Feldman

Address, 135 N Gilmor St

Remarks, 1910000506

And refusal to fill be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth as herein required within the period above mentioned. And any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 10 - 1910
6. Place of Birth, (Street and number) 243 E. Ann St
6. Full name of Mother, Mollie Michaelson
7. Mother's Maiden Name,
8. Mother's Birthplace, Europe
9. Full name of Father, Aaron Michaelson
10. Father's Occupation, Merchant
11. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 1707 E. Baltimore St.

Remarks,

1910000507

RECEIVED FOR RECORD JAN 19 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Registrar of Vital Statistics, Board of Health, Baltimore, Md. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form above prescribed. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED -3/19/68

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. 452013

RECEIVED FOR RECORD
JAN 13 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of Child,* MOLLIE ADLER
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec. 24 - 1909
6. *Place of Birth, (Street and number)* 4 S. Central Ave
6. *Full name of Mother,* Rachael Adler
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Europe
9. *Full name of Father,* Michael Adler
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 1707 E. Baltimore St.

Remarks, 1910000000508

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any failure to comply with the provisions of this section shall be punished by a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 19 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,* Rebecca Silverman
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 5 1909
5. *Place of Birth, (Street and number)* 510 Sharp St
6. *Full name of Mother,* Rosie Silverman
7. *Mother's Maiden Name,* Rosie Freedman
8. *Mother's Birthplace,* England
9. *Full name of Father,* Julius Silverman
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Franklin M. D.

Address, 504 Sharp St

Remarks, 1910000509

date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person or parents of such child to report (a birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall hereafter fail to comply with the provisions of this section, he, she or they shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 19 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Name of Child, Unnamed
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. 14, 1910.
6. Place of Birth, (Street and number) 322 S. Monroe St.
6. Full name of Mother, Jennie Chaney Doering
7. Mother's Maiden Name, " " Stickell
8. Mother's Birthplace, Baltimore, Md.
9. Full name of Father, Charles Doering
10. Father's Occupation, Whiskey gauger
11. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, L. L. Magruder M.D.

Address, 1205 E. Preston St.

Remarks,

19100000510

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, as the case may be, next succeeding that on which the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter; it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person so neglecting shall forfeit, for the benefit of the Board of Health, the sum of ten (10) dollars, and be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of child, James Johann Uher
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan, 14, 1910
5. Place of Birth, (Street and number) 5-32 Sharp St
6. Full name of Mother, Charlotta Uher
7. Mother's Maiden Name, Charlotta Moldovan
8. Mother's Birthplace, Hungary
9. Full name of Father, Johann Uher
10. Father's Occupation, Laborer
11. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 1707 E. Baltimore St

Remarks, 1910000511

RECEIVED FOR RECORD JAN 19 1910 JAS. KEELEY, M.D. BOARD OF HEALTH

date and place of birth, and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, the midwife shall become the duty of such midwife to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 19 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) white
4. Date of Birth, Nov. 23 - 1909
6. Place of Birth, (Street and number) 1623 E. Pratt St.
6. Full name of Mother, Jennie Wolfe
7. Mother's Maiden Name,
8. Mother's Birthplace, Europe
9. Full name of Father, Abraham Wolfe
10. Father's Occupation, Plumber
11. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 1707 E. Baltimore St

Remarks, 1910000512

Every person having charge of any child born in the City of Baltimore after the 1st day of January, 1910, shall report the birth of such child to the Commissioner of Health within ten days after the birth of such child, and every physician or midwife in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 10 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 te Child

1. Name of child, Frank Turtenzky
2. Sex, (state whether male or female) Boy
3. Race or color, (if not of the White Race) White
4. Date of Birth 16 January 1900
5. Place of Birth, (Street and number) 1535 Bukauch St
6. Full name of Mother, Lissie Seekovska
7. Mother's Maiden Name, Harriet
8. Mother's Birthplace, Russia Polen
9. Full name of Father, Frank Turtenzki
10. Father's Occupation, Arbeiter
11. Father's Birthplace, Russia Polen

Name of Medical Attendant, or other person who makes this Return, Margret Tierney

Address, Flaubert Sta 1133 Locust Point

Remarks, City

1910000513

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine or midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons who shall become aware of such birth to report the same to the Commissioner of Health, who shall require the particulars above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of Child,* Sadie E Saunders
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Jan 9-1909
6. *Place of Birth, (Street and number)* 1804 Little Walsh Street
6. *Full name of Mother,* Martha E Saunders
7. *Mother's Maiden Name,* Martha E Robenson
8. *Mother's Birthplace,* Gloster Co. Va
9. *Full name of Father,* G L Saunders
10. *Father's Occupation,* Labour
11. *Father's Birthplace,* Caroline Co. Va

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1342 N Calhoun Street

Remarks, 1 9 1 0 0 0 0 0 5 1 4

And schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, the sum of Ten Dollars, and for every such child not reported within one year from the date of birth, the sum of Twenty Dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of Child,* Carine Thomas
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Dec. 5. 1909
6. *Place of Birth, (Street and number)* 2430 Ethel Street
6. *Full name of Mother,* Jennie Thomas
7. *Mother's Maiden Name,* Jennie Thompson
8. *Mother's Birthplace,* Mathews Co. Va
9. *Full name of Father,* William H. Thomas
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1342 N. Calhoun Street

Remarks,

1910000515

GIVEN NAME ADDED 7-27-23

RETURN OF A BIRTH. A53026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Name of Child, Evelyn Angelus Jackson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Nov. 30. 1909
6. Place of Birth, (Street and number) 1703 N Bruce Street
6. Full name of Mother,
7. Mother's Maiden Name, Ella Jackson
8. Mother's Birthplace, Baltimore Co. Md
9. Full name of Father, Thomas Hawkins
10. Father's Occupation, Labour
11. Father's Birthplace, Prince George Co. Md.

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1342 Lathan Street

Remarks, 19100000516

Said Return shall be made within ten days after the birth, by the physician in the room of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health in the manner and within the period above required. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child, Not named yet
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Jan 19th 1910
5. Place of Birth, (Street and number) 513 Hall St Balto
6. Full name of Mother, Emma Roberts
7. Mother's Maiden Name, Emma Nichols
8. Mother's Birthplace, Easton Maryland
9. Full name of Father, Theodore Roberts
10. Father's Occupation, Waiter
11. Father's Birthplace, Unionville Talbot Co Md

Name of Medical Attendant, or other person who makes this Return, Jutia Stevenson

Address, 2125 Etting St

Remarks,

1910000517

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case no birth shall occur during any month, a report to that effect shall be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to make such report, as herein required, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of Child, James G. Moore
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Jan. 10. 1910
6. Place of Birth, (Street and number) 1323 Pressman Street
6. Full name of Mother, Sarah E. Moore
7. Mother's Maiden Name, Sarah E. Forsey
8. Mother's Birthplace, Charles Co. Md.
9. Full name of Father, William J. Moore
10. Father's Occupation, Labour
11. Father's Birthplace, Charles Co. Md.

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1342 N. Calhoun Street

Remarks, 1910000518

RECEIVED FOR RECORD JAN 21 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Every physician, midwife, or other person who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the said report shall be made within ten days from the date of birth, and in case the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the said report shall be made within ten days from the date of birth, and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the said report shall be made within ten days from the date of birth, and in case the birth shall occur in a house where there is no person living who is competent to make the report required by this section, the undertaker who shall be employed to bury the body of any child for which no report of birth has been made shall report the same to the Commissioner of Health on the third day of each and every month. It shall be the duty of the Commissioner of Health to see that the provisions of this section shall be complied with, and any person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, James Jackson
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Dec 30 1909
6. Place of Birth, (Street and number) 1125 Woodyear st
6. Full name of Mother, Ruth Jackson
7. Mother's Maiden Name, Baltimore Md
8. Mother's Birthplace, Ilha Ford
9. Full name of Father, Driver
10. Father's Occupation, Baltimore Md
11. Father's Birthplace, Maria Jones

Name of Medical Attendant, or other person who makes this Return.

Address, 1342 N. Calhoun Street

Remarks,

1910000519

Every physician or midwife in attendance upon the birth of any child shall within ten days after the birth of such child report the same to the Commissioner of Health, in the manner and form required by law, and every person required by law to report the birth of a child who shall neglect to do so, and every physician or midwife in attendance upon the mother, immediately thereafter, if he shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form required by law, or should no other person be in attendance upon the mother, immediately thereafter, if he shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form required by law, and every person required by law to report the birth of a child who shall neglect to do so, and every physician or midwife in attendance upon the mother, immediately thereafter, if he shall neglect to report the same, and any such person or persons shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Joseph Brown
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Dec. 22. 1909
6. *Place of Birth, (Street and number)* 733 School Street
6. *Full name of Mother,*
7. *Mother's Maiden Name,* Bertha Smith
8. *Mother's Birthplace,* St. Mary's Co. Md.
9. *Full name of Father,* Floyd Brown
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Calbert Co Md

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1342 N Calhoun Street

Remarks, 1 9 1 0 0 0 0 0 5 2 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Board of Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A63031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of Child,* William Loggins
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Nov. 20. 1909
6. *Place of Birth, (Street and number)* 1818 Lorman Street
6. *Full name of Mother,* Emma Loggins
7. *Mother's Maiden Name,* Emma Ewings
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Bradley Loggins
10. *Father's Occupation,* Waiter
11. *Father's Birthplace,* Savanna

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1342 N. Calhoun Street

Remarks,

1 9 1 0 0 0 0 0 5 2 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the Registrar or Commissioner of Health, in the district of which such child was born; and every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above mentioned; and any such person or persons failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 21 1910
J.A.S. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Name of child,* (not given)
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* January 5. 10
5. *Place of Birth, (Street and number)* 2012 E. Biddle St
6. *Full name of Mother,* Jennie Coombs
7. *Mother's Maiden Name,* Hattenhauer
8. *Mother's Birthplace,* Baltimore City.
9. *Full name of Father,* Thomas J. Coombs
10. *Father's Occupation,* Motorman
11. *Father's Birthplace,* Baltimore. city

Name of Medical Attendant, or other person who makes this Return. Jno H Pickel M.D.

Address, 1312 Ashland ave

Remarks, 1910000522

Date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then it shall be the duty of the mother, within ten days after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 52033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOGLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of Child,* Annie Levine
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* January 17. 1910
6. *Place of Birth, (Street and number)* 2017 Clifton Ave.
6. *Full name of Mother,* Annie Richardt
7. *Mother's Maiden Name,* Annie Bankert
8. *Mother's Birthplace,* Brennigweilert Germany
9. *Full name of Father,* William Richardt
10. *Father's Occupation,* Electrician
11. *Father's Birthplace,* Sangerhausen Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Zimmerman

Address, 1805 W. North ave

Remarks, 1 9 1 0 0 0 0 0 5 2 3

be committed. In any case, the full name and occupation of the parents, the street and number of the residence, and the sex, color, the full name and occupation of the parents, the street and number of the residence, and the sex, color, the full name and occupation of the parents, the street and number of the residence, and the sex, color

RETURN OF A BIRTH.

A53034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Name of child,* Not Named
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 20 - 10
5. *Place of Birth, (Street and number)* 823 Calverton road
6. *Full name of Mother,* Katie Liddell
7. *Mother's Maiden Name,* Katie Helmig
8. *Mother's Birthplace,* Balto. Md.
9. *Full name of Father,* G. Frank Liddell
10. *Father's Occupation,* Shoe maker
11. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Henry C. O'Kee M.D.

Address, 1203 W. Fayette St.

Remarks, 1910000524

Date and place of birth and name of child shall be delivered, duly signed by the practitioner, in the form of a certificate, to the parents of such child or, in default of such delivery, shall be entered by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Board of Health, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father, or parents of such child, to report the birth to the Commissioner of Health. To the end that the provisions of this section may be complied with, the Commissioner of Health shall cause to be printed a sufficient number of blank forms and shall furnish the same to all persons hereafter required to report births. Any person who shall fail, neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Ows

RETURN OF A BIRTH. A53035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4)

1. *Name of child,* (name) Marvin Earl Offutt
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 6th 1910
5. *Place of Birth, (Street and number)* 639 W. Barre St. Balto.
6. *Full name of Mother,* Mary Catharine Offutt
7. *Mother's Maiden Name,* " " Bissett
8. *Mother's Birthplace,* Montgomery Co. Md.
9. *Full name of Father,* Henry Leanda Offutt
10. *Father's Occupation,* Bag. Master B.T.C. R.R.
11. *Father's Birthplace,* W. Va.

Name of Medical Attendant, or other person who makes this Return, C. L. Furstenberg M.D.

Address, 504 S. Paca St.

Remarks, 1910000525

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall knowingly make a false report of the facts required to be reported, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53036

GIVEN NAME ADDED 3-19-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Carroll Edwin Stewart 1st
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 27/1909
4. *Place of Birth, (Street and Number)* 727 Saratoga St
5. *Full Name of Mother,* Anna Elizabeth Stewart
6. *Mother's Maiden Name,* Anna Elizabeth Cushwa
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* D. H. Stewart
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Michigan

Name of Medical Attendant, or other person who make this Return,

Address,

Remarks, 1910000524

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) his sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month succeeding the birth, or within the same period after the termination of such attendance upon the mother, immediately thereafter, to the office of the Commissioner of Health, in the manner and within the period above required. And every person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health as aforesaid, and who shall neglect or refuse to comply with the provisions of this section hereafter, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A53037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 22 1910
JAS. BOGLEY M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Name of child,* Etta Rebecca Robinson
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* Jan 18 1910
5. *Place of Birth, (Street and number)* 141 Fenwick St
6. *Full name of Mother,* Carrie Robinson
7. *Mother's Maiden Name,* Carrie Lloyd
8. *Mother's Birthplace,* Baltimore Co
9. *Full name of Father,* George Robinson
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* South Carolina

Name of Medical Attendant, or other person who makes this Return, Mary Turner

Address, 15 W Eutaw St

Remarks, 1910000527 John F Blake
115 E Hoffman St

of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a return, to the Registrar of Vital Statistics within ten days thereafter, and to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner or Registrar, in the manner and within the time required, and a like return shall be made. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur within the period of ten days next preceding the date on which a regular return of births is required to be made, a special return of such birth shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of Child,* Mary George
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* 17 January 1910
6. *Place of Birth, (Street and number)* 1400 Linden st.
6. *Full name of Mother,* Theodora George
7. *Mother's Maiden Name,* " Caroma
8. *Mother's Birthplace,* Greece
9. *Full name of Father,* Pete G. George
10. *Father's Occupation,* Confectionery
11. *Father's Birthplace,* Greece

Name of Medical Attendant, or other person who makes this Return, Ruth Mahron

Address, 1331 Hill st

Remarks,

RECEIVED FOR RECORD JAN 22 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

1 9 1 0 0 0 0 0 5 2 8

RETURN OF A BIRTH. A53039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the officer or clerk of the Board of Health, and in case any child is born and no attendance as a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, Jessica Furman
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth, 7 January 1910
6. Place of Birth, (Street and number) 1104 Fulton St

RECEIVED FOR RECORD
JAN 22 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

6. Full name of Mother, Margana Furman
7. Mother's Maiden Name, J. Prosik
8. Mother's Birthplace, Russia
9. Full name of Father, Heyhan Furman
10. Father's Occupation, Blak Smith
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Kath Mehren

Address, 1331 Hall St

Remarks, 1910000529

RETURN OF A BIRTH.

A53040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the father, or in case he be absent, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Name of Child,* Bernadette Duffy
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* 3 January 1910
6. *Place of Birth, (Street and number)* 1110 Eastern Ave
6. *Full name of Mother,* Celia Duffy
7. *Mother's Maiden Name,* " Maha
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Michael Duffy
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Katie Mehren

Address, 1331 Hull St

Remarks, 1910000530

RECEIVED FOR RECORD
JAN 22 1910
JAS. EOSLEY, M.D.
COM'R OF HEALTH

RETURN OF A BIRTH.

A63041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 22 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Nice —
2. *Sex, (state whether male or female)* M
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* June 4 = 1910
5. *Place of Birth, (Street and number)* 2940 Harford Road
6. *Full name of Mother,* Elizabeth C. Bice
7. *Mother's Maiden Name,* Ruprecht
8. *Mother's Birthplace,* Balto —
9. *Full name of Father,* Clay A Nice
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Balto —

Name of Medical Attendant, or other person who makes this Return. Irving Miller M.D.

Address, 108 E. North Ave —

Remarks, 1910000531

date and place of birth and the said schedule shall be returned duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Board of Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother, and in case she is unable, of the nearest relative present, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any person neglecting to do so hereafter shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53042

RECEIVED FOR RECORD JAN 22 1910 JAS. FOSLEY CO. REGISTER OF WILLS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Name of child, Frederick Chauncey Warring Jr.
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 27, 1909. 11.45 A. M.
5. Place of Birth, (Street and number) #1513 N. Franklin St.
6. Full name of Mother, Blanche Reed Warring
7. Mother's Maiden Name, Blanche Reed
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Frederick Chauncey Warring M.D.
10. Father's Occupation, Physician & Surgeon
11. Father's Birthplace, Middletown, New York

Name of Medical Attendant, or other person who makes this Return, Fred'k C. Warring M.D.

Address, 1513 N. Franklin St. Balto. Md.

Remarks, Dr. E. V. Hollins, Payne & Hollins Sts. was the Medical Attendant.

The undersigned hereby certifies that the above is a full, correct and complete return of the birth of the child above named, born on the date and place of birth; and the said return shall be delivered, duly signed, to the officer or Commissioner of Health, to whom any such birth shall occur without the attendance of a physician or practitioner of medicine, by the person present at the birth, within ten days after the birth; and in case of a certificate between the first and third day of each and every month to the officer or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person present at the birth to make the return required hereby shall devolve upon the parent of such child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of Child,* Martin H. M. Fabian
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* 19 January 1910.
6. *Place of Birth, (Street and number)* 1608 Clement st.
6. *Full name of Mother,* Rosa Fabian
7. *Mother's Maiden Name,* " Siegel
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Martin Fabian
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Kate Mehren

Address, 1331 Hanover St.

Remarks,

1910000533

RECEIVED FOR RECORD
JAN 22 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

been ascertained as sex, color, race, name, occupation of its parents. If such birth shall occur without the limits of the city of Baltimore, the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A33044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25, 191
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of child,* (Baby) Edwards
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* June 11, 1910
5. *Place of Birth, (Street and number)* 3 Melvin Ave
6. *Full name of Mother,* Ellen Ramsey Edwards
7. *Mother's Maiden Name,* Ellen Ramsey
8. *Mother's Birthplace,* Baltimore Co.
9. *Full name of Father,* Rev. John A. Edwards
10. *Father's Occupation,* Minister
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, E. H. Hutchins M.D.

Address, 1230 Light St City

Remarks, Normal child

1910000534

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case no birth shall have occurred during the month, a return to that effect shall be made. Any practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of a child, the parent of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. Any person who shall neglect or refuse to make such report within the period above required, and any such person or persons who shall hereafter fail to comply with this section of this ordinance shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3D

1. *Name of child,* Jenuerfa, Vanda, Rosella, Cannaliato
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 13, 1910,
5. *Place of Birth, (Street and number)* 708 Broadway
6. *Full name of Mother,* Mary, Girolima, Cannaliato
7. *Mother's Maiden Name,* Mary, Girolima, Agnello
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* John, Cannaliato
10. *Father's Occupation,* Barber
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address, 415 Colvin st.

Remarks,

19100000535

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

of each child of any such mother shall have been conferred; state, color, the full name and occupation of its parents, the date of birth of each child, the number of children born to such mother, and the number now living; and within ten days thereafter it shall be the duty of each person in attendance upon the mother, immediately thereafter to make a certificate between the first and third day of each month, and report the births to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents, or other head of the family in which such birth occurs, to report the same to the Commissioner of Health, in the manner and within the period above required. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3D

1. *Name of child,* Angela Bassotta
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 20 1910
5. *Place of Birth, (Street and number)* 519 Ensor st
6. *Full name of Mother,* Luisa Leone
7. *Mother's Maiden Name,* Luisa Leone
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Casildito Bassotta
10. *Father's Occupation,* figure
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address, 405 Lafayette st

Remarks,

19100000536

date and place of birth; and the said schedule shall be delivered to the Registrar of Vital Statistics, at the office of a certificate between the first and third day of each and every month, by the Physician in the Pay of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner as aforesaid, or should no other person be in attendance upon the mother, immediately thereafter as aforesaid, who shall be required to make out and deliver such schedule, it shall be the duty of the Board of Health, in the manner and within the period above required, and any such person or persons as shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COMR OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Marian E Burton
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. 24 10
6. Place of Birth, (Street and number) Lake Ave near Harford Rd
6. Full name of Mother, Marion Burton
7. Mother's Maiden Name, Marion Chisholm
8. Mother's Birthplace, Baltimore
9. Full name of Father, Oscar J Burton
10. Father's Occupation, Wholesale Produce Dealer
11. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return, R.P. Carman M.D.

Address, 1701 N Carlton St

Remarks,

1910000537

In order that the Sex, Color, Nativity and Parentage of each child born may be correctly recorded, a certificate signed by the practitioner in the form of a certificate between the first and last dotted lines on each page of said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last dotted lines on each page of said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last dotted lines on each page of said schedule, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time required by law; and any such person or parents failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

453048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 D

1. *Name of child,* Anthonia Crivelli
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan., 1, 1910
5. *Place of Birth, (Street and number)* 915 Low st.
6. *Full name of Mother,* Josephine Crivelli
7. *Mother's Maiden Name,* Josephine Crivelli
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Joseph Crivelli
10. *Father's Occupation,* works on the streets, digging,
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Frances Montagna Midwife

Address, 405 Colvin St

Remarks,

1910000538

Any physician, midwife or other person in attendance upon the mother, immediately thereafter (if such there be) shall report to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, and any midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeits are recoverable.

RETURN OF A BIRTH. A53049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3D

1. Name of child, Anna Faccari
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan'y (7) 1910.
5. Place of Birth, (Street and number) 30 Albaranzo st
6. Full name of Mother, Rosa Faccari
7. Mother's Maiden Name, Rosa Distefano
8. Mother's Birthplace, Italy
9. Full name of Father, Francesco Faccari
10. Father's Occupation, Fruit store
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address, 405 Catan st

Remarks, 1910000539

of each child, if any shall have been conferred (says, color, the full name and occupation of the parents, the date and place of birth, and the said Board shall deliver a certificate thereof to the person entitled thereto. The form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person in whose house or on whose premises such birth shall occur, within the time above required, to report the same to the said Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 D

1. *Name of child,* Maria Pasquala Diangilis
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 5 1910
5. *Place of Birth, (Street and number)* 413 S. Exeter St
6. *Full name of Mother,* Tresa Diangilis
7. *Mother's Maiden Name,* Tresa Romeo
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Anthonio Diangilis
10. *Father's Occupation,* digging on streets
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Francis Montagna Midwife

Address, 405 Colvin St

Remarks, 1910000540

RECEIVED FOR RECORD JAN 25 1910
S. BOSLEY M.D. COM'R OF HEALTH

of each child of any duty have been conferred) (sex, color, the full name and occupation of its parents, the date and place of its birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period of time above mentioned, and any person failing hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1916.

RETURN OF A BIRTH. A33051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. *Name of child,* Tobie Yaffee
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 12 1910
5. *Place of Birth, (Street and number)* 1070 Gilmor
6. *Full name of Mother,* Ida Yaffee
7. *Mother's Maiden Name,* Ida Bernstein
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Mike Yaffee
10. *Father's Occupation,* Peddler
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silverman

Address, 828 E. Balto. St

Remarks, 1910000541

Every child born alive in the City of Baltimore shall be registered, and the certificate of birth required by this section shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month next succeeding the birth, to the Commissioner of Health. In case no physician or midwife was in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and the certificate required by this section shall be signed by the person reporting the birth. Any person who shall knowingly make a false report of any birth required to be reported as aforesaid, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.

RETURN OF A BIRTH. A53052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate setting forth the facts required by this section, to the Commissioner of Health, or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so in attendance upon the mother, within the period of thirty-six hours after the birth of such child, to report it in like manner as provided in the case of a physician or practitioner of midwifery, as above set forth. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Name of child, Florence Sapperstein
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 11 1910
5. Place of Birth, (Street and number) 115 E. Pratt St.
6. Full name of Mother, Annie Goldstein
7. Mother's Maiden Name, Annie Sapperstein
8. Mother's Birthplace, Russia
9. Full name of Father, Bennie Sapperstein
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Fannie Silverman

Address, 818 E. Balto St.

Remarks, 1910000542

1906.

RETURN OF A BIRTH. A53053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Sarah Mezes
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 11 1910
5. *Place of Birth, (Street and number)* 239 S. Exeter St.
6. *Full name of Mother,* Rosie Mezes
7. *Mother's Maiden Name,* Rosie Cohen
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Joe Mezes
10. *Father's Occupation,* Brick Layer
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silberman

Address,

Remarks, 1910000543

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the child be born without the attendance of a physician or practitioner of medicine, then the person to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons neglecting or hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1898.

RETURN OF A BIRTH. A53054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. EOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Name of child,* Lillie Pritzker
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 23 09
5. *Place of Birth, (Street and number)* 709 E. Madison St.
6. *Full name of Mother,* Annie Pritzker
7. *Mother's Maiden Name,* Annie Pankelow
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Isreal Pritzker
10. *Father's Occupation,* Cutter
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Fannie Silberman

Address, 828 E. Baltimore St.

Remarks, 1910000544

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of Health. In the city of Baltimore the said schedule shall be delivered to the Commissioner of Health. In the event of any person failing to report such birth as aforesaid, or to introduce upon the mother immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents so failing to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1299.

RETURN OF A BIRTH.

A58055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of child,* Mamie Bashoff
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 7 1910
5. *Place of Birth, (Street and number)* 1405 Big Gough
6. *Full name of Mother,* Ida Bashoff
7. *Mother's Maiden Name,* Ida Peresoff
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Sol. Bashoff
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silberman

Address, 822 E. Baltimore St.

Remarks, 1910000545

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the form of a certificate between the first and third day of each and every month to the Commissioner of Health, in case the birth of any person shall occur in the absence of a physician or practitioner of the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person so offending shall forfeit and pay a sum not exceeding ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1286.

RETURN OF A BIRTH.

A53056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,* Jennie Polansky
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 11 1910
5. *Place of Birth, (Street and number)* 317 S. Bond St.
6. *Full name of Mother,* Sarah Polansky
7. *Mother's Maiden Name,* Sarah Komet
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Jake Polansky
10. *Father's Occupation,* Milkman
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silberman

Address, 928 E. Baltimore St.

Remarks, 1910000546

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner as the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person so neglecting or refusing to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1288.

RETURN OF A BIRTH. A53057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BONLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c,) 6 th

1. Name of child, Jeanette Novick
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 22 09
5. Place of Birth, (Street and number) 718 Arquilla St
6. Full name of Mother, Clara Novick
7. Mother's Maiden Name, Clara Yasserman
8. Mother's Birthplace, Russia
9. Full name of Father, Harry Novick
10. Father's Occupation, Painter
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silverman

Address, 828 E. Baltimore St

Remarks, 1910000547

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur in the absence of a medical attendant, the mother, immediately thereafter, is hereby required to make out and deliver such certificate upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so failing hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

436053

RECEIVED FOR RECORD
JAN 13 1910
JAS. EDGLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Name of child,* Etta Lena Fietzer
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 20, 09
5. *Place of Birth, (Street and number)* 105 Altamont St.
6. *Full name of Mother,* Fannie Fietzer
7. *Mother's Maiden Name,* Fannie Schaas
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Arnow Fietzer
10. *Father's Occupation,* Rabbi
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silberman

Address, 828 E. Baltimore St.

Remarks, 1910000005488

date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Registrar of Health. In case the birth of any person shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person in attendance upon the mother, and such person so shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons so neglecting or refusing to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A33059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
T. S. ROSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 13 of January 1910
6. Place of Birth, (Street and number) 1826. N Carlton Ave
6. Full name of Mother, Emma Engelhardt
7. Mother's Maiden Name, Emma Lydia Engelhardt
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Otto Engelhardt
10. Father's Occupation, Plumber
11. Father's Birthplace, Baltimore Md
Name of Medical Attendant, or other person who makes this Return, Mrs C. Leagan
Address, 1704 N. Chester St
Remarks,

1 9 1 0 0 0 0 0 5 4 9

month, and shall set forth as far as known to such person as aforesaid, the full name and occupation of its parents; the date and place of birth; and the full name of such child. Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, in the manner and within the period above required, and shall set forth as far as known to such person as aforesaid, the full name and occupation of its parents; the date and place of birth; and the full name of such child. Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall set forth as far as known to such person as aforesaid, the full name and occupation of its parents; the date and place of birth; and the full name of such child. Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

450060

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Name of child,* Goedling.
2. *Sex,* (state whether male or female) Female.
3. *Race or color,* (if not of the White Race) White.
4. *Date of Birth* January 12, 1910.
5. *Place of Birth,* (Street and number) 122 a. Rose st.
6. *Full name of Mother,* Barbara Goedling.
7. *Mother's Maiden Name,* Barbara Rebhan.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Albert Goedling.
10. *Father's Occupation,* House Painter.
11. *Father's Birthplace,* Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return. Mrs. A. M. Jones.

Address, 2 East Pratt st. Baltimore Md.

Remarks, 1910000550

Every midwife, or other person who shall assist at the birth of any child, shall, within the first and third day of each and every month, report to the office of the Commissioner of Health, in the city of Baltimore, the name, date and place of birth, and the residence of the parents of each child born during the preceding month, at which he or she shall have assisted as midwife, or attended in any other capacity; and if no such child shall have been born during the month, then he or she shall report that fact within the time aforesaid. And every such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13.

1. *Name of child,* Emma Goetz.
2. *Sex,* (state whether male or female) Female.
3. *Race or color,* (if not of the White Race) White.
4. *Date of Birth* January 7, 1910.
5. *Place of Birth,* (Street and number) 2400 Eager Place.
6. *Full name of Mother,* Margaret Goetz.
7. *Mother's Maiden Name,* Margaret Boehm.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Casper Goetz.
10. *Father's Occupation,* Watchman.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. A. M. Jirus.

Address, N. E. cor. Port st. Baltimore Md.

Remarks, 1910000551

date and place of birth, and the said midwife shall be deh[illegible] duly signed by the Practitioner in the form of a certificate herein before directed, and [illegible] Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time herein before required, and any person or persons shall hereinafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Name of child, Emma Virginia Becker.
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White.
4. Date of Birth January 4. 1910.
5. Place of Birth, (Street and number) 20 S. Rose st.
6. Full name of Mother, Margaret Becker.
7. Mother's Maiden Name, Margaret Schenck.
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Samuel Becker.
10. Father's Occupation, Lawyer.
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Jones.

Address, # 6 S. Port st. Baltimore Md.

Remarks, 1910000552

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Code, Sec. 141. Midwife, &c., to report birth. Occupation of reputed father. Certificate of birth. Penalty. Every midwife, or other person who shall be in attendance upon the mother, immediately thereafter, or within ten days after the birth of a child, shall report the same to the Commissioner of Health, in such manner and form as he may require, and every midwife or other person who shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, as aforesaid, within the period above required, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Name of child,* Louise Smrha
2. *Sex,* (state whether male or female) Female.
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth* January 15, 1910.
5. *Place of Birth,* (Street and number) 19 E. Fort St.
6. *Full name of Mother,* Annie Smrha
7. *Mother's Maiden Name* Annie Vozalecky.
8. *Mother's Birthplace,* Bohemia Austria.
9. *Full name of Father,* Frank Smrha.
10. *Father's Occupation,* Tailor.
11. *Father's Birthplace,* Bohemia, Austria.

Name of Medical Attendant, or other person who makes this Return. Mrs. A. M. Jirus.

Address, 416 E. Fort St. Baltimore Md.

Remarks,

1910000553

Of each child born alive and subsequently deceased, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form or a certificate between the first and third day of each and every month to the office of Commissioner of Health, by the midwife, or by the person in attendance upon the mother, immediately after the birth of such child; or should no other person be in attendance upon the mother, then the father or mother of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Name of child,* Anna Catharine Mohr.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* January 7. 1910.
5. *Place of Birth, (Street and number)* 235 S. Washington st.
6. *Full name of Mother,* Emma Cornelia Mohr.
7. *Mother's Maiden Name,* Emma Cornelia Bathlow.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Jack Mohr.
10. *Father's Occupation,* Farmer.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Sims.

Address, c. o. Fort st. Baltimore Md.

Remarks, 1 9 1 0 0 0 0 0 5 5 4

Every midwife, or other person in attendance upon the mother, shall deliver, duly signed by the practitioner in the form of a birth certificate, all the certificates of births occurring during every month to the office of Commissioner of Health, before the 5th day of the succeeding month. In case the birth of any child shall occur without such attendance, the parent or parents of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health as herein required, and the said schedule shall be delivered

RETURN OF A BIRTH. A53065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Name of child,* Mary Lisslak.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* January 20. 1910.
5. *Place of Birth, (Street and number)* 3048 Boston st.
6. *Full name of Mother,* Catharina Lisslak.
7. *Mother's Maiden Name,* Catharina Cehanek.
8. *Mother's Birthplace,* Hungary Europe.
9. *Full name of Father,* John Lisslak.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Hungary Europe.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. M. Jinsi.

Address, 1 E. & W. Pratt st. Baltimore Md.

Remarks, 1910000000555

Every child born alive in the City of Baltimore, after the first day of January, 1910, shall be reported to the Commissioner of Health, with the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form or a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case no physician or midwife was present at the birth, then the said schedule or certificate shall be delivered by the father or mother of the child, or in case the father or mother be dead or unable to act, then by the householder or the owner of the premises where the birth occurred, within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 453066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 25 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of Child,* Robert Brooklyn Powell
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* October Fifteenth
6. *Place of Birth, (Street and number)* 420 W. Mulberry St.
6. *Full name of Mother,* Ruby Irene Powell
7. *Mother's Maiden Name,* Ruby Irene McKay
8. *Mother's Birthplace,* Troy, N.Y.
9. *Full name of Father,* Shepherd Tappan Powell
10. *Father's Occupation,* Chemist and Bacteriologist
11. *Father's Birthplace,* Troy, N.Y.

Name of Medical Attendant, or other person who makes this Return. Lewis R. Palmer M.D.

Address, 1021 Madison Ave.

Remarks, 1910000055

months and shall set forth as far as the same can be ascertained the full name of the child (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the officer of Commissioner of Health, in the district where such birth shall occur, with the name of the street and number of the house in which such birth shall occur, and the number of attendances upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to make such report shall be subject to the penalty hereinafter prescribed, and shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A58067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 D

1. *Name of child,* Domenico Barberia
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 16 1910
5. *Place of Birth, (Street and number)* 402 Forest st
6. *Full name of Mother,* Carolina Barberia
7. *Mother's Maiden Name,* Carolina Bruna
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Calogero Barberia
10. *Father's Occupation,* digging on streets
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address, 405 Lisbon st

Remarks, 1910U000557

of each child; and shall have been conferred, if any, by the Medical Attendant or Midwife in charge at the birth. The certificate shall be signed by the Practitioner in the form of a certificate between the first and third day of each month, and delivered by him to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the householder or owner of the premises where such birth occurs to report the same to the Commissioner of Health, in the manner and within the period above required. Any person who shall neglect or refuse hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 D

1. Name of child, Francesco Biangra
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth 21 Jan 1910
5. Place of Birth, (Street and number) 31 Ock st
6. Full name of Mother, Maria Biangra
7. Mother's Maiden Name, Maria Brocato
8. Mother's Birthplace, Italy
9. Full name of Father, John Biangra
10. Father's Occupation, digging on streets
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Franco Montagna Midwife
Address, 405 Colvin st.
Remarks, 1910000558

of each child of any child have been conferred, (says, color, the full name and occupation of the parents; the date of birth of each child, which certificate shall be delivered daily to the practitioner in the form of a certificate between the third and seventh day thereafter by the Registrar of Vital Statistics of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such mother to report in like manner to the Commissioner of Health, in the manner and within the period of time above specified, the particulars required. Any person hereafter fail to comply with the provisions of the section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A58069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Name of child, Sam Comella
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 1, 1910
5. Place of Birth, (Street and number) 530 Calvin st
6. Full name of Mother, Concetta Comella
7. Mother's Maiden Name, Concetta Saia
8. Mother's Birthplace, Italy
9. Full name of Father, Cosimo Comella
10. Father's Occupation, Carpenter
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife
Address, 405 Calvin st
Remarks, 1910000559

Of each child of any mother who shall have been confined within the city, the full name and occupation of the parents, the date and place of birth, and the sex, color, and number of each child born at any one birth, shall be reported by the Practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person who shall be employed to give the Permanent Number of Birth Certificate, to report the particulars required to be reported by this section to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 D

1. *Name of child,* Joe Barrella
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 9 1910
5. *Place of Birth, (Street and number)* 1113 Mechanic st
6. *Full name of Mother,* Carmela Barrella
7. *Mother's Maiden Name,* Carmela Barrella
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* P Francesco Barrella
10. *Father's Occupation,* digging on streets
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address, 405 Colvin st

Remarks, 1910000560

of each child (if any shall have been currently born) to the Registrar of Vital Statistics, the following information, viz: the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered to the said Registrar within ten days of a certificate between the first and third day of each and every month to the office of (illegible) Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report the birth immediately hereafter. If it shall become the duty of the person or parents of such child to report the birth of such child, and he, she or they shall neglect or refuse to make such report in the manner and within the period above required, and any such person or persons so shall for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 153071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) b D

1. *Name of child,* Joseph Vincent Susco
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 3 1910
5. *Place of Birth, (Street and number)* 1908 Fremont ave
6. *Full name of Mother,* Rosa Susco
7. *Mother's Maiden Name,* Rosa Susco Cotansi
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Charle Susco
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address, 405 Colvin St

Remarks,

1 9 1 0 0 0 0 0 5 6 1

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Every physician, midwife or other person who shall hereafter attend upon any birth shall, as far as the same can be ascertained, the full name of each child (if any shall have been born) sex, color, the full name and occupation of its parents, the date of birth, and the number of children to which the mother shall have given birth, and within ten days thereafter shall make a certificate thereof, according to the form and directions given by the Commissioner of Health, in case the first and third day of each week shall pass without the attendance of a physician or midwife upon the birth of any child, the parent or other person having charge of such child shall, within the next three days thereafter, report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A50072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 D

1. Name of child, Antonio Satti
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 3, 1910
5. Place of Birth, (Street and number) 828 willow st
6. Full name of Mother, Damanzina Satti
7. Mother's Maiden Name, Damanzina Bassotta
8. Mother's Birthplace, Italy
9. Full name of Father, Alfredo Satti
10. Father's Occupation, Plaster
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address, 1405 Calvin st

Remarks, 1910000562

Of each child (if any) which has been conferred) is born, color. The full name and occupation of its parents, the date and place of birth of each parent, the number of children born to the mother, and the number now living, shall be stated in the return required to be made and delivered to the Registrar of Vital Statistics, Board of Health, by the attendant of a certificate between the first and third day of each and every month to the Office of Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother shall, within ten days after the birth, make and deliver the return required to be made by the attendant. If the mother be in circumstances to employ a physician or practitioner of midwifery, she should do other person be in attendance upon the mother, it shall be the duty of the person occupying the house in which the birth occurs, to make and deliver the return required to be made by the attendant. If the mother be in circumstances to employ a physician or practitioner of midwifery, she should do other person be in attendance upon the mother, it shall be the duty of the person occupying the house in which the birth occurs, to make and deliver the return required to be made by the attendant. Every person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, (to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 D

1. *Name of child,* Michele, Irmanda, Gentile
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 3, 1910
5. *Place of Birth, (Street and number)* 816 Madison st
6. *Full name of Mother,* Nuzia Gentile
7. *Mother's Maiden Name,* Nuzia Bavrate
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Ettori Gentile
10. *Father's Occupation,* Presser
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Frances Montagna Midwife

Address, 405 Calvert st

Remarks,

1910000563

If the Child be born out of wedlock, the name and residence of the father shall not be entered, only with his consent, in the form of a written declaration, signed by him in the presence of the Registrar or two witnesses, and duly acknowledged before a Notary Public. The Registrar is to furnish blank forms for this purpose. The Registrar shall not record the name of any child as the child of any person other than the mother, unless the father or mother, or both, shall appear before him and sign the record of birth, or unless he shall receive a written request to do so, signed by the father or mother, or both, and duly acknowledged before a Notary Public. The Registrar shall not record the name of any child as the child of any person other than the mother, unless the father or mother, or both, shall appear before him and sign the record of birth, or unless he shall receive a written request to do so, signed by the father or mother, or both, and duly acknowledged before a Notary Public. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child, or of the householder of the house in which such birth occurs, to report such birth to the Commissioner of Health. In the manner and within the periods above required. Any person who shall neglect or hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A52074

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 D

1. *Name of child,* Matteo Mascari
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 3 1910
5. *Place of Birth, (Street and number)* 711 S. Broadway
6. *Full name of Mother,* Tresa Mascari
7. *Mother's Maiden Name,* Tresa ~~Co~~ Piscitello
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Damiano Mascari
10. *Father's Occupation,* Fruit store.
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address, 405 Colvin st

Remarks,

1910000564

Of each child, (if any) which may have been entered, the sex, color, the full name and occupation of its parents, the date and place of birth, and whether the child was legitimate or illegitimate, shall be stated to the practitioner in the form of a certificate between the first and third day of each month, and shall by him be delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person who is in attendance, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 183075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 D

1. Name of child, Joe Natale
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 2 1910.
5. Place of Birth, (Street and number) 415 Eastern st
6. Full name of Mother, Fanny Natale
7. Mother's Maiden Name, Fanny Favari
8. Mother's Birthplace, Italy
9. Full name of Father, John Natale
10. Father's Occupation, painter
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife
Address, 405 Latrin st

Remarks, 1 9 1 0 0 0 0 0 5 6 5

of each child (if any still have been conferred), race, color, the full name and occupation of its parents, be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of the month following that in which the birth occurs. In case the birth of any child shall occur without the attendance of a physician or practitioner midwifery, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report the birth to the Commissioner of Health, in the manner and within the period above named, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Name of Child, Oscar Jos Helm
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 6th 1910
6. Place of Birth, (Street and number) 2529 W Lombard St
6. Full name of Mother, Mary Mabel Helm
7. Mother's Maiden Name, Mary Mabel Hynes
8. Mother's Birthplace, Ellicott City Md
9. Full name of Father, Thos Beall Helm
10. Father's Occupation, Blacksmith
11. Father's Birthplace, Ellicott City Md

Name of Medical Attendant, or other person who makes this Return, Wa Knell

Address, 2530 Frederick Ave

Remarks, 1910000056

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. It shall be the duty of any physician or midwife who shall be in attendance upon any case of birth which shall occur without the attendance of a physician or midwife, to report such case to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Name of child,* Morris Miller
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 12 1910
5. *Place of Birth, (Street and number)* 1424 N. High St.
6. *Full name of Mother,* Frances Miller
7. *Mother's Maiden Name,* Frances Wagner
8. *Mother's Birthplace,* America
9. *Full name of Father,* Jack Miller
10. *Father's Occupation,* Bookkeeper
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Jennie Silberman

Address, 828 E. Baltimore St.

Remarks, 1910000567

Every child born alive, or dead after the period of gestation has reached twenty weeks, shall be registered, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, or should no other person be present at the birth than the mother, then the father, midwife, or should no other person be present at the birth than the mother, then the father, midwife, or other person shall secure without the attendance of a physician or practitioner the name of the child, and shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make the returns of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. A53078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of child,* Bennie Kitt
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 27 09
5. *Place of Birth, (Street and number)* 271 Rogers Ave
6. *Full name of Mother,* Annie Kitt
7. *Mother's Maiden Name,* Annie Friedman
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Morris Kitt
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silberman

Address, 828 E. Baltimore St.

Remarks, 1910000568

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or the form of a certificate between the first and third day of each and every month to a physician or practitioner of Health. In case no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report it's birth to the Commissioner of Health, in the manner and within the period above required, and for every neglect or refusal to comply herewith, he or they shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1286.

RETURN OF A BIRTH. 33079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS BOSLEY M.D
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Name of child,* Dosie Hyman
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* June 5 1910
5. *Place of Birth, (Street and number)* 854 E Pratt St
6. *Full name of Mother,* Rosie Hyman
7. *Mother's Maiden Name,* Rosie Lutkamowitz
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Louis Hyman
10. *Father's Occupation,* Cabinet Maker
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this return, Fannie Silverman

Address, 826 E Pratt St

Remarks, 1 9 1 0 0 0 0 0 5 6 9

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month after the birth of such child. Any practitioner of Medicine, Midwifery or Surgery, or other person who shall neglect or refuse to report the birth of a child as aforesaid shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1891.

RETURN OF A BIRTH. A53080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Name of child,* Mary Clayman
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 3 1910
5. *Place of Birth, (Street and number)* 127 Hanover St
6. *Full name of Mother,* Celia Clayman
7. *Mother's Maiden Name,* Celia Greenberg
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Hyman Clayman
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silverman

Address, 820 E Baltimore St.

Remarks, 1910000570

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, within ten days of a certificate between the date of birth and the date of such delivery, to the Registrar of Vital Statistics of the Board of Health. In case of a birth occurring without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form above prescribed, and a neglect or refusal to make such report shall be deemed a misdemeanor, and the person or parents so neglecting or refusing shall be subject to the penalties of this section. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1288.

RETURN OF A BIRTH. A53081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* Solomon Wunes
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 8 1910
5. *Place of Birth, (Street and number)* 1612 Big McCleery St.
6. *Full name of Mother,* Annie Wunes
7. *Mother's Maiden Name,* Anne Krizzer
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Charles Wunes
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Fannie Silverman

Address, 828 E Balt St.

Remarks, 1910000571

of the child to say whether it be born alive or dead, the sex, color, and full name and occupation of the parents, the date and place of birth, and such other information as may be required, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall become the duty of the person or parents of such child to report birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect, refuse or willfully omit to make such report, or who shall report any false information, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1936.

CERTIFICATE AMENDED - 4/28/67

RETURN OF A BIRTH.

A53032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: SAMUEL DICKMAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

RECEIVED FOR RECORD JAN 25 1910 JAS. BOSLEY M.D. COMR OF HEALTH

1. Name of child, ~~Lee Joe~~ Dickman, SAMUEL
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 22 09
5. Place of Birth, (Street and number) 832 N. Bond St.
6. Full name of Mother, Ida Dickman
7. Mother's Maiden Name, Ida ~~Frankfurt~~ F. RADKIN
8. Mother's Birthplace, Russia
9. Full name of Father, GERSON ~~Hayman~~ Dickman
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silverman

Address, 828 E. Baltimore St

Remarks, 1910000572

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the Registrar of Vital Statistics, Board of Health, Baltimore City, at the office of the Board of Health, or to such Registrar, or should no other person be in attendance upon the mother, immediately thereafter to the

1910.

RETURN OF A BIRTH. A33083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of child,* Isreal Levin
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 19 '09
5. *Place of Birth, (Street and number)* 16 Poppleton St.
6. *Full name of Mother,* Beckie Levin
7. *Mother's Maiden Name,* Beckie Anselwitz
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Jake Levin
10. *Father's Occupation,* Store
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silverman

Address, 828 E Baltimore St.

Remarks, 1910000573

date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. If there should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons neglecting or refusing to comply with the requirements of this section shall be severally liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 23 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Mary Moses
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 14 1910
5. *Place of Birth, (Street and number)* 4 1/4 N. Bond St.
6. *Full name of Mother,* Dora Moses
7. *Mother's Maiden Name,* Dora Feldman
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Bennie Moses
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Fannie Sokolowsky

Address, 826 E. Baltimore St.

Remarks, 1910000574

of each child if any shall have been conferred; the full name and occupation of the parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form or a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the city or county in which the birth shall occur, then the parent or parents of such child, or the person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) to 3

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 8 January 1910
6. Place of Birth, (Street and number) 2040 Maura Lt
6. Full name of Mother, Mary Simmes
7. Mother's Maiden Name, Mary Kinley
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Henry Simmes
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. M L Leary

Address, 1404 N. Chester St

Remarks,

1910000575

Every case of birth, or still birth, occurring in this city, shall be reported in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th ?

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 13 th January 1910
6. Place of Birth, (Street and number) 1834 W. Lanvale St
6. Full name of Mother, Mary Knotz
7. Mother's Maiden Name, Mary Speicher
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, James Knotz
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Leapper
Address, 1704 N. Chester
Remarks,

1 9 1 0 0 0 0 0 5 7 6

The sex, color, and name and occupation of the parents of each child born alive in the City of Baltimore shall be registered with the Board of Health, and a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother or father of such child, or in case the mother or father is dead, the person in whose house or on whose premises the birth occurs, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Name of Child, John Gunzch
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, the 17 of January 1910
6. Place of Birth, (Street and number) 1314 N Chester St
6. Full name of Mother, Mary Gunsch
7. Mother's Maiden Name, Mary Hoff
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, John Gunsch
10. Father's Occupation, Brick layer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs C. Leagre

Address, 1707 N. Chester St

Remarks, 1910000577

RECEIVED FOR RECORD JAN 25 1910 JAS. BOSLEY M.D. COMR OF HEALTH

be conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth and such particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the Attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this ordinance shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 152083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, William M. Houck Jr
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, the 5 January 191
6. Place of Birth, (Street and number) 2018 E Biddle St
6. Full name of Mother, Ella Houck
7. Mother's Maiden Name, Ella Fuget
8. Mother's Birthplace, Maryland Co
9. Full name of Father, William M Houck
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Emma E. Seaman

Address, 1707 E. Chestnut St

Remarks, Full name of child added by father upon application for a transcript

1 4 1 0 0 0 0 0 5 7 8

Wm M. Houck Father

July 6 1933

This certificate is required by law, and must be filled out and returned to the Registrar of Vital Statistics, Board of Health, Baltimore, Md., within three days after the birth occurs. Blank forms will be furnished on application. Any person who shall refuse or neglect to make return of any birth at which he was present, or of which he has knowledge, within the time prescribed by law, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
SUPT. OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Name of child,* Harry Abell.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* January 14, 1910.
5. *Place of Birth, (Street and number)* 124 n. Port st.
6. *Full name of Mother,* Estella M. Abell.
7. *Mother's Maiden Name* Estella M. Kostalik.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Adam Abell.
10. *Father's Occupation,* Buttonholemaker.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Jines.

Address, ear. E. n. Port st. Baltimore Md.

Remarks, 1 9 1 0 0 0 0 0 5 7 9

Of this certificate, which must be legibly written, two counterparts are to be filled out, and the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form or a certificate between the first and third day of each and every month to the office of Commissioner or Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth occur without the attendance of a physician or midwife, it shall be the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Name of child, George Leander Hull.
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White.
4. Date of Birth January 1. 1910.
5. Place of Birth, (Street and number) 106 cr. Carley st.
6. Full name of Mother, Kattie Hull.
7. Mother's Maiden Name, Kattie Riley.
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, James Hull.
10. Father's Occupation, Machinist.
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs A M Jones.
Address, 4 C cr. Port st. Baltimore Md.
Remarks,

19100000580

of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate or report as aforesaid, or verified by the oath of such other person, within ten days after the birth. And it shall be the duty of every midwife or other person who shall after the passage of this ordinance attend upon the mother during the birth of any child to report its birth to the Commissioner of Health, in the manner above prescribed, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Name of child,* Joseph Wojtyseak Jr.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* January 6. 1910.
5. *Place of Birth, (Street and number)* 1800. Eastern Ave.
6. *Full name of Mother,* Betty Wojtyseak
7. *Mother's Maiden Name,* Betty Mazer.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Joseph Wojtyseak
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1910000581

of such child, (if any shall have been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, City Hall, and the said schedule to be delivered by a physician or practitioner of midwifery, or should no other person be in attendance, the parent or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BIGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Name of child,* Albert Pilarski.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* January 18. 1910.
5. *Place of Birth, (Street and number)* # 1221. S. Haven st.
6. *Full name of Mother,* Mary Anna Pilarski.
7. *Mother's Maiden Name,* Mary Anna Tanarski.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Andrew Pilarski.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Jinus.

Address, cor. E. and Port st. Baltimore Md.

Remarks, 19100000582

of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in charge of it, certificate between the first and third day of each and every month to the office of Commissioner of Health. In case such birth shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person shall become the duty of the person or parents of such child to report the birth as herein required, and any such person or persons who shall neglect or refuse to comply with the provisions of this Section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A53093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Name of child,* Frank Rupp.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* January 21. 1910.
5. *Place of Birth, (Street and number)* 126 S. Chappel st.
6. *Full name of Mother,* Mollie Rupp.
7. *Mother's Maiden Name,* Mollie Kiely.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Frank J. Rupp.
10. *Father's Occupation,* Watchman.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. A. M. Jones

Address, 126 S. Chappel st. Baltimore Md.

Remarks,

1910000583

of each child, if any shall have been conferred, (sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attending physician or midwife, or, should no other person have been in attendance, by the father or mother of a child born without the attendance of a physician or midwife, to the Registrar of Vital Statistics within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Dec 14 1909
6. *Place of Birth, (Street and number)* 2208 Hunter alley
6. *Full name of Mother,* Lathia Davis
7. *Mother's Maiden Name,* Lathia Smith
8. *Mother's Birthplace,* Va
9. *Full name of Father,* unknown airnal
10. *Father's Occupation,* Laber
11. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Virgie Slater

Address, 420 21st

Remarks,

1910000584

RECEIVED FOR RECORD
JAN 24 1910
JAS BOSLEY M.D
COMMR OF HEALTH

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the forms and regulations issued by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the same manner as is required of the physician and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 2/9/73

RETURN OF A BIRTH.

A50095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Name of Child, ETHEL ALBERTA CORNISH
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, 12/19 1909
6. Place of Birth, (Street and number) 1708 martin st
6. Full name of Mother, Lizzie Cornish
7. Mother's Maiden Name, Lizzie Cornish
8. Mother's Birthplace, Maryland
9. Full name of Father, William Cornish
10. Father's Occupation, Laborer
11. Father's Birthplace, Dont m 2

Name of Medical Attendant, or other person who makes this Return, Lizzie Slater

Address, 420 25th

Remarks, 1910000585

Filed 1/24/1910

RECEIVED FOR RECORD
JAN 24 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

been conferred) its sex, color, the full name and occupation of its parents; the date and place of its birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Board of Commissioners of Health. And if such birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons neglecting or refusing to comply with the provisions of this section shall be severally liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) light

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* 316 22½ st
6. *Place of Birth, (Street and number)* Jan 10 1909
6. *Full name of Mother,* Mary Starland
7. *Mother's Maiden Name,* Mary Henry
8. *Mother's Birthplace,* Dont know born in md
9. *Fult name of Father,* George Starland
10. *Futher's Occupation,* Laber
11. *Father's Birthplace,* marland

Name of Medical Attendant, or other person who makes this Return. Dr. Y. C. Slater

Address, 420 W Lt St

Remarks,

1 9 1 0 0 0 0 0 5 8 6

RECEIVED FOR RECORD
JAN 21 1910
JAS. EOSLEY, M.D.
COM'R OF HEALTH

month, and shall set forth as far as the same can be ascertained at the time: the date and place of birth; and the full name, sex, color, and surname (if any) which has been conferred; in case the child has been named by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or persons in attendance upon the mother, furnish the certificate as above required, and within the period above required, and within the manner and within this period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child.

1. *Name of Child,* Mary Agnes Johnson.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* Color race.
4. *Date of Birth,* November 4th, 1909.
6. *Place of Birth, (Street and number)* 1926 Brunt St.
6. *Full name of Mother,* Mary Prossie Paulene Johnson.
7. *Mother's Maiden Name,* Mary Prossie Paulene Gabrett.
8. *Mother's Birthplace,* 2114 Etting St., Baltimore, Md.
9. *Full name of Father,* Levi Johnson
10. *Father's Occupation,* Waitting.
11. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. M. Palmira Gatell

Address, 1129 Park Ave., Baltimore, Md.

Remarks,

RECEIVED FOR RECORD JAN 21 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

RECEIVED FOR RECORD JAN 21 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

1 9 1 0 0 0 0 0 5 8 7

been conferred) its sex, color, the name and occupation of the parents. The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such premises where the birth occurred to report the same within the period above mentioned to the Commissioner of Health, in the manner and within the period above provided for such certificate by a physician or midwife, and to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 132098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child.

1. Name of Child, Bessie Hooper.
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) Color.
4. Date of Birth, December 14, '09.
6. Place of Birth, (Street and number) 534 Hoffman St.
6. Full name of Mother, Selena Hooper.
7. Mother's Maiden Name, Selena Bailey.
8. Mother's Birthplace, Baltimore, Md.
9. Full name of Father, George Hooper.
10. Father's Occupation, Laborer Roland, Md.
11. Father's Birthplace, Undertaker.

Name of Medical Attendant, or other person who makes this Return. M. Palmira Gabell.

Address, 1129 Park Ave.

Remarks, 1 9 1 0 0 0 0 5 8 8

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

born or dead) of each child born alive, and of each fetus dead at birth, the name, sex, color, race or occupation of the parents, in the form of a certificate between the first and third day of each and every month, to the undersigned Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in whose house or tenement such birth shall occur, or who shall be present at the birth, to report its birth to the Commissioner of Health, in the manner and within the period required, and also to report the sex, color, race or occupation of the parents, and the name of the child, if it has been named. Any such person or persons who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BI[illegible]TH. A33099

To the Office of Registrar of Vital Statistics, Board of He[illegible]lth, Baltimore,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Jan
6. Place of Birth, (Street and number) 1420
6. Full name of Mother, Ella [illegible]
7. Mother's Maiden Name, Ella
8. Mother's Birthplace, [illegible]
9. Full name of Father, [illegible]
10. Father's Occupation,
11. Father's Birthplace,

Name of M[illegible]

1 9 1 0 0 0 0 0 5 8 9

the attendance at ... physician or practitioner of midwifery, or should no other mother, immediately thereafter it shall become the duty of the person or ... th to the Commissioner of Health, in the manner and within the period ... Persons who shall hereafter fail to comply with the provisions of this section shall ... of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are

1910 - 14

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. Name of Child, William Carroll Adams
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Dec 4 1909
6. Place of Birth, (Street and number) 714 22½ St
6. Full name of Mother, Jennie Addams
7. Mother's Maiden Name, Jennie Parker
8. Mother's Birthplace, Maryland
9. Full name of Father, John Addams
10. Father's Occupation, Laborer
11. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Geo Slater

Address, 1420 23rd

Remarks, 1910000005900

RECORD
JAN 21 1910
J. S. BOSLEY, M.D.
BOARD OF HEALTH

Physicians are required to report births attended by them within ten days after the birth occurs. In case the birth of any child shall occur without the attendance of a physician, it shall be the duty of the person in charge of such child or the parent or guardian of such child, in the manner and within the period above required, and such person so neglecting shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Fourth~~ 3rd

1. Name of Child, Earl William Gable
2. Sex, (state whether male or female) Male ~~Colored~~
3. Race or color, (if not of the White Race) white
4. Date of Birth, 12/12/1909
6. Place of Birth, (Street and number) 436 21 st
6. Full name of Mother, Ella J. (Colonia) ~~Gorth~~ Gable
7. Mother's Maiden Name, J. Conway
8. Mother's Birthplace, Annapolis ~~Bal Cty~~ m d
9. Full name of Father, ~~Chas Gayle~~ ~~Gorth~~ Gable
10. Father's Occupation, ~~Fireman~~ Fireman (B & O) Tenna
11. Father's Birthplace, Annapolis ~~Bal Cty~~ m d

Name of Medical Attendant, or other person who makes this Return, Lizzie Slater

Address, 420 23 st

Remarks, 1 9 1 0 0 0 0 0 5 9 1

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

...ort its birth to the Commissioner of Health, ... shall fail to comply with the ... such person or persons shall be ... forfeited to a fine of ten (10) dollars for each offense, to be recovered as ... recoverable.

RETURN OF A BIRTH.

A53103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* 12/27 1909
6. *Place of Birth, (Street and number)* 323 2½ St
6. *Full name of Mother,* Sabina Makola
7. *Mother's Maiden Name,* Sabina moor
8. *Mother's Birthplace,* Va
9. *Full name of Father,* George Makola
10. *Father's Occupation,* Laber
11. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Dr. Slater

Address, 420 23 St

Remarks, 1910000592

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Health. This schedule shall contain a list of the births that have occurred under his or her supervision of the said district during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the name and residence of the attendant at the birth. Every certificate between the first and third day of each and every month, to the office of Commissioner of Health, certifying that no birth has occurred or shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 453104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eight

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Dec 31 1909
6. *Place of Birth, (Street and number)* 124 E 18 Mountain st
6. *Full name of Mother,* Mary Jackson
7. *Mother's Maiden Name,* Mary Smith
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* William Jackson
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Geo. Slater

Address, 2202 3rd

Remarks, 1910000593

RECEIVED FOR RECORD
JAN 24 1910
JAS. BOSLEY M.D.
REGISTRAR

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of each child born alive in the city of Baltimore, and not reported on a previous schedule, shall be returned on the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth within ten days, and the neglect to report such birth as herein required by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Jan 8 1901
6. *Place of Birth, (Street and number)* 340 27½
6. *Full name of Mother,* Gizzie Jonson
7. *Mother's Maiden Name,* Gizzie Spanley
8. *Mother's Birthplace,* Col Co Md
9. *Full name of Father,* William Jonson
10. *Father's Occupation,* Grafer
11. *Father's Birthplace,* Col Co Md

Name of Medical Attendant, or other person who makes this Return, Gizzie Porter

Address, 420 27½

Remarks, 1 9 1 0 0 0 0 0 5 9 4

RECEIVED FOR RECORD JAN 21 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

Health. The schedule shall contain a list of the names and residences of all persons required by the Commissioner of Health to report births that have occurred under his or her care during the month, and shall set forth as fully as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health within ten days after the end of the month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or parent who shall neglect to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be sentenced to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* 1/16 1901
6. *Place of Birth, (Street and number)* 321 21½ St
6. *Full name of Mother,* Willie Saintrose
7. *Mother's Maiden Name,* Willie Davis
8. *Mother's Birthplace,* Va
9. *Full name of Father,* Adolph Saintrose
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return, Lizzie Pleasants

Address, 420 23 St

Remarks, 1 9 1 0 0 0 0 0 0 5 9 5

ACCEPTED FOR RECORD
JAN 21 1910
J. S. EGGLEY, M.D.
COM'R OF HEALTH

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and place of birth, and shall be delivered by the attendant to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and be the duty of such person to report in writing to the office of Commissioner of Health within the period above required, and in such manner as shall be prescribed by the Board of Health, the particulars required, and every such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Name of child,* Allen Tucker Hicks
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* Jan 8th 1910
5. *Place of Birth, (Street and number)* 1917 Lapp St
6. *Full name of Mother,* Mary Hicks
7. *Mother's Maiden Name,* Mary Higgs
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Joseph Hicks
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Milnes Bostwick M.D.

Address, Franklin Square Hospital

Remarks, 1910000005 96

RECEIVED FOR RECORD
JAN 24 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

...bigor her care during the month, and shall furnish a list of the births which have occurred under ...of each child, if any shall have been conferred; sex, color, the full name, and residence of the father; the ...date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form ...of a certificate between the first and third day of each and every month to the office or Commissioner of ...Health. In case no births occur during the month, a report to that effect shall be made. Any physician or ...midwife, or should no other person be in attendance upon the mother, physician or practitioner or ...shall become the duty of the person or parents of such child to report its birth to the Commissioner of ...Health, in the manner and within the period above required, and any such person or persons who shall ...neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars ...for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth child.

1. *Name of Child,* Philip Underwood
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* Color race.
4. *Date of Birth,* November 8th, 1909.
6. *Place of Birth, (Strect and number)* 1005 Jenkins Alley.
6. *Full name of Mother,* Ethel Underwood
7. *Mother's Maiden Name,* Ethel Smith.
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full name of Father,* Philip Underwood.
10. *Father's Occupation,* Labor work.
11. *Father's Birthplace,* Richmond, Va.

Name of Medical Attendant, or other person who makes this Return. M. Palmira Spatell.

Address, 1129 Park Ave.

Remarks, 1 9 1 0 0 0 0 0 5 9 7

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall be certified by the practitioner in the form indicated. If any shall have been omitted, he or she shall add the same on the next schedule to be rendered. If no birth has occurred, a report shall be rendered stating that fact. The full name and occupation of its Parents; the date and place of birth; and the name and residence of the physician or practitioner of midwifery, or other person who attended on the mother. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form indicated. If any shall have been omitted, he or she shall add the same on the next schedule to be rendered. If no birth has occurred, a report shall be rendered stating that fact. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner provided above, and the penalty for failure to comply with the provisions of this section shall be any such person or persons to be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been named), sex, color or race, and residence of parents, and date of birth of each child, and every such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, the occupant of the house or tenement where such birth occurs shall cause such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child.

1. *Name of Child,* Jerome Francisco Fonseca
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* Color Race.
4. *Date of Birth,* November 13th, 1909.
6. *Place of Birth, (Street and number)* 739 George st.
6. *Full name of Mother,* Theresa Fonseca
7. *Mother's Maiden Name,* Theresa Branson.
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full name of Father,* Pedro Francisco Fonseca
10. *Father's Occupation,* Waiter
11. *Father's Birthplace,* Portugal

Name of Medical Attendant, or other person who makes this Return, M. Palmira Lyatell.

Address, 1129 Park Ave.

Remarks, 1910000005 98

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

RETURN OF A BIRTH.

153110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of Child,* Benjamin Royal Washington,
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Negro
4. *Date of Birth,* Oct 13, 09,
6. *Place of Birth, (Street and number)* 1553 Woodyear St.
6. *Full name of Mother,* Olive Lavinia Washington
7. *Mother's Maiden Name,* Evans
8. *Mother's Birthplace,* Washington Co. Ind.
9. *Full name of Father,* Benj Royal Washington
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, Rose C. Faughnan,
Address, Women's Medical College
Remarks, 1 9 1 0 0 0 0 0 5 9 9 city.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, in the manner and within the period above required, and shall deliver upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, James Henry Mears jr.
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Negro
4. Date of Birth, Oct. 16, 1909
6. Place of Birth, (Street and number) 1309 Shields Alley.
6. Full name of Mother, Sara Garrison Mears.
7. Mother's Maiden Name, " "
8. Mother's Birthplace, Va.
9. Full name of Father, James Henry Mears
10. Father's Occupation, Stevedore,
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Rose C. Laughman,
Address, Woman's Medical College, City.
Remarks, 1 9 1 0 0 0 0 0 6 0 0

Health. The records shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained by diligent inquiry, the name and residence of the parents, the date and place of birth, and the sex and color of each child. If any child be born without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. *Name of Child,* Edward
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Nov 28 09
6. *Place of Birth, (Street and number)* 932 N Howard St
6. *Full name of Mother,* Annie Truitt
7. *Mother's Maiden Name,* " " Pratt
8. *Mother's Birthplace,* Essex C. Va
9. *Full name of Father,* Robert Truitt
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Eugenia Cohn

Address, Women's Med. Col. City

Remarks, 1910000601

The Revised Code contains a list of the births that have occurred under his or her care during the month, and shall set forth so far as the same can be ascertained the name and residence of the parents, the sex of the child, the number of its parents, the date and place of birth, and the name and residence of the physician or midwife present at the birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in charge of the mother to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected, to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Name of Child, Gertrude America Koehne
2. Sex, (state whether male or female) F.
3. Race or color, (if not of the White Race) W.
4. Date of Birth, Jan. 5. 1909
6. Place of Birth, (Street and number) Overlea Ave
6. Full name of Mother, Anna Koehne Balto Co
7. Mother's Maiden Name, " Peters
8. Mother's Birthplace, Balto. Md. ~~Baltimore~~ Co.
9. Full name of Father, Louis Koehne
10. Father's Occupation, Minister
11. Father's Birthplace, Westphalia Ohio.

Name of Medical Attendant, or other person who makes this Return, Ernest L. Ehnert.

Address, 1419 E. Eager St.

Remarks, 19100000602

RECEIVED FOR RECORD
APR 21 1910
JAS. BOSLEY, M.D.
REGISTRAR OF VITAL STATISTICS

NOTE. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said other shall be delivered to the midwife or other person in charge of the case, or to the parents, on or before the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,* Mary Eugenia Formey
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* Jan 12/10
6. *Place of Birth, (Street and number)* 1126 Argyle ave
6. *Full name of Mother,* Cecelia Pauline Formey
7. *Mother's Maiden Name,* " Hahn
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* J. Edward Formey
10. *Father's Occupation,* Draper
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Carlton McCosh

Address, 1137 W. Lanvale St.

Remarks, 1910000603

RECEIVED FOR RECORD JAN 21 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Health. This schedule shall contain a list of the questions to be furnished by the Commissioner of Health, and answered by the person reporting each birth. It shall be the duty of every physician, midwife or other person having charge of the case, to report to the Commissioner of Health, within ten days after the birth occurs, the information required by this schedule

GIVEN NAME ADDED 3-3-58

RETURN OF A BIRTH.

A53115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,* Erma Gertrude Krug
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 17 10
5. *Place of Birth, (Street and number)* St Josephs Hospital
6. *Full name of Mother,* Matilda Krug
7. *Mother's Maiden Name,* Schaup
8. *Mother's Birthplace,* City
9. *Full name of Father,* Gustav Krug
10. *Father's Occupation,* Ornamental Iron Worker
11. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, C M Cook

Address, 1107 W Lanvale St

Remarks, 1910000006 04

RECEIVED FOR RECORD
JAN 21 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted from the certificate of birth,) the sex and color of each child, the date and place of birth, and the full name, residence, occupation of its parents; the date and place of birth, and the number of children born to such mother. In the form of a certificate to be used by physicians or midwives, the said schedule shall be delivered, duly signed by such physician or midwife, to the person or parents of such child, on the third day of each and every month, to the office of Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form of a certificate to be used by such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d) &c.) 3rd

1. *Name of Child,* Fred Wm Saudrs.
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* W.
4. *Date of Birth,* Jan 4. 1910
6. *Place of Birth, (Street and number)* 1610 N Monford.
6. *Full name of Mother,* Mary Saudrs
7. *Mother's Maiden Name,* " Rommel
8. *Mother's Birthplace,* Balto C.
9. *Full name of Father,* Fred Wm Saudrs.
10. *Father's Occupation,* Driller.
11. *Father's Birthplace,* Balto County.

Name of Medical Attendant, or other person who makes this Return. E. L. Lehnert.

Address, 1419 E. Eager St.

Remarks,

1910000605

month, and shall not forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the number of births and the number of children of the mother living, and the interval between the first and last child, and every person in charge of any child shall report to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of such mother to report to the Commissioner of Health, in the manner and within the period above required, and such report shall be signed by her. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of Child,* Pasquale Sorrentino
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan. 18th 1910
6. *Place of Birth, (Street and number)* 1529 E. Madison St.
6. *Full name of Mother,* Grace Sorrentino
7. *Mother's Maiden Name,* Grace Mandri
8. *Mother's Birthplace,* Balto. Md.
9. *Full name of Father,* Domenic Sorrentino
10. *Father's Occupation,* Builder
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, A. Palmisano M.D.

Address, 316 S. Exeter St.

Remarks, 1910000606

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so required to report its birth to the Commissioner of Health, to make and sign the return of such child as aforesaid, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Name of Child, Mason Engle
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 19. 10.
6. Place of Birth, (Street and number) 1122 N Mount St
6. Full name of Mother, Mary Engle.
7. Mother's Maiden Name, Elizabeth Ann Meter
8. Mother's Birthplace, West Virginia
9. Full name of Father,
10. Father's Occupation,
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, S. A. Geagley.

Address, Md Homeopathic Hospital.

Remarks, [illegible]

RECEIVED FOR RECORD
JAN 21 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and third day of each and every month, by the person or some one of the persons who shall be present at the birth of such child, or by the nurse in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited; and any such person, or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Name of child,*	Francis Cappelletti
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	January 15, 1910.
5. *Place of Birth, (Street and number)*	117 N. Rose St
6. *Full name of Mother,*	Catherine Cappelletti
7. *Mother's Maiden Name,*	Catherine Apicella
8. *Mother's Birthplace,*	Italy
9. *Full name of Father,*	Jno Cappelletti
10. *Father's Occupation,*	Tailor
11. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return,	Eugene L. Bevagna, M.D.
Address,	2314 E. Baltimore St
Remarks,	1910000608

RECEIVED FOR RECORD
JAN 24 1910
JAS. BOSLEY, M.D.
REGISTER OF VITAL STATS.

Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother at the birth of such child, it shall become the duty of the occupant of the house in which such birth occurs to report the same to the Commissioner of Health within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 453120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,* Edith May Robinson
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* January 17 1910
6. *Place of Birth, (Street and number)* Balto 928 South Eutaw
6. *Full name of Mother,* May Bell Robinson
7. *Mother's Maiden Name,* May Bell Chapman
8. *Mother's Birthplace,* Hanover Co. Va.
9. *Full name of Father,* Charles Watson Robinson
10. *Father's Occupation,* Marble Packer
11. *Father's Birthplace,* Amelia Co. Va.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 884 Tyson st

Remarks,

1 9 1 0 0 0 0 0 6 0 9

RECEIVED FOR RECORD JAN 25 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as near as can be ascertained the full name of each child, (if any shall have been conferred) its sex, color the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the officer of health of the district in which the birth occurred, who shall thereupon pay to such practitioner or midwife, as the case may be, fifty cents for each birth duly reported and attendance upon the mother, immediately thereafter; it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person, or parents neglecting or refusing to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month; and every midwife, or other person who shall in any manner assist at the birth of a child, and every nurse who shall be in attendance upon the mother, immediately thereafter (i shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to make such report, or to cause the same to be made, as herein required, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,* James Albert G McPherson
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Jan. 14, 1910
6. *Place of Birth, (Street and number)* Baltimore 222 W Chase st
6. *Full name of Mother,* Catherine McPherson
7. *Mother's Maiden Name,* Catherine Brown
8. *Mother's Birthplace,* Washington
9. *Full name of Father,* James McPherson
10. *Father's Occupation,* Butler
11. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 884 Tyson st.

Remarks, 1910000610

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

A33122

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Agostina Teresa Cimino
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 26 November 1909
6. Place of Birth, (Street and number) 2230 Hillen Street
6. Full name of Mother, Santa Cimino
7. Mother's Maiden Name, Santa D'Anno
8. Mother's Birthplace, Italy
9. Full name of Father, Salvatore Cimino
10. Father's Occupation, Shoemaker
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Joseph Barone M.D.

Address, 704 N. Green Street

Remarks,

19100000611

(Sects. 8, 9, 10 and 11 of Act of 1898 can be ascertained by the full name of each child. If any shall have been omitted, the Return will be defective. Sect. 10 requires the occupation of its parents; the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, Anna Scalea
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 25 November 1909
6. Place of Birth, (Street and number) 1305 N Fremont Ave
6. Full name of Mother, Maria Scalea
7. Mother's Maiden Name, Maria Colosterone
8. Mother's Birthplace, Italy
9. Full name of Father, Saverio Scalea
10. Father's Occupation, Fruiterer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barranco M.D.

Address, 204 N. Greene Street

Remarks, 1910000612

Every physician or midwife in attendance upon a birth shall report the full name of each child, (if any shall have been born previous to the birth to which he was in attendance,) the sex, color, the full name and occupation of its parents; the date and place of birth; and the number of such child, if born alive or dead, which report shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

CERTIFICATE AMENDED 9-27-65

RECEIVED FOR RECORD JAN 25 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of Child, Angelina Chioti, Angela
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 19 November 1909
6. Place of Birth, (Street and number) 24 S. High Street
6. Full name of Mother, Maria Chioti
7. Mother's Maiden Name, Maria Bruna
8. Mother's Birthplace, Italy
9. Full name of Father, Vincenzo Chioti
10. Father's Occupation, Tailor
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barrone M.D.

Address, 104 N. Green Street

Remarks,

1910000613

Births are required by law to be reported within ten days, and in the case of children born in institutions within six hours after birth. The full name of each child, (if any shall have been conferred,) the sex, color, date of birth, name and occupation of its parents, the date and place of birth, and the residence of the parents at the time of birth, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the same certificate as herein required shall be delivered, duly signed by the person or parents of such child, to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall thereafter become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, Salvatora Marsiglia
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 11 November 1909
6. Place of Birth, (Street and number) 308 N. Pearl Street
6. Full name of Mother, Carmela Marsiglia
7. Mother's Maiden Name, Carmela Marsiglia
8. Mother's Birthplace, Italy
9. Full name of Father, Antonino Marsiglia
10. Father's Occupation, Fruiterer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barrouco M.D.
Address, 104 N. Irene Street
Remarks, The husband and wife are cousins

1910000614

(If any child be born alive and shall die without having been named, the name and occupation of its parents, the date and place of birth, and the said information shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents or person in charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECORD
JAN 25 1910
JAS. BOSLEY M.D.
COMMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Name of Child,* Josephine Geppi
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 14 December 1909
6. *Place of Birth, (Street and number)* 519 W. Saratoga Street
6. *Full name of Mother,* Pauline Geppi
7. *Mother's Maiden Name,* Pauline Traimontano
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Giovanni Geppi
10. *Father's Occupation,* Furniture
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Joseph Barrow M.D.

Address, 104 N. Green Street

Remarks, 19100000615

Every midwife or other person (not a physician) who shall assist at the birth of any child, and every person having charge of any child born without assistance, shall, within ten days after the birth of such child, cause the full name of such child (if any shall have been conferred), the sex, the color, the full name and occupation of its parents, the date and place of birth, and the residence of the parents, to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or in case the physician or practitioner in attendance shall neglect or refuse to report such birth, it shall be the duty of the person or parents of such child or other person having charge of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Franceschina Cicero
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 10 October 1909.
6. Place of Birth, (Street and number) 23 Curley street
6. Full name of Mother, Carmela Cicero
7. Mother's Maiden Name, Carmela Foti
8. Mother's Birthplace, Italy
9. Full name of Father, Carmelo Cicero
10. Father's Occupation, Shoemaker
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barrone M.D.

Address, 204 N. Bruce Street

Remarks,

19100000616

Every physician or midwife in attendance upon a birth shall write the full name of each child (if any shall have been born) and the name and occupation of the parents, the date and place of birth; and the said physician or midwife shall, within ten days after such birth, deliver to the person or parents of such child, if living within the city, a certificate in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then the person in attendance upon the mother at the said birth shall, within the period above required, and in the manner and form above prescribed, make and deliver to the Commissioner of Health, a certificate of such birth; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of Child, Mary Cimino
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 22 September 1909
6. Place of Birth, (Street and number) 336 Forrest street
6. Full name of Mother, Rosa Cimino
7. Mother's Maiden Name, Rosa Zaccari
8. Mother's Birthplace, Italy
9. Full name of Father, Pasquale Cimino
10. Father's Occupation, Fruiterer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barrocco M.D

Address, 204 N Green Street

Remarks,

19100000617

Every child born within the limits of Baltimore City shall be registered with the Commissioner of Health, and the name and residence and occupation of its parents, the date and place of birth, and the sex of the child, shall be entered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no certificate of such attendance upon the birth be delivered as aforesaid within the time and in the manner and within the period above required, and such a report be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Name of Child, Mario Serio
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 12 September 1909
6. Place of Birth, (Street and number) 212 Pearl Street
6. Full name of Mother, Mario Serio
7. Mother's Maiden Name, Mario Faraci
8. Mother's Birthplace, Italy
9. Full name of Father, Giuseppe Serio
10. Father's Occupation, Fruitarer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barranco M D

Address, 204 N. Green Street

Remarks,

19100006 18

Every child born alive in the State of Maryland, after the first day of January, 1910, shall be registered as hereinafter provided. The name of each child born in a family shall be entered within five days after the birth, and the full name of every child born thereafter in such family shall be entered within five days after the birth. If any child shall be born dead after the fifth month of pregnancy, or if any child born alive shall die before the same shall be registered, a return shall be made setting forth the cause of such stillbirth or death, and the name, if any, given to such child. In case the birth or death occurs in a hospital, almshouse, or other institution, the return shall be made by the superintendent or manager thereof. In case the birth occurs without the attendance of a physician or midwife, or should no other person be required to make return of such birth, the return shall be made by the parent of such child. The return of each birth shall be made in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the return shall be made by the parent of such child. The return of each birth shall be made in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required to make return of such birth, the return shall be made by the parent of such child. The return of each birth shall be made in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of Child, Concettina Marzullo
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 7 September 1909
6. Place of Birth, (Street and number) 2021 W. Lafayette Ave
6. Full name of Mother, Rosa Marzullo
7. Mother's Maiden Name, Rosa Sekio
8. Mother's Birthplace, Italy
9. Full name of Father, Vincenzo Marzullo
10. Father's Occupation, Shoemaker
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barrocco M.D.

Address, 304 S. Front Street

Remarks,

1910000619

If any child born alive in a family shall not be reported as the law requires, the name of such child (if any child have been conferred) its sex, color, and the names and residence of its parents, the date and place of birth, and the said return shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the father, if he shall be present, or the mother or some person present, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Name of Child, Rosy La Martina
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 1 September 1909
6. Place of Birth, (Street and number) 203 Jefferson Street
6. Full name of Mother, Adelina La Martina
7. Mother's Maiden Name, Adelina Garbo
8. Mother's Birthplace, Italy
9. Full name of Father, Vincenzo La Martina
10. Father's Occupation, Fruiterer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Baronio M.D.

Address, 214 N. Greene Street

Remarks,

1910000620

be conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parent of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

453132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of Child, Luigi LaGiosa
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth, 01 October 1909
6. Place of Birth, (Street and number) 865 Fremont Ave
6. Full name of Mother, Teresa LaGiosa
7. Mother's Maiden Name, Teresa Schiaborrasi
8. Mother's Birthplace, Italy
9. Full name of Father, Giuseppe LaGiosa
10. Father's Occupation, Barber
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barranco MD

Address, 201 N. Greene Street

Remarks,

19100000621

been conferred, its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or in case the midwife or physician in attendance shall neglect or refuse to report the same within the period above required, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child, Salvatore Polunisano
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 27 September 1909
6. Place of Birth, (Street and number) 1301 Easter ad
6. Full name of Mother, Margherita Polunisano
7. Mother's Maiden Name, Margherita Ciuffre
8. Mother's Birthplace, Italy
9. Full name of Father, Antonino Polunisano
10. Father's Occupation, Trusterer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barrone M.D.

Address, 204 N. Gretz Street

Remarks,

1910000622

RECEIVED FOR RECORD JAN 25 1910 JAS. BOOLEY, M.D. COM'R OF HEALTH

(name of child) by sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife present at the birth, if there was such physician or midwife present; that if the child was born on board a vessel while in port, the return of birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, then it shall be the duty of the father, mother, householder or other person present at the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
SUP'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, Salvatore Foute
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 20 September 1909
6. Place of Birth, (Street and number) 614 W. Saratoga
6. Full name of Mother, Domenica Foute
7. Mother's Maiden Name, Domenica Alascia
8. Mother's Birthplace, Italy
9. Full name of Father, Giuseppe Foute
10. Father's Occupation, Tailor
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Joseph Barrows M.D.
Address, 106 N. Green Street
Remarks,

1910000623

be enforced) he or she, or the full name and occupation of its parents; the date and place of birth; and the said child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then the owner, agent or lessee of the house in which the mother of such child is delivered, or the person in charge of the premises at the time of such delivery, shall report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

rm. 1936.

RETURN OF A BIRTH. A53135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of child, Umberto Giannoccini
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth 31st August 1909
5. Place of Birth, (Street and number) 116 W. Cross Street
6. Full name of Mother, Caterina Giannoccini
7. Mother's Maiden Name, Caterina Bacicalupo
8. Mother's Birthplace, Italy
9. Full name of Father, Tommaso Giannoccini
10. Father's Occupation, Workman
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barranco M.D.
Address, 204 W. Greene Street

Remarks, 1910000624

Every physician or midwife in attendance upon a birth shall, within ten days after the same, ascertain the full name and place of birth of the child, and shall be entitled to receive from the Commissioner of Health a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or midwife, it shall be the duty of the father, mother, householder or other person having knowledge of the same, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

A33136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 26 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 24 th
5. *Place of Birth, (Street and number)* 1424 ~~Old~~ Towson st Balto
6. *Full name of Mother,* Lizzie Mack
7. *Mother's Maiden Name,* Spade
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* John Mack
10. *Father's Occupation,* Solar
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Caroline Ryer

Address, 1475 Garrett Ave

Remarks, 1910000625

or care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), sex, color, the full name and occupation of its parents, the date and place of birth, and the address of the house in which the mother resides. Such return shall be delivered, duly signed by the practitioner in the form of a written or printed report, at the office of the Registrar of Vital Statistics, Board of Health, or mailed to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the same manner as is prescribed for physicians and midwives; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. A53137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 29 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* January 15th 1910
6. *Place of Birth, (Street and number)* 716 N. Eutaw St
6. *Full name of Mother,* Nettie McSwany
7. *Mother's Maiden Name,* Nettie De Voe
8. *Mother's Birthplace,* Illinois
9. *Full name of Father,* James McSwany
10. *Father's Occupation,* Car Builder
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, O. N. Dewalt M.D

Address, 1316 N. Monroe St

Remarks,

1910000626

Penalty for neglect. Sec. 5. And be it further enacted, That it shall be the duty of the parent, or parents, of each child born in the State of Maryland, and in case the parent or parents shall neglect or refuse, then it shall be the duty of the person having charge of such child, to cause the full name of such child to be recorded in the office of the Registrar of Vital Statistics of the city or county where such child was born, within ten days after the birth of such child, and in case the parent or parents, or person having charge of such child, shall neglect or refuse for the space of ten days after the birth of such child, to cause the name of such child to be recorded as aforesaid, then such parent or parents, or person having charge of such child, shall be liable to a fine of ten dollars, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
JAN 26 1910
SAM'L BOOLEY, M.D.
BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B. A53138

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 293 St Paul St.; 12 Ward)

(2) FULL NAME OF CHILD Joseph Cooney

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 1909 (Year)
Male	—	4th	Yes	Dec. 24

FATHER

(8) FULL NAME Wm L Cooney
(9) RESIDENCE 293 St Paul St
(10) COLOR White
(11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Baltimore Md
(13) OCCUPATION Merchant
(20) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME Mary M Gruchen
(15) RESIDENCE 293 St Paul St
(16) COLOR White
(17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Baltimore Md
(19) OCCUPATION Housewife
(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.45 P M., on the date above stated.

(23) Signature Jno Dooley MD (Physician or Midwife)

Address 5 E Mt Royal ave

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

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A53139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Name of child,* George Lexander Davis
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Color
4. *Date of Birth* 12 January
5. *Place of Birth, (Street and number)* 545 Oxford
6. *Full name of Mother,* Lottie Davis
7. *Mother's Maiden Name,* Lottie Burden
8. *Mother's Birthplace,* North Carolina
9. *Full name of Father,* Lexander Davis
10. *Father's Occupation,* Cook
11. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Mary Gibson 5170 Fd

1910 00000628

RECEIVED FOR RECORD
JAN 27 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

The Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and residence of the parent or parents of each child born, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered to the Commissioner of Health within the first ten days of each and every month to the office of Commissioner of Health. To each birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons present at the birth immediately thereafter to make a certificate between the 4th and 3rd day of each and every month to the office of Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 27 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Name of Child: John M. Williams	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 4/10
4. Place of Birth, (Street and Number)	3557 McCulloh St
5. Full Name of Mother,	Indiana Williams
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edgar Williams
9. Father's Occupation,	Street Car Way
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return	Henry McSaffey M.D.
Address,	1910 00062 [illegible]

...ame, sex, color, the full name and occupation of its parents, the date and place of birth, and the ...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...each and every month to the office of the Commissioner of Health, a return of every birth ...(1) one dollar for each neglect or refusal to make such return as aforesaid; and (2) if any midwife, or ...upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...(1) its birth to the Commissioner of Health, in the manner and within the period above required, and ...or person who shall hereafter fail to comply with the requirements of this section shall be subject to ...ne of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 27 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 25/10
5. *Place of Birth, (Street and number)* 1143 Riverside Ave
6. *Full name of Mother,* Catherine Burns
7. *Mother's Maiden Name* Fitz
8. *Mother's Birthplace,* America
9. *Full name of Father,* Thomas Burns
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Caroline Schwarz

Address, 434 Fort Ave

Remarks, 1910000006300

...ls or her care during the month, and shall set forth as far as he can be ascertained the date of birth of each child born alive, which have occurred under ...date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form ...of a certificate, to the Registrar of Vital Statistics, on the first Tuesday of each month. ...Health. In case the birth of any child shall occur during the absence of the ...midwifery, or should no other person be in attendance upon the mother, immediately thereafter it ...shall become the duty of the person or persons of such child to report its birth to the Commissioner or ...Health. In any case where a birth certificate is required, and any such person or persons who shall ...herein fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars ...for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 03142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 27 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 22/10
5. *Place of Birth, (Street and number)* 1420 Pettit
6. *Full name of Mother,* Tanza Deihl
7. *Mother's Maiden Name,* Lelark
8. *Mother's Birthplace,* America
9. *Full name of Father,* Nicholas Diehl
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz
Address, 134 Fort Ave
Remarks,

1 9 1 0 0 0 0 0 6 3 1

...ers duly signed by the practitioner in charge of the case during the month, and shall set forth as far as the same can be ascertained the full name of each child (or any child that may be still-born) born during the month, the sex, color, the full name of the parents, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, or by the midwife in attendance upon the birth, to the office of Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or midwife, or should no other person be in attendance upon the birth of such child, then the father or mother of such child shall report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by law.

RETURN OF A BIRTH.

A53143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 28 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Howard Vernon Jennings
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 27
6. Place of Birth, (Street and number) 1647 William
6. Full name of Mother, Marie Adeline Jennings
7. Mother's Maiden Name, Peterson
8. Mother's Birthplace, Balto
9. Full name of Father, Howard B Jennings
10. Father's Occupation, Jewellery mfg
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, B Fenby Jones M.D.

Address, 1 W Fayette

Remarks, Premature Birth 7th Factus Deceased

1910000632

been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said officer shall forward the certificate between the first and third day of each and every month to the Office of Commissioner of Health. And if any child born in this City shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in writing to the Commissioner of Health the said birth, and the particulars required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED

RETURN OF A BIRTH. A53144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 28 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child, CAROLINE MARGARET LEILICH
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 27 1910
6. Place of Birth, (Street and number) 604 E Clement St
6. Full name of Mother, Rose Cecilia Leilich
7. Mother's Maiden Name, Yeager
8. Mother's Birthplace, Allentown Kans
9. Full name of Father, John Leilich
10. Father's Occupation, Car Motorman
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Linthicum Jas MD

Address, 102 E Fort Ave

Remarks, 1910000633

The Midwife or person in attendance on the parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance as herein provided, then it shall be the duty of the father or mother of such child, within ten days after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 5/16/12

RETURN OF A BIRTH. A53145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

CITY RECORD
JAN 28 1910
JAS. BOSLEY, M.D.
COMM. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Name of Child,*	DELHA ELIZABETH SNYDER
2. *Sex,* (state whether male or female)	Female
3. *Race or color,* (if not of the White Race)	White
4. *Date of Birth,*	January 25-1910
6. *Place of Birth,* (Street and number)	1103 Woodbey St.
6. *Full name of Mother,*	Lillian Snyder
7. *Mother's Maiden Name,*	Lillian Wefaer
8. *Mother's Birthplace,*	Maryland
9. *Full name of Father,*	Wesley Snyder
10. *Father's Occupation,*	Carpenter
11. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	L. a. Richardson M.D.
Address,	113 W. 25th St.
Remarks,	1910000006344

Each child born alive, or its parent, shall give the full name and occupation of its parents; the date and place of birth; and the said schedule shall be filled out, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the parent shall have the duty of reporting the same within the period above required, and such parent shall be liable to the penalty for neglect of duty as herein provided. Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 2-9-69

A93146

To the Office of Registrar of Vital Statistics, ~~Board~~ of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Name of child, ~~Katherine~~ Doost, Marie Katherine
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white race
4. Date of Birth January, 27th 1910
5. Place of Birth, (Street and number) 2703 Wilkens Ave.
6. Full name of Mother, Ida Doost
7. Mother's Maiden Name, Ida Steinwedel
8. Mother's Birthplace, Baltimore, Md
9. Full name of Father, Louis Doost
10. Father's Occupation, Manufacturer of Soaps
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Hedrich

Address, 2151 Wilkens Ave.

Remarks,

1910000635

RECEIVED RECORD JAN 28 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

Any person who shall neglect to report the birth of any child, as required by this section, within the period above specified, shall become liable to a fine of not less than five (5) dollars nor more than fifty (50) dollars, to be recovered as other fines and forfeitures are recoverable.

Any person who shall neglect to report the birth of any child, as required by this section, within the period above specified, shall become liable to a fine of not less than five (5) dollars nor more than fifty (50) dollars, to be recovered as other fines and forfeitures are recoverable.

Any person who shall neglect to report the birth of any child, as required by this section, within the period above specified, shall become liable to a fine of not less than five (5) dollars nor more than fifty (50) dollars, to be recovered as other fines and forfeitures are recoverable.

Any person who shall neglect to report the birth of any child, as required by this section, within the period above specified, shall become liable to a fine of not less than five (5) dollars nor more than fifty (50) dollars, to be recovered as other fines and forfeitures are recoverable.

Any person who shall neglect to report the birth of any child, as required by this section, within the period above specified, shall become liable to a fine of not less than five (5) dollars nor more than fifty (50) dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 28 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Name of Child, Lena Grant
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Jan. 4, 1910
6. Place of Birth (Street and number) 1616 Pinkney st.
6. Full name of Mother, Evelina Grant
7. Mother's Maiden Name, " Lee
8. Mother's Birthplace, Balto City
9. Full name of Father, James Grant
10. Father's Occupation, Laborer
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Jane Butler

Address, 604 Vincent st

Remarks, 1 9 1 0 U 0 0 0 0 6 3 6

been certified by a physician or midwife, or if there be no physician or midwife in attendance, by the householder or other person having knowledge of the facts, to the Registrar of Vital Statistics, within five days after such birth, and before interment is made; and if the child shall be still-born, or shall die before a certificate of birth shall have been obtained, the fact shall be reported

RETURN OF A BIRTH. 453148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 28 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Name of Child, Albert Arthur Brown
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Dec. 11, 09
6. Place of Birth, (Street and number) 1610 Pressbury st.
6. Full name of Mother, John Brown Elsie Brown
7. Mother's Maiden Name, " Matthews
8. Mother's Birthplace, Balto. city
9. Full name of Father, John Brown
10. Father's Occupation, Porter
11. Father's Birthplace, Balto. city

Name of Medical Attendant, or other person who makes this Return, Jane Butler

Address, 1604 Vincent st.

Remarks, 1 9 1 0 U 0 0 0 6 3 7

born conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the said no other person, in charge, or having charge of the said child, or the parents, or either of them, shall neglect to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

153149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, before the third day of each and every month, to the Commissioner of Health, from which the record of any child shall be wanting, and every month, physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of Child,* Robt William Schneppe
2. *Sex, (state whether male or female)* M
3. *Race or color, (if not of the White Race)* W
4. *Date of Birth,* Jan 20 1910
6. *Place of Birth, (Street and number)* 957 Frederick Ave
6. *Full name of Mother,* Ida Schneppe
7. *Mother's Maiden Name,* Ida Shelk
8. *Mother's Birthplace,* Balto City
9. *Full name of Father,* Albert W Schneppe
10. *Father's Occupation,* Lawyer
11. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. R G Davis MD

Address, 1507 N Carolina

Remarks,

RECEIVED FOR RECORD
JAN 28 1910
JAS. BOOLEY, M.D.
COMR OF HEALTH

19100000638

RETURN OF A BIRTH.

A53130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

born or offered) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or such other person as may be in attendance, the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. Name of Child, Henry J. (Baby) Schaefer

2. Sex, (state whether male or female) Male.

3. Race or color, (if not of the White Race) White.

4. Date of Birth, Jan 19th - 1910.

6. Place of Birth, (Street and number) St. Luke's Hospital 116 W. North Ave.

6. Full name of Mother, Mrs. Elizabeth Mary Schaefer

7. Mother's Maiden Name, Elizabeth Mary Kobasiek.

8. Mother's Birthplace, Balto. Md.

9. Full name of Father, Charles Schaefer

10. Father's Occupation, Butcher.

11. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Cornelia A. Zimmerman M.D.

Address, 1805 W. North ave.

Remarks, 1910000639

RECEIVED FOR RECORD
JAN 28 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

RETURN OF A BIRTH. A53151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 29 1910
S BOSLEY M.D.
OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth one

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 16th 1910
6. *Place of Birth, (Street and number)* #2240 Cambridge St
6. *Full name of Mother,* Mary Hasling
7. *Mother's Maiden Name,* Mary Cole
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Julis Hasling
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E. Gregory

Address, 2001 Bank St. Balto. Md.

Remarks, 1910000006 40

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above named; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 153152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 29 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. 16. 1910
6. Place of Birth, (Street and number) 1900 Glendenin St.
6. Full name of Mother, Mary C. Keefe
7. Mother's Maiden Name, " Jurkstich
8. Mother's Birthplace, Balto
9. Full name of Father, Patrick O. Keefe
10. Father's Occupation, Iron Moulder
11. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Jurkstich

Address, 2859 W. Fulton Ave

Remarks, 1 9 1 0 0 0 0 0 6 4 1

Every child born alive in the City of Baltimore, after the first day of January, 1911, shall have a certificate of birth made out and registered in the office of the Registrar of Vital Statistics, Board of Health, Baltimore, Md., and the full name and surname of the person, the date and place of birth shall be noted thereon, if ascertainable. Its parents shall be responsible for the registration of such birth, and a certificate of birth, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons having knowledge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7/11/73

RETURN OF A BIRTH. A53153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 29 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 4 Child

1. *Name of Child,* Myrtle Mary Baker
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* 18 Jan 1910
6. *Place of Birth, (Street and number)* 2020 Payson St.
6. *Full name of Mother,* Annie Backy
7. *Mother's Maiden Name,* Gumtert.
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* William Baker
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Faylstich

Address, 1859 N. Fulton ave

Remarks, 1 9 1 0 U 0 0 0 6 4 2

Every midwife or person other than a physician or practitioner in attendance upon a case of birth, shall, within ten days after the birth, cause the same to be registered in the office of the Registrar of Vital Statistics, Board of Health, Baltimore, Md., and for that purpose shall deliver to the Registrar, or to the person authorized by him to receive the same, the full name of each child, (if any shall have been given) the sex and color of the child, the name and residence of its parents, and the time and place of birth, as nearly as can be ascertained. If a stillborn child, or one that shall die before the expiration of the third day after birth, no certificate of birth shall be required.

RETURN OF A BIRTH.

153154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD JAN 29 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* Jan. 24. 1910
6. *Place of Birth, (Street and number)* 1503 Clifton Ave.
6. *Full name of Mother,* Adrian Reier
7. *Mother's Maiden Name,* Adrian Evans.
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Andrew Reier
10. *Father's Occupation,* Baker
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs C. Fauteltich

Address, 2859 W Fulton Ave

Remarks, 1910000643

Any midwife or person acting as such, or any physician or surgeon who shall have been employed to attend upon any birth, shall, within ten days after the birth, report the same to the Commissioner of Health, giving the full names and residence of the parents. The death of any child before a certificate of birth shall have been registered shall be reported to the Commissioner of Health, and a certificate of birth and death issued without charge. In case the birth shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1934.

RETURN OF A BIRTH. 1911155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 29 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Vera Coath
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 2 nd 1910
5. *Place of Birth, (Street and number)* 2031 N. Washington St.
6. *Full name of Mother,* Lillie Howard Coath
7. *Mother's Maiden Name,* Lillie Howard
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full name of Father,* Clarence J. Coath
10. *Father's Occupation,* Electrician
11. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Edgar Shirley Perkins M.D.

Address, Rockhambeau

Remarks, 1 9 1 0 0 0 0 0 6 4 Franklin & Charles St.

Any physician, midwife or other person in attendance upon the mother at a birth shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or to some one authorized by him to receive such report, within the period above required, and any such person or persons who shall neglect or refuse to comply with this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1930.

RETURN OF A BIRTH.

A53156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 29 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Mary Kirby Thomas
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 24th 1910.
5. *Place of Birth, (Street and number)* 1127 Park Avenue
6. *Full name of Mother,* Kathleen K. Thomas
7. *Mother's Maiden Name,* Kathleen Kirby
8. *Mother's Birthplace,* Renova, Penna.
9. *Full name of Father,* Otto Thomas
10. *Father's Occupation,* Florist
11. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Edgar L. Perkins M.D.

Address, Rochambeau

Remarks, 1910000645 Franklin + Charles Sts.

If any child of any female born conferred by sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A63157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 29 1910
JAS. BOOLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Name of child, Rhonda Graham
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White Race
4. Date of Birth Saturday, Jan. 29. 1910.
5. Place of Birth, (Street and number) 1 2288 Eutaw St Balto Md
6. Full name of Mother, Mary Shirla Graham
7. Mother's Maiden Name, Mary Shirla Smith
8. Mother's Birthplace, Baltimore
9. Full name of Father, James A. Graham.
10. Father's Occupation, Waiter.
11. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return Mrs. Margaret Tillyer.

Address, 412 Fifth Street Balto County

Remarks, 1910000064

Every child born within the limits of Baltimore City, after the first day of January, 1910, shall have been entered upon its birth, color, the full name and occupation of its parents, the date and place of its birth, and the name, if any, given to such child, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents, or any other person residing in the house, to report the birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 152158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 29 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 2 1910
6. Place of Birth, (Street and number) 960 Covington Ave.
6. Full name of Mother, Mary Sauer.
7. Mother's Maiden Name, Mary Jones.
8. Mother's Birthplace, Baltimore City.
9. Full name of Father, William H. Sauer.
10. Father's Occupation, conductor.
11. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E. Seregoy.
Address, #2001 Bank St.
Remarks, 1910000006 47 Baltimore City

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth as above required, and in case any such person or parents shall neglect or refuse to do so, each and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 29 1910
THS. BOGLEY, M.D.
REGISTRAR OF HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Registrar of Vitals Statistics, Board of Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section, and any such person or persons who shall neglect or refuse full to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Two.
1. *Name of Child,*	
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth,*	Jan 8th 1910
6. *Place of Birth, (Street and number)*	521 Dunham St.
6. *Full name of Mother,*	Minnie L. Hettman
7. *Mother's Maiden Name,*	Minnie L. Hennick
8. *Mother's Birthplace,*	Baltimore City.
9. *Full name of Father,*	George A. Hettman
10. *Father's Occupation,*	Laborer
11. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Thos Mary E. Pelegoy.
Address,	2001 Bank St.
Remarks,	1910000648 Balto md.

RETURN OF A BIRTH.

A53160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 20 1910
JAS. EOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth one

1. Name of Child,
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 19th 1910
6. Place of Birth, (Street and number) #257 Chapel St.
6. Full name of Mother, Eva Boehmlein
7. Mother's Maiden Name, Eva Parker
8. Mother's Birthplace, Manfork Va.
9. Full name of Father, Frank Boehmlein
10. Father's Occupation, Laborer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Peregoy.
Address, #2001 Bank St. Balto Md.
Remarks, 1910000006 49

said schedule shall be delivered duly attested by the practitioner in the form of a certificate between the first and third days of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 453161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 29 1910
JAS. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 13 Jan. 1910
6. *Place of Birth, (Street and number)* 1605 Lombard St
6. *Full name of Mother,* Annie Mc-Donnall
7. *Mother's Maiden Name,* " Hely.
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* John Mc-Donnall
10. *Father's Occupation,* Fireman
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Faylstich

Address, 2859 N. Fulton Ave

Remarks, 1 9 1 0 0 0 0 0 0 6 5 0

been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the intervention of a practitioner, the parent or parents of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A53162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 31 1910
JAS. BOOLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 19th 1910
4. *Place of Birth, (Street and Number)* 1815 Hope St.
5. *Full Name of Mother,* Katie E. Conway
6. *Mother's Maiden Name,* Katie E. Kimmel
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* James J. Conway
9. *Father's Occupation,* Bartender
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant. or other Person who makes this Return. Dr. Mary [illegible]

Address, 1815 Hope St.

9 100000651

Remarks,

Every Physician, Midwife or other person who shall attend upon any birth, shall, within ten days thereafter, deliver to the Commissioner of Health, or to the Registrar of Vital Statistics, a return of such birth, in the form of a certificate to be furnished by the Commissioner of Health, and shall state therein the name, sex, race or color, the date and place of birth, and the full name, residence and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month; and every practitioner of midwifery, or should no other person be in attendance upon such birth, then the mother or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A 53163

RETURN OF A BIRTH.

ffice of Registrar of Vital Statistics, Board of Health, Balt

A 53163

RECEIVED
JAN 31
JAS. BOSLE
COM'R OF HE

Mother, (state whether 1st, 2d, 3d, &c.) 1

e of child, Lilian V. Kemp

x, (state whether male or female) Female

Race or color, (if not of the White Race) White

Date of Birth Dec 20, 1909

5. *Place of Birth, (Street and number)* 434 Hanover St

6. *Full name of Mother,* Lilian Louise Wiethaupter Kemp

7. *Mother's Maiden Name,* "

Mother's Birthplace, Md.

Full name of Father, Wm A. Kemp

Father's Occupation, Cattle Inspector

ther's Birthplace, Md.

ame of Medical Attendant, or other person who makes this Return Edw L Mortimer

ress, 1910 E Fayette.

1 9 1 0 0 0 0 0 6 5 7

RETURN OF A BIRTH. A53164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 31 1910
JAS. BOSLEY M.D.
SUPT. OF HEALTH

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) First

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth* Jan 10 - 10
4. *Place of Birth*, (*Street and Number*) 535 Grenuda Ave Waverly
5. *Full Name of Mother*, Mrs L. Lytle
6. *Mother's Maiden Name*, " " Owens
7. *Mother's Birthplace*, Balto City
8. *Full Name of Father*, Winfield S. Lytle
9. *Father's Occupation*, Clerk
10. *Father's Birthplace*, Balto city

Name of Medical Attendant, or other person who makes this Return Dr Gabrigle

Address, 1413 E Baul St City

Remarks, 1910000653

Any midwife, physician or person who shall attend upon the birth of any child, shall, within the first and third day of each and every month, deliver to the office of the Commissioner of Health, in case the birth of any child shall occur within the first month, a certificate of such birth, and in case any other person shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month. In case no physician or midwife was in attendance upon the birth of any child said certificate shall be signed by the father or mother, or in case of the death or absence of both father and mother, by the person having charge of such child, or by the undertaker employed to bury the body of such child, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above named. And any such person or persons who shall refuse or fail to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 31 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of Child,* — Lenton
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 14/10
6. *Place of Birth, (Street and number)* 826 N Patterson Park ave
6. *Full name of Mother,* Maud Shroff Lenton
7. *Mother's Maiden Name,* Maud Shroff
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* James Lenton
10. *Father's Occupation,* Police Officer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas B. Lanyon M.D.

Address,

Remarks, 1910000654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 31 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Evelyn Rose High.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* January 21st, 1910.
6. *Place of Birth, (Street and number)* 711 S. Fremont Ave.
6. *Full name of Mother,* Lilly Catharine High
7. *Mother's Maiden Name,* Lilly Catharine Kunkel
8. *Mother's Birthplace,* Baltimore Maryland.
9. *Full name of Father,* George High.
10. *Father's Occupation,* Shoe Laster.
11. *Father's Birthplace,* Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return, Mrs Sophie High

Address, 711 S. Fremont Ave.

Remarks,

1910000655

born conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, as aforesaid, for all births which occurred during the said month. In case no physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person, or persons, who shall fail to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 31 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Name of Child,* Irmoc
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 13 Januar 1910
6. *Place of Birth, (Street and number)* 1426 Gread Avene
6. *Full name of Mother,* Marg. Rosenauer
7. *Mother's Maiden Name,* M. A. Talavisus
8. *Mother's Birthplace,* Hung
9. *Full name of Father,* Max Rosenauer
10. *Father's Occupation,* Tarbenter
11. *Father's Birthplace,* Hung.

Name of Medical Attendant, or other person who makes this Return, H Wambach

Address, 1305 Richardson St.

Remarks, 1910000656

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A33168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 31 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Name of child,* Morris
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 1, 1910
5. *Place of Birth, (Street and number)* 914 N. Bond st.
6. *Full name of Mother,* Rose Bronstein
7. *Mother's Maiden Name,* Rose Lebof
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Max Bronstein
10. *Father's Occupation,* Liquor Business
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Etta Bloom

Address, 14 N. Exeter st.

Remarks, 1910000657

of each child (if any shall have been conferred) by the Practitioner in the form of a certificate. Provided, that in case no such certificate shall be delivered, duly signed by the Practitioner in the form and within the time aforesaid, as to any child, it shall be the duty of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of such other person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time aforesaid, and any person who shall neglect or hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 31 1910
JAS. BOOLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* Isaac
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 5, 1910.
5. *Place of Birth, (Street and number)* 25 W. Hill st.
6. *Full name of Mother,* Bertha Steinberg
7. *Mother's Maiden Name,* Bertha Grossman
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* David Steinberg
10. *Father's Occupation,* Grocer.
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Etta Blooms

Address, 14 N. Exeter st.

Remarks, 1910000658

Of each child, if any shall have been concealed as to sex, color, the full names and occupation of its parents, the time and place of birth, and the said schedule shall be delivered, duly signed by the medical attendant in the form of a certificate, to the Registrar of Births of the city, or some one of his assistants, within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner above directed, and any person who shall neglect or refuse to make such report hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A-53170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 31 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of Child,* Ursula L. Sheinberg
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Friday January 21, 1910
6. *Place of Birth, (Street and number)* 1511 E. Fairmount St.
6. *Full name of Mother,* Gertrude Sheinberg.
7. *Mother's Maiden Name,* Gertrude Schecter
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Isadore Sheinberg.
10. *Father's Occupation,* Silversmith.
11. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Felix Supow

Address, 29 S. Caroline Street

Remarks,

1910000659

(confirmed) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in this form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. If no such practitioner be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be received as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A5317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 31 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth January 16th 1910
5. Place of Birth, (Street and number) Baltimore 1434 Towson St
6. Full name of Mother, Ellen E Ellis
7. Mother's Maiden Name, Ellen E Connor
8. Mother's Birthplace, Ireland
9. Full name of Father, William J Ellis
10. Father's Occupation, Laborer
11. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna O'Connor

Address, 1425 Hull St

Remarks, 1 9 1 0 0 0 0 0 6 6 0

of each child, if any shall have been conferred by sisters, color, the full names and occupation of its parents, the date and place of birth, and the said Board shall duly register the same. And the said Board shall cause to be delivered to the mother of each child born in Baltimore City, after the registration thereof, a certificate setting forth the particulars required to be registered by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the mother, or person with whom she may be, to report the particulars required by this section to the Board of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD JAN 31 1910 JAS. BOSLEY M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, Chas Howard Christopher
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 10th 1909
5. Place of Birth, (Street and number) 1908 Lansdowne St
6. Full name of Mother, Ada L. Simmons Christopher
7. Mother's Maiden Name, " " "
8. Mother's Birthplace, Pa
9. Full name of Father, Wallie L Christopher
10. Father's Occupation, Fireman
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Chas A Martin

Address, 1357 N Fulton Ave

Remarks,

1 9 1 0 U 0 0 0 6 6 1

date and place of birth; and the said midwife shall be required, duly signed by the parents, to deliver to the parents of such child a certificate of the fact, and every midwife to the office of commissioner of Health. To cause the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the said midwife shall neglect or refuse to make the report required by this section, he or she shall become the duty of the person or parents of such child to report the birth to the Board of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A58173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Hays

1. Name of child, Melville Hamilton Hayes
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Nov 26th 1909
5. Place of Birth, (Street and number) 1800 Oakley St Hays
6. Full name of Mother, Caroline Johnston Hayes
7. Mother's Maiden Name, " "
8. Mother's Birthplace, Md.
9. Full name of Father, John W Hayes Hays
10. Father's Occupation, Merchant
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Chas L. Mortimer M.D.

Address, 1251 Fulton Ave

Remarks,

1910000662

RECEIVED FOR RECORD JAN 31 1910 JAS. BOSLEY M.D. COMR OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case a child is born in a house where there is no physician or practitioner of Medicine, the duty of giving the information required by this section shall devolve upon the person or persons of such child so report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-6-56

RETURN OF A BIRTH. A53174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Clinton Swayne
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

RECEIVED FOR RECORD
JAN 31 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 11th 1910
4. *Place of Birth, (Street and Number)* 2711 Presbury St.
5. *Full Name of Mother,* Bessie Swayne
6. *Mother's Maiden Name,* " Collins
7. *Mother's Birthplace,* East Shore Md
8. *Full Name of Father,* Clinton Swayne
9. *Father's Occupation,* Foreman Planing Mill
10. *Father's Birthplace,* Burlington, Bradford Co. Pa

Name of Medical Attendant, or other person who makes this Return. C. N. Gabriel

Address, 2413 St Paul St.

Remarks, 1910000663 Married Labor.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month) in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person make such return, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 4/4/13

RETURN OF A BIRTH. A53175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 31 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* EDWARD ROMNEY STEGMAN
2. *Sex, (state whether male or ~~female~~)* Male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* Jan 27th 1910
6. *Place of Birth, (Street and number)* 142.6 Linden Ave
6. *Full name of Mother,* Florence Virginia Stegman
7. *Mother's Maiden Name,* Florence Virginia Israel
8. *Mother's Birthplace,* Waukegan Ills
9. *Full name of Father,* Edward John Stegman
10. *Father's Occupation,* Book Keeper
11. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Amanda T. Morris, M.D.

Address, 15-16 John St

Remarks, 1910000066A

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the undertaker, who shall cause the same to be returned to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parties in charge of such case to report to the Commissioner of Health the name and birth of such child, and such person or persons shall, within ten days thereafter, furnish the information required, and a like report to be made in case of the birth of a still born child. Any person or persons who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A53176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles Ellis Westervelt

RECEIVED FOR RECORD JAN 31 1910 JAS. BOGLEY M.D. COM'R OF HEALTH

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, Jan 21 1910.
4. Place of Birth (Street and Number), 1808 Baker St
5. Full Name of Mother, Grace Strange Westervelt.
6. Mother's Maiden Name, Grace Strange. Strange
7. Mother's Birthplace, Annapolis Md.
8. Full Name of Father, Andrew Van Dine Westervelt, Dine
9. Father's Occupation, Clerk,
10. Father's Birthplace, New Brunswick N.J.

Name of Medical Attendant, or other person who makes this Return. Robert K Kneas.

Address, 1910 0 0 0 0 6 8 Fremont St.

Remarks, GIVEN NAME ADDED, 9-2.5-52

and shall not set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filled out in the form of a certificate and signed by the person who makes the return. And a like return of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health in the manner and within the period of time as aforesaid, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 31 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. Each and every child born shall occur without the attendance of a practitioner or midwife, a like certificate of the birth of such child shall be immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.) 3rd

1. *Name of Child,* Wm Obrien Jr
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec 16/09
6. *Place of Birth, (Street and number)* 835 N. Patterson Park Ave.
6. *Full name of Mother,* Mamie Obrien
7. *Mother's Maiden Name,* Att
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Wm. Obrien
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return,

Address, 815 Linwood M.D.

Remarks, 1910000066 6

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B 53178

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1313 Wilcox St.; Ward)

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

(2) FULL NAME OF CHILD

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	=		yes	Jan. 26, 1910

FATHER	MOTHER
(8) FULL NAME: Dennis Pearce	(14) FULL MAIDEN NAME: Blanche Aileen Mowbray
(9) RESIDENCE: 1313 Wilcox St	(15) RESIDENCE: 1313 Wilcox St
(10) COLOR: white	(11) AGE AT LAST BIRTHDAY: 34 yrs (Years)
(16) COLOR: white	(17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Balto Co. Md	(18) BIRTHPLACE: Balto Co., Md
(13) OCCUPATION: Hostler	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.45 P. M., on the date above stated.

(23) Signature: Robert B. Bacon, M. D.

U 0 0 0 6 6 7 (Physician or Midwife)

Address: 623 Fairmount Bldg 111 N Charles St

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

(24) Given name added from a supplemental report ..... , 19 .....

Registrar

RECEIVED FOR RECORD JAN 31 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed ..... , 19 .....

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A53179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB - 1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (4th) Fourth

1. *Name of Child,* Naomia Pindell
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Jan. 11, 1910
6. *Place of Birth, (Street and number)* 708 N. Eutaw ave.
6. *Full name of Mother,* Mary Pindell
7. *Mother's Maiden Name,* Mary Pinder
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full name of Father,* Daniel Pindell
10. *Father's Occupation,* Laundry in Taylor Store
11. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, J. Edward Fisher, M.D.

Address, 1612 E. Monument, St.

Remarks, 1910000006688

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, and in case a birth or a still birth shall occur without the attendance of a medical practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53180

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Pearl Walker — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
girl	/	3		Jan. 25 1918

FATHER	MOTHER
(8) FULL NAME: Milton Whitney Watkins	(14) FULL MAIDEN NAME: Dolly Chantice
(9) RESIDENCE: 1328 Washington St.	(15) RESIDENCE: 1328 Washington St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 24 (Years)	(17) AGE AT LAST BIRTHDAY: 40 (Years)
(12) BIRTHPLACE: Balto Md.	(18) BIRTHPLACE: Balto Md.
(13) OCCUPATION: Janitor	(19) OCCUPATION: Dressmaker
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 o'clock P.M., on the date above stated.

1 9 1 8 (23) Signature Maggie Rinnie R. Fuchs

* When there was no attending physician or midwife.

RETURN OF A BIRTH.

A33181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

181

RECEIVED
FEB -1
JAS. BOSLEY
COMR OF HEA

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* mary fridman
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 18 December 1909
5. *Place of Birth, (Street and number)* 151 N. Exeter St.
6. *Full name of Mother,* Silie Fridman
7. *Mother's Maiden Name,* Silie Choen
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Max Fridman
10. *Father's Occupation,* peasar
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, miss A. Huss

Address, 1116 E. Fayette St.

Remarks, 1 9 1 0 0 0 0 0 6 7 0

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A56182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FOR RECORD

FEB -1 1910

JAS. BOSLEY, M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,* Jenie Novack
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 6 December 1909 (Sat)
5. *Place of Birth, (Street and number)* 1424 E. Fayette St.
6. *Full name of Mother,* Evie Novack
7. *Mother's Maiden Name,* Evie Levin
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Esidor Novack
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Miss A. Hurst

Address, 1416 E. Fayette St

Remarks,

19100000671

Any midwife, physician or other person who shall neglect or refuse to make the return required by this section, or who shall knowingly make a false return of the date and place of birth; and the said midwife shall also forfeit the sum of ten (10) dollars for each and every neglect to the use of the Mayor and City Council of Baltimore. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, a return of such birth shall be made by the father or mother of such child, or the householder or other person in attendance upon the mother, immediately thereafter to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB -1 1910

JAS. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Name of child,*	Silia Dinoborsky
2. *Sex, (state whether male or female)*	Silia female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	15 December 1909
5. *Place of Birth, (Street and number)*	813 Low St.
6. *Full name of Mother,*	Rosie Dinoborsky
7. *Mother's Maiden Name,*	Rosie Rosinvead
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	Isick Dinoborsky
10. *Father's Occupation,*	Blacksmith
11. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who make this Return,	miss a Abrss
Address,	1116 E. Fayette St.
Remarks,	1910000672

RECORD

Any person who shall knowingly make any false statement in regard to the name, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within ten days after the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB 1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Name of child,* Catherine.
2. *Sex,* (state whether male or female) female.
3. *Race or color,* (if not of the White Race)
4. *Date of Birth* 9 January 1910.
5. *Place of Birth,* (Street and number) 527 N. Clover St.
6. *Full name of Mother,* Catherine Cane.
7. *Mother's Maiden Name,* Hemper.
8. *Mother's Birthplace,* Balto Md.
9. *Full name of Father,* Thomas Cane.
10. *Father's Occupation,* Moulder.
11. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs K. Kley.

Address, 2224 E. Lombard St.

Remarks,

1910000673

date and place of birth, and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate, to the said midwife, who shall deliver the same to the Board of Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report the birth to the Commissioners of Health, in the form and within the time required by this section, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Item 501 11-1-76 dm

CERTIFICATE AMENDED

RECEIVED FOR RECORD
FEB 1 1910
JAS. EGGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,* ~~Anna Ophinia~~ Leora Fahey
2. *Sex, (state whether male or female)* female.
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 19 January 1910.
5. *Place of Birth, (Street and number)* 421 N. Grove St.
6. *Full name of Mother,* Anna Fahey.
7. *Mother's Maiden Name,* a Grob.
8. *Mother's Birthplace,* Balt. Md.
9. *Full name of Father,* Barthalamew Fahey.
10. *Father's Occupation,* Fore-man.
11. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs K. Kley.

Address, 2224 E. Lombard St.

Remarks, 1910000674

date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of certificate hereinafter prescribed, to the parent or other person who is required to report the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above provided, and any person required to report as herein set forth who fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

453186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY M.D.
SUPT OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Name of child,* Ruth
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 27 January 1910.
5. *Place of Birth, (Street and number)* 2904 Ashland Ave.
6. *Full name of Mother,* Clara Dobson
7. *Mother's Maiden Name,* Mooney
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* William Dobson
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs K. Kley

Address, 2224 E. Lombard St.

Remarks, 1910000675

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate hereinafter prescribed, to the Registrar of Vital Statistics of Baltimore City, at the Health Office. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Name of child,* Mary.
2. *Sex, (state whether male or female)* female.
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 29 January 1910.
5. *Place of Birth, (Street and number)* 15 S. Ann St.,
6. *Full name of Mother,* Mary Hudson
7. *Mother's Maiden Name,* Miller
8. *Mother's Birthplace,* Balto Md.
9. *Full name of Father,* George Hudson
10. *Father's Occupation,* Driver.
11. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs K Kley

Address, 2224 E. Lombard St.

Remarks, 1910000675

date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate, to the Registrar of the district in which the birth occurs, within ten days after the birth. No fee shall be charged by the Registrar or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Jan 24/10
6. *Place of Birth, (Street and number)* 2224 McCulloh St
6. *Full name of Mother,* Estell Simons
7. *Mother's Maiden Name,* " Spangler
8. *Mother's Birthplace,* Balto City
9. *Full name of Father,* Ed. B. Simmons
10. *Father's Occupation,* Postal clerk
11. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Wm E Huck

Address, 647 N Eutaw

Remarks,

19100000677

Every person who shall be present at the birth of any child, and every householder in whose house or on whose premises any child shall be born, and every person having charge of any child born elsewhere than in a house, and every nurse or midwife who shall be employed in the case of any birth, shall, within ten days after the birth, report the same to the Commissioner of Health, in the manner and with the particulars required, and if the child shall die before the report is made, shall report the death also, and the cause thereof, if known. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* mary gribler
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 20 Dsember 1909 Bal
5. *Place of Birth, (Street and number)* 151 Abbarmal St.
6. *Full name of Mother,* Goldie gribler
7. *Mother's Maiden Name,* goldie chaet
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Max gribler
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* hestriach

Name of Medical Attendant, or other person who makes this return, miss A. Hirs

Address, 116 E. Fayette St.

Remarks,

1 9 1 0 0 0 0 0 6 7 8

Date and place of birth shall be recorded; also sex, color, the full name and occupation of its parents. The date of a certificate between the first and fifth day of each month, duly signed by the practitioner in the form required by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of the house in which such birth occurs to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB - 1 1910
JAS. BOSLEY, M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Name of child,*	Sofie Brenner
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	7 December 1909 Bal
5. *Place of Birth, (Street and number)*	915 E. Lombard St
6. *Full name of Mother,*	Jennie Brenner
7. *Mother's Maiden Name,*	Jennie Heller
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	Albert Brenner
10. *Father's Occupation,*	storkiper
11. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	miss A Huss
Address,	1116 E. Fayette St.
Remarks,	1910000679

date and place of birth; and the said schedule shall also state the full name and occupation of the parents, the number of children born to each mother, and whether the child was born alive or dead. The certificate of birth required to be delivered, duly signed by the practitioner in the form hereinafter prescribed, shall be delivered to the Registrar of Vital Statistics, or to such person as he may designate to receive the same, within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, a like certificate shall be made and delivered by the householder or other person in charge of the house in which such birth shall occur, or by the parent of such child, within ten days after the birth shall become the duty of such householder or parent to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Name of child,*	Mary Rofsky
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	20 December 1909 Bal.
5. *Place of Birth, (Street and number)*	1215 Lexington St.
6. *Full name of Mother,*	aster Rofsky
7. *Mother's Maiden Name,*	aster Sinkoff
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	Esrial Rofsky
10. *Father's Occupation,*	milk man
11. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	miss a Hurst
Address,	1116 E. Fayette St.
Remarks,	1910000680

date and place of birth; and the said schedule shall be delivered, duly signed by the midwife in charge or a certificate between the first and tenth day of each month to the office of the Registrar of Births, or should no other person be in attendance upon the mother, immediately thereafter to make such return as aforesaid, and any midwife who shall become the duty of the person or parent of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed by this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Name of Child,* Elisabeth
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 15 January
6. *Place of Birth, (Street and number)* 30 Browns Lane
6. *Full name of Mother,* Anna Esslinger
7. *Mother's Maiden Name,* " Miller
8. *Mother's Birthplace,* Hungary
9. *Full name of Father,* Michael Esslinger
10. *Father's Occupation,* Plush Tailor
11. *Father's Birthplace,* Hungary

Name of Medical Attendant, or other person who makes this Return,

Address, Anna Dossa

Remarks, 1325 Jones St

191000000681

Every midwife, physician or other person who shall attend upon any birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no one be in attendance at the birth other than the mother, such mother shall herself make out and deliver, or cause to be delivered, the said schedule, duly signed by herself, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of Child,* Mary
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 13 December
6. *Place of Birth, (Street and number)* 443 Strike St
6. *Full name of Mother,* Julianne Colja
7. *Mother's Maiden Name,* Julianne Fisisan
8. *Mother's Birthplace,* Hungary
9. *Full name of Father,* Lazar Colja
10. *Father's Occupation,* Black Smid
11. *Father's Birthplace,* Hungary

Name of Medical Attendant, or other person who makes this Return.

Address, Anna Dorsa

Remarks, 1325 James St

1910000000682

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

453194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1916
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Name of Child, Mary
2. Sex, (state whether male or female) Girl
3. Race or color, (if not of the White Race) White
4. Date of Birth, 18 January
6. Place of Birth, (Street and number) 1219 Clinton Av.
6. Full name of Mother, Mary Hubik
7. Mother's Maiden Name, " " Rabel
8. Mother's Birthplace, Hungary
9. Full name of Father, Heinrich Hubik
10. Father's Occupation, Cabinet Maker
11. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return.

Address, Anna Doussa

Remarks, 725 James St. 1 0 0 0 0 6 8 3

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then the father or mother of such child, or in case the mother be dead, or unable to do so, then the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.

RETURN OF A BIRTH.

A63195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1

1. Name of child, Edna May Schleicher
2. Sex, (state whether ~~male~~ or female)
3. Race or color, (if not of the White Race) White
4. Date of Birth January 10. 1910
5. Place of Birth, (Street and number) 2010 Walbrook ave
6. Full name of Mother, Grace Rose Schleicher
7. Mother's Maiden Name, Grace Rose Ewing
8. Mother's Birthplace, Md
9. Full name of Father, Frank albert Schleicher Jr.
10. Father's Occupation, Driver
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Wm. Grandfield

Address, 1721 N. Payson st

Remarks, 1 9 1 0 U 0 0 0 6 8 4

Or a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

A 00196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 1 1910
H.C. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 24, 1910
5. *Place of Birth, (Street and number)* Beauregard ave, Govans, Balto Co.
6. *Full name of Mother,* Catherine T. McDonough.
7. *Mother's Maiden Name,* Catherine T. Kohler.
8. *Mother's Birthplace,* Baltimore city
9. *Full name of Father,* George E. McDonough.
10. *Father's Occupation,* Salesman Printing Goods
11. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, A. A. Colewell M.D.

Address, 1741 Hayford ave

Remarks,

1910000685

Sec. 4. (As amended by Ordinance No. 1, approved April 1, 1910.) Be it ordained, That the certificate required by section 3 of this ordinance shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or midwife, then the certificate shall be made upon the mother immediately thereafter it shall become the duty of the person or persons in charge of the house in which the birth occurred to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
H.A. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, January 1910
6. Place of Birth, (Street and number) 1732 N Calvert St
6. Full name of Mother, Mellinee J. Jackson
7. Mother's Maiden Name, Rhodes
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Edward Thornton Jackson
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. J. Howard

Address, 739 W Fayette

Remarks, 1910000686

Each schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Registrar of Vital Statistics, Board of Health, Baltimore, and every such practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the requirements of this section shall be subject to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Name of Child,* Eva Goldberg
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan. 7, 1910
6. *Place of Birth, (Street and number)* 419 S. Pulaski St
6. *Full name of Mother,* Anna Goldberg
7. *Mother's Maiden Name,* Anna Albert
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Saml Goldberg
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. H. Dickey, M.D.

Address, 14 N. Monroe St.

Remarks, 1910U000687

Any midwife, or other person who shall neglect or refuse to report the birth of any child as required by this section, shall be liable to a penalty of ten dollars for each and every month, to the office of Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in whose house or premises such child is born to report in like manner and within the period above required, and any such midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of Child, Esther Krieg Frederick
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. 9, 1910
6. Place of Birth, (Street and number) 2526 Frederick Ave.
6. Full name of Mother, Lula Frederick
7. Mother's Maiden Name, Lula Krieg
8. Mother's Birthplace, Baltimore, Md
9. Full name of Father, William Frederick
10. Father's Occupation, Machinist
11. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Dickey, M.D.

Address, 14 N. Monroe St.

Remarks, 1910000068 8

day of ... every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of such person in attendance upon the mother to report the birth of such child to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
M.S. GOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Name of Child, Mary Josephine Barnette
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. 5, 1910
6. Place of Birth, (Street and number) 37 N. Bentalow St.
6. Full name of Mother, Theresa Barnette
7. Mother's Maiden Name, Theresa Clark
8. Mother's Birthplace, Baltimore, Md
9. Full name of Father, Charles Dudley Barnette
10. Father's Occupation, Foreman Armstrong Stove Co.
11. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, E. L. Dickey, M.D.

Address, 14 N. Monroe St.

Remarks, 1 9 1 0 U 0 0 0 6 8 9

Every day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of such child to report the birth to the Commissioner of Health within the period above required, and any and every person who shall neglect or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Not given -
2. Sex, (state whether male or female) Female -
3. Race or color, (if not of the White Race) White
4. Date of Birth, 1/31/10
6. Place of Birth, (Street and number) 424 Wchage 51
6. Full name of Mother, Laura S. Wisemer
7. Mother's Maiden Name, Laura Stanton
8. Mother's Birthplace, Balto.
9. Full name of Father, Bernhardt W. Wisemer
10. Father's Occupation, Dia Setter -
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, H. Ferguson M.D.

Address, 1006 Sharp St.

Remarks, 1 9 1 0 U 0 0 0 6 9 0

The parent, guardian, or other person having charge of any child born in the State of Maryland, shall cause the birth of such child to be registered in the office of Commissioner of Health, within ten days after such birth, and if such birth occur without the limits of the city of Baltimore, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if such birth occur within the limits of the city of Baltimore, it shall be the duty of the owner, agent or lessee of the house in which such birth occurs, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A53202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
BS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* January 15 . 1910
6. *Place of Birth, (Street and number)* 722 N. Calhoun St
6. *Full name of Mother,* Carrie V. Grace
7. *Mother's Maiden Name,* Carrie V. Hinton
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Harry E. Grace
10. *Father's Occupation,* Stationary Engineer
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, E. K. Ballard M. D.

Address,

Remarks, 1 9 1 0 U U U U 6 9 1

The [illegible] by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 8, 1910.
5. *Place of Birth, (Street and number)* Res. 1719 E. Collington ave
6. *Full name of Mother,* Beulah M. Brushwiller
7. *Mother's Maiden Name,* Beulah M. Dinus
8. *Mother's Birthplace,* Baltimore city
9. *Full name of Father,* Morris F. Brushwiller
10. *Father's Occupation,* Steel Worker
11. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, A. A. Elwell M.D.

Address, 1741 Hanford ave

Remarks, 1 9 1 0 0 0 0 0 6 9 2

Every person who shall fail to report the birth of any child as required by the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED -3/28/13

RETURN OF A BIRTH. A53204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOOLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Name of child,* CATHERINE ESTELLE FARR
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 14, 1910.
5. *Place of Birth, (Street and number)* No. 1721 Aiken st.
6. *Full name of Mother,* Elsie Estelle Farr
7. *Mother's Maiden Name,* Elsie Estelle Carruth
8. *Mother's Birthplace,* Baltimore city
9. *Full name of Father,* Sterling Farr.
10. *Father's Occupation,* Policeman
11. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, A. A. Elwell M.D.

Address, 1741 Harford ave

Remarks, 1910000006 93

Every certificate between the first and third day of each and every month to the office of Commissioner of Health. In case any child shall occur without the attendance of a physician or practitioner of midwifery, or should no certificate be given as required by this section, the parent or parents of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other similar forfeitures are recoverable.

RETURN OF A BIRTH. A53205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB - 1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of child,* Lewis Dobkin
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 15 December 1909
5. *Place of Birth, (Street and number)* 121 albamal St
6. *Full name of Mother,* Rachel Dobkin
7. *Mother's Maiden Name,* Rachel Dalearsky
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Rubin Dobkin
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Mrs. A. Huss

Address, 1116 E. Fayette St.

Remarks,

1 9 1 0 0 0 0 0 6 9 4

date and place of birth, and the said information shall be delivered, duly signed by the Practitioner in the form of a certificate, within ten days after the birth, and every midwife or other person who shall neglect or refuse to report as herein required, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Name of child,* David Greenbaum
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 14 S. ann H. 12 December 1909
5. *Place of Birth, (Street and number)* 14 S. ann H.
6. *Full name of Mother,* Mary greenbaum
7. *Mother's Maiden Name,* Mary Whinberg
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Joesaph greebaum
10. *Father's Occupation,* Cigmaskman
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, miss A Huss

Address, 1116 E. Jaycte St

Remarks, 1910000006 95

dates and places of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent, guardian or other person having charge of such child, and a like certificate shall be delivered by the parent, guardian or other person having charge of such child to the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons attending to report the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife or if the parent, guardian or other person having charge of such child shall neglect or refuse to comply with the provisions of this section, he or she shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Mian fridman
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 1 1909 Bal.
5. *Place of Birth, (Street and number)* 1319 E. Lombert St
6. *Full name of Mother,* Mary fridman
7. *Mother's Maiden Name,* Mary epstien
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Feliph fridman
10. *Father's Occupation,* Butcher
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, miss a Huss

Address, 1116 E. Fayette St

Remarks, 1910000006956

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within thirty days after the birth, to the Registrar of Vital Statistics of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the time above required, and any person or parents failing hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, Natien Levinson
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth December 1 1909 Bal.
5. Place of Birth, (Street and number) 101 n. Exeter St.
6. Full name of Mother, Sadie Levinson
7. Mother's Maiden Name, Sadie Bedinack
8. Mother's Birthplace, Russia
9. Full name of Father, Abraham Levinson
10. Father's Occupation, Watchmaker
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Miss A. Hirst

Address, 416 E. Lafayette St

Remarks, 1910000006 97

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, on the fifth and fifteenth day of each and every Month to the office of Commissioner of Health. In case the birth occurs in a hospital, or other institution, the superintendent or matron thereof, or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as above required. And any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 453209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -1 1916
JAS. EGGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Name of child, Francis George.
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth 11 January 1916.
5. Place of Birth, (Street and number) 2530 Foster Ave
6. Full name of Mother, Emilie Spiegel.
7. Mother's Maiden Name, " Friebel.
8. Mother's Birthplace, Germany
9. Full name of Father, Joseph Spiegel.
10. Father's Occupation, Clerk.
11. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs K Kley.

Address, 2224 E. Lombard St.

Remarks, Parents Residents Brooklyn Wagners Point Anne Arundel Co Md.

9100000698

If the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, to the manner and within the period above required, and any such person or persons so shall neglect or refuse, he, she or they shall forfeit and pay the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB - 1 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Name of child,* Paul
2. *Sex,* (state whether male or female) Male.
3. *Race or color,* (if not of the White Race)
4. *Date of Birth* 17. January 1910.
5. *Place of Birth,* (Street and number) 22 N. Madeira St.
6. *Full name of Mother,* Maggie Kobel
7. *Mother's Maiden Name,* Rausch
8. *Mother's Birthplace,* Germany.
9. *Full name of Father,* Caleigh Kobel
10. *Father's Occupation,* Shoe-maker.
11. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs K Klez.

Address, 2224 E. Lombard St.

Remarks,

1910000699

Every certificate of birth required by law to be registered shall be delivered, duly signed by the practitioner in the form of a certificate, to the local registrar of the district in which the birth occurred, within ten days after the birth, and the certificate of a midwife or other person in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time aforesaid, and any person who shall neglect or refuse to perform the duty imposed by this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 1 1910
JAS. BOOLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Name of child,* Charles.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 12. January 1910.
5. *Place of Birth, (Street and number)* 1630 N. Montford Ave.
6. *Full name of Mother,* Mary Handy.
7. *Mother's Maiden Name,* " Nelson.
8. *Mother's Birthplace,* Balto Md.
9. *Full name of Father,* Charles Handy.
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs K. Kley

Address, 2224 E. Lombard St.

Remarks,

1910000700

Sec. 2. Be it further enacted, That the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, or such other person as may be appointed by the Board of Health to receive the same, by the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time required in the case of a person who shall have died, as provided in section 1 of this ordinance, and any person who shall neglect or refuse to do so shall be deemed guilty of a misdemeanor, and shall be liable to a fine of not less than one dollar nor more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Name of child, John Edward.
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race)
4. Date of Birth 14. January 1910.
5. Place of Birth, (Street and number) 205 S. Castle St.
6. Full name of Mother, Mary Gerns.
7. Mother's Maiden Name, Coleman.
8. Mother's Birthplace, Balto Md.
9. Full name of Father, John Edward Gerns.
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs K. Kley.

Address, 2224 E. Lombard St.

Remarks,

19100000701

Any midwife or person who shall attend at the birth of a child, shall, within the period above required, and any such person or persons who shall have charge of any child, or the mother thereof, after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report, or who shall make a false report, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 1 1910
JAS. BOSLEY M.D.
REG'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Name of child, Francis.
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race)
4. Date of Birth 15. January 1910
5. Place of Birth, (Street and number) 1719. E. Lombard St.
6. Full name of Mother, Johanna Fiskler.
7. Mother's Maiden Name, Marteika.
8. Mother's Birthplace, Austria
9. Full name of Father, Wenzel Fiskler.
10. Father's Occupation, Carpenter.
11. Father's Birthplace, Austria.

Name of Medical Attendant, or other person who makes this Return, Mrs K. Klay.

Address, 2224 E. Lombard St.

Remarks, 1 9 1 0 0 0 0 0 7 0 2

Every case of birth, and the said certificate shall be delivered, duly signed by the Practitioner in the form of a certificate as aforesaid, at the office of the Registrar of Vital Statistics, Board of Health. To case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and the said certificate shall thereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 1 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Name of child, ~~Leroy~~ (Not Known)
2. Sex, (state whether male or female) Male
3. Race ar color, (if not of the White Race)
4. Date of Birth 20. January 1910
5. Place of Birth, (Street and number) 2524 Mc Elderry St.
6. Full name of Mother, Lorette Welsh.
7. Mother's Maiden Name, " "
8. Mother's Birthplace, Balto Md.
9. Full name of Father,
10. Father's Occupation,
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs K. Kley

Address, 2224 E. Lombard St.

Remarks, Illegal.

19100000703

Every child born alive in the City of Baltimore shall be delivered duly signed by the practitioner in attendance upon the birth, or by the person who shall act as midwife, or by the father or mother of such child, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons residing in the house in which such birth occurs, and of each person residing elsewhere who shall be present at the birth, to report the same as herein required, and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 153215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 1 1910
JES. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth

1. Name of child, Frank Smith.
2. Sex, (state whether male or female) male.
3. Race or color, (if not of the White Race) white.
4. Date of Birth Jan 20th 1910 - 3.30 P.M.
5. Place of Birth, (Street and number) No. 1702 Thames St.
6. Full name of Mother, Mrs Frances Smith.
7. Mother's Maiden Name, Miss Frances Wieczeyk.
8. Mother's Birthplace, Posen, Germany.
9. Full name of Father, Kasmer Smith.
10. Father's Occupation, Laborer.
11. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs Sophie Violi.

Address, No. 1704 Thames St.

Remarks, 1910000704

of a certificate between the first and third day of each and every month to the Office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall immediately thereafter be the duty of the nearest relative present, or of the owner or occupier of the premises where such birth shall happen, or of the person having charge of such premises, to report such birth within the period above required, to any such person or persons as shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

LIBRARY COPY
RECORD
FEB 1 1910
THOS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of child,* Morris Aronson
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 25 December 1909
5. *Place of Birth, (Street and number)* 1003 E. Lombard St
6. *Full name of Mother,* annie aronson
7. *Mother's Maiden Name,* annie penchansky
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Dave Aronson
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Miss A. Bliss

Address, 1116 E. Fayette St.

Remarks, 1910000705

And said place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, or by the father or mother of the child, or by the householder in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father or mother of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
DEC -1 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Name of child,*	Himan Soda
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	923 Stiell St, 7 December 1909
5. *Place of Birth, (Street and number)*	923 Stiell St
6. *Full name of Mother,*	haster Soda
7. *Mother's Maiden Name,*	haster Taback
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	Abruham Soda
10. *Father's Occupation,*	milk man
11. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	miss A. Huss
Address,	1116 E. Fayette St.
Remarks,	1910000007 06

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of the district in which the birth occurred, within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form above required, and the person or persons so offending shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, Ludwig
2. Sex, (state whether male or female) Boy
3. Race or color, (if not of the White Race) White
4. Date of Birth, 26 January
6. Place of Birth, (Street and number) 1331 James St.
6. Full name of Mother, Rosalia Hunzelman
7. Mother's Maiden Name, Kollet
8. Mother's Birthplace, Hungary
9. Full name of Father, John Hunzelman
10. Father's Occupation, Tinner
11. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return,

Address, Anna Dosol

Remarks, 1315 James St.

1910000707

All returns shall be given by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Name of Child, Alois
2. Sex, (state whether male or female) Boy
3. Race or color, (if not of the White Race) White
4. Date of Birth, 4 January
6. Place of Birth, (Street and number) 506 Gilmor St.
6. Full name of Mother, Apolonia Loise
7. Mother's Maiden Name, Apolonia Mercka
8. Mother's Birthplace, Hungary
9. Full name of Father, Alexander Lőcse
10. Father's Occupation, Tener
11. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return, Anna Dosa

Address,

Remarks, 1 9 1 0 0 0 6 7 0 8

The practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth (12th)

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 16, 1910.
5. *Place of Birth, (Street and number)* No. 446 Harford road
6. *Full name of Mother,* Mary E. Love
7. *Mother's Maiden Name,* Mary E. Dean
8. *Mother's Birthplace,* Maryland.
9. *Full name of Father,* Jerome E. Love
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, C. R. Blewell, M.D.

Address, 1741 Harford ave

Remarks, 1910000709

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of said laws, it shall be the duty of other person in attendance upon the mother, immediately thereafter to report the particulars required, to the Commissioner of Health, in the manner and within the period above required, and such person so offending shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY M.D.
COMMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Name of Child,* William Charles Burkhard Jr.
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* January 23rd. 1910
5. *Place of Birth, (Street and number)* 322 E. North Ave.
6. *Full name of Mother,* Mrs. Wm C. Burkhard
7. *Mother's Maiden Name,* Lillian C. Honemann
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full name of Father,* Wm C. Burkhard.
10. *Father's Occupation,* Electrician
11. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Reginald J. Tonry M.D.

Address, 426 E. North Ave.

Remarks, 1 9 1 0 0 0 0 0 7 1 0

The city or each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the father or mother of such child, or the householder in whose house such child was born, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Everett Vernon Chaney
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. 12, '10.
6. Place of Birth, (Street and number) 28 S. Mount St.
6. Full name of Mother, Agnes Elizabeth Chaney
7. Mother's Maiden Name, Agnes Elizabeth Leonard
8. Mother's Birthplace, Baltimore, Md
9. Full name of Father, Everett Clark Chaney
10. Father's Occupation, Dry Goods Clerk
11. Father's Birthplace, Howard County, Md

Name of Medical Attendant, or other person who makes this Return, E. F. Dickey, M.D.

Address, 14 N Monroe St.

Remarks, 1 9 1 0 0 0 0 0 7 1 1

RECEIVED FOR RECORD
FEB - 1 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the midwife or nurse in attendance upon the mother, and she is hereby required, to make the return above required, and within the period above specified, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 1/28/75

RETURN OF A BIRTH. A53223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Name of child,* CHARLES ALBERT BAUER
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 3, 1910
5. *Place of Birth, (Street and number)* Res. 1611 Aisquith st.
6. *Full name of Mother,* Carrie E. Bauer.
7. *Mother's Maiden Name,* Carrie E. Grimm
8. *Mother's Birthplace,* New York.
9. *Full name of Father,* Charles F. Bauer.
10. *Father's Occupation,* Foreman Umbrella Factory
11. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, P. R. Blakewell M.D.

Address, 1241 Harford ave

Remarks, 1910000071 2

Filed 2/1/10

RECEIVED FOR RECORD FEB -1 1910 JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

Of a birth occurring the first and third day of each and every month to the office of Commissioner of Health. To cause the birth of any child shall occur without the attendance of a physician or practitioner of medicine or midwife, it shall be the duty of the father, if living, or in case of his absence, the mother, immediately thereafter to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Name of child, Lenina Harrell.
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth January 7th 1910
5. Place of Birth, (Street and number) 1612 W. Saratoga St.
6. Full name of Mother, Bermudina M. Harrell
7. Mother's Maiden Name, " Harrell
8. Mother's Birthplace, Baltimore
9. Full name of Father, Charles A. Harrell
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Henry A. Keating

Address, 1503 W. Mt. Henry St. J

Remarks, Mother and Child OK

1910000713

RECEIVED FOR RECORD FEB 1 1910 H.S. DOGLEY, M.D. COM'R OF HEALTH

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That hereafter it shall be the duty of the physician or midwife in attendance upon any case of birth occurring after the first day of January, nineteen hundred and ten, within the limits of Baltimore City, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Section 2. And be it further ordained, That it shall be the duty of each and every month to the office of Commissioner of Health, to cause the birth of any child that occur within the limits of Baltimore City, and of which no certificate between the first and third day of such month has been received by the Commissioner of Health, to be reported as above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Annie Grubitz
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth January 16 1910
5. Place of Birth, (Street and number) 407 E Monument St Baltimore
6. Full name of Mother, Julia Grubitz
7. Mother's Maiden Name, " Hunsatz
8. Mother's Birthplace, Hungary
9. Full name of Father, Victor Grubitz
10. Father's Occupation, Tailor
11. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return, Mary A. Manning

Address, 508 Fulton Ave

Remarks, Mother and Child OK

19100000714

RECEIVED FOR RECORD FEB -1 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Every case of birth occurring after the first day of January, 1900, must be reported within the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the presence or attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be liable, on conviction thereof, to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Anna Richter,
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White.
4. Date of Birth January 29- 1910
5. Place of Birth, (Street and number) 413 S. Vincent St. Baltimore
6. Full name of Mother, Anna Richter
7. Mother's Maiden Name, " Winkler
8. Mother's Birthplace, Germany.
9. Full name of Father, Joseph Richter
10. Father's Occupation, Stone Cutter
11. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mary E. Manning.

Address, 1503 Ave. Henry St.

Remarks, Dr. Thos. and Clifton R.

1910000715

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Of a certificate between the first and third day of each month, setting forth the name, sex, color, date and place of birth, and the name, residence or occupation of a physician or practitioner of Health. In case there should be no physician or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and all persons so offending shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Name of child,* Eugene L.
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 7/1910.
5. *Place of Birth, (Street and number)* 24 Druid Ave. Woodberry
6. *Full name of Mother,* Charlotte Mecklenburg
7. *Mother's Maiden Name,* Charlotte Bambleby
8. *Mother's Birthplace,* Balto Co Md
9. *Full name of Father,* Wm Mecklenburg
10. *Father's Occupation,* Watchman
11. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return. E. Thelly M.D.

Address, 3849 Roland Ave

Remarks, 1910000071 6

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of said law, it shall be the duty of the person in attendance upon the mother, immediately thereafter to make out and forward to the Registrar of Vital Statistics a certificate of such birth, containing all the particulars required by this section, to the best of his knowledge and belief, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1918
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, Carl Frederick Meyer
2. Sex, (state whether male or ~~female~~)
3. Race or color, (if not of the White Race)
4. Date of Birth, Jan. 17/18
6. Place of Birth, (Street and number) 24 N Rose St
6. Full name of Mother, Mary C Meyer
7. Mother's Maiden Name, " " Bartman
8. Mother's Birthplace, Balto.
9. Full name of Father, Henry M. Meyer
10. Father's Occupation, Merchant
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, E. C. Heyer M.D.

Address, 166 Mulberry St

Remarks, 1910000717

Any person who shall neglect to report the birth of any child as required by this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nine

1. *Name of Child,* Tully a. C. Price
2. *Sex, (state whether male or female)*
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Jan. 16 1910
6. *Place of Birth, (Street and number)* 438 N. Lakewood ave
6. *Full name of Mother,* Anitie Bell Price
7. *Mother's Maiden Name,* " " White
8. *Mother's Birthplace,* Md
9. *Full name of Father,* Tully a. C. Price
10. *Father's Occupation,* Seaman
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, A. C. Hearn M.D.

Address, 156 Milton ave

Remarks,

1910000718

Every day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person having the care of such child to report the particulars of such birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Charles Harvey Higenbottom
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth January 5th 1910
5. Place of Birth, (Street and number) 3201 S. Patrick St. Baltimore
6. Full name of Mother, Grace Higenbottom
7. Mother's Maiden Name, Grace Isley
8. Mother's Birthplace, Baltimore
9. Full name of Father, Granville Higenbottom
10. Father's Occupation, Mechanic
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Henry A Koenig

Address, 1503 Mc Henry St

Remarks, Mother + Child Doing Well

1910000719

RECEIVED FOR RECORD
FEB -1 1910
J.S. BOSLEY M.D.
COMMR OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur in any house or tenement where there is no physician or midwife in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, to the manner and within the period above required, and any such person or persons so shall forthwith fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not less than ten (10) dollars nor more than fifty (50) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Name of child, Eschard
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White
4. Date of Birth January 28th. 1910
5. Place of Birth, (Street and number) 614 N. Monroe St. Baltimore
6. Full name of Mother, Rhoda Kennedy,
7. Mother's Maiden Name, Burton
8. Mother's Birthplace, Baltimore Co.
9. Full name of Father, Emmett C. Kennedy
10. Father's Occupation, Driver
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary A. Keating.

Address, 1573 Eden Avenue St

Remarks, Mother & Child O.K.

1910000720

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOOSEY M.D.
COMR. OF HEALTH

Of a certificate between the first and third day of each and every month of a physician or practitioner of Health. In case the birth of any person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and the surgeon or attendant shall hereafter fail to comply with the provisions of the section, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 10570

RETURN OF A BIRTH. A53232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB - 1 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, DOROTHY TAYLOR SMITH

2. Sex, (state whether male or female) Female

3. Race or color, (if not of the White Race) White

4. Date of Birth December 21/~~1910~~ 1909

5. Place of Birth, (Street and number) 3521 Roland Ave

6. Full name of Mother, Bessie Pearl Smith

7. Mother's Maiden Name, Bessie Pearl Taylor

8. Mother's Birthplace, Balt. Co. Md.

9. Full name of Father, James Arthur Smith

10. Father's Occupation, Boxer

11. Father's Birthplace, Balt Co Md

Name of Medical Attendant, or other person who makes this Return, Dr. Bosley M.D.

Address, 3049 Roland Ave

Remarks, 1910000721

(Overlooked in Estimate)

Health, in case the birth of any such child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the owner or occupier of the house in which the mother shall be delivered of such child shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall occur in the absence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the time and in the manner above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	January 30/1910
5. *Place of Birth, (Street and number)*	604 37th & Hampden
6. *Full name of Mother,*	Mattie M. Bardley
7. *Mother's Maiden Name,*	Mattie M. Elson
8. *Mother's Birthplace,*	Carroll Co Md
9. *Full name of Father,*	Elson Bardley
10. *Father's Occupation,*	Painter
11. *Father's Birthplace,*	Balto City Md
Name of Medical Attendant, or other person who makes this Return,	Dr. Fischer
Address,	7 E. Roland Ave
Remarks,	

1910000722

RETURN OF A BIRTH. A53234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, Julia. Lurick
2. Sex, (state whether ~~male~~ or female)
3. Race or color, (if not of the White Race)
4. Date of Birth, Dec 23/09
5. Place of Birth, (Street and number) 412 Strecker
6. Full name of Mother, Anielia Lurick
7. Mother's Maiden Name, " Faierski
8. Mother's Birthplace, Balto.
9. Full name of Father, Lewis S. Lurick
10. Father's Occupation, Steam Fitter
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A. C. Dean M.D.
Address, 136 Mullen ave
Remarks,

19100000723

Every day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid-wifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the nurse, midwife or other person in attendance upon the mother, immediately after the birth, to report the particulars required, and also the name and residence of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth,

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored.
4. *Date of Birth* Jan 24/910.
5. *Place of Birth, (Street and number).* 1125. Race St.
6. *Full name of Mother,* Annie Lavinia Allen
7. *Mother's Maiden Name,* Annie " Spriggs
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Clarence William Allen
10. *Father's Occupation,* Driver on feed wagon
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, S. S. McClean.

Address, Evening Dispensary 115 W. Baltimore St.

Remarks, 1 9 1 0 0 0 0 0 7 2 4

Any person who shall neglect to report the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or other person, as above required, and any such person who shall neglect to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by.

RETURN OF A BIRTH. A53236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of Child,* Katherine McWilliams
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 15 1910
6. *Place of Birth, (Street and number)* 552 St Mary's
6. *Full name of Mother,* Clara McWilliams
7. *Mother's Maiden Name,* Clara Myers
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Dan McWilliams
10. *Father's Occupation,* Teamster
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Edwin M Jones

Address, 1010 McCulloch St

Remarks, 1910000725

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
REGISTER OF VITAL STATS

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed; and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of Child,* Ruth Lewis — Pulley
2. *Sex, (state whether male or female)* ~~Male~~ Female
3. *Race or color, (if not of the White Race)* Col.
4. *Date of Birth,* Jan 14 - 1910
6. *Place of Birth, (Street and number)* 1423 Druid St.
6. *Full name of Mother,* Bertha Lewis
7. *Mother's Maiden Name,* Bertha Lewis
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* James Pulley
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant or other person who makes this Return, S. Bernard Wechsler

Address, 1413 Druid Hill Ave.

Remarks, 1 9 1 0 0 0 0 0 7 2 4

RECEIVED FOR RECORD FEB -2 1910 J.S. EUSLEY M.D. REGISTRAR OF HEALTH

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then the same shall be reported to the Commissioner of Health by the father or mother of such child, or in case neither father nor mother be present, then the duty of reporting shall devolve upon the person in charge of the house in which such birth occurs, and in all cases where the birth occurs elsewhere than in a house, then upon the person or parents of such child, if present at the birth, and within the period above required, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* ✓
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan. 30. 1910.
6. *Place of Birth, (Street and number)* Maryland Genl. Hospital
6. *Full name of Mother,* Minnie D Smith
7. *Mother's Maiden Name,* (Same)
8. *Mother's Birthplace,* N. Carolina
9. *Full name of Father,* ✓
10. *Father's Occupation,* ✓
11. *Father's Birthplace,* ✓

Name of Medical Attendant, or other person who makes this Return, E. P. Lewis M.D.

Address, Maryland Genl Hosp.

Remarks, 1 9 1 0 0 0 0 0 7 2 7

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall have the same power to require the certificate of birth to be signed by any such person or persons, as is conferred upon physicians and midwives by this section. Any person who shall refuse to sign such certificate when so required, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, William Homer Taylor Jr.
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Jan 5- 1910
6. Place of Birth, (Street and number) 614 W. Lanvale
6. Full name of Mother, Mabel Morsell Taylor
7. Mother's Maiden Name, Mabel Morsell Bailey
8. Mother's Birthplace, Balto. Md.
9. Full name of Father, William Homer Taylor Sr.
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, S. Bernard Hughes M.D.

Address, 1413 Druid Hill ave.

Remarks, 1910 00007288

RECEIVED FOR RECORD FEB -2 1910 H.S. EDSLEY, M.D. BOARD OF HEALTH

Any physician or midwife, or other person who shall neglect or refuse to make a certificate or report and return of any birth at which he was present or in attendance, within the time and in the manner required by this section, or who shall knowingly make a false certificate or report of any birth at which he was present or in attendance, shall forfeit and pay for each offense a sum not exceeding fifty dollars, to be recovered, with costs of suit, in the name of the State of Maryland, by the Board of Health, for the use of the Health Department of Baltimore City. Every midwife practicing in Baltimore City shall, on or before the third day of each and every month, report to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or persons be in attendance upon the mother, immediately thereafter, it shall be the duty of the father or mother of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-28-63

RETURN OF A BIRTH. A53240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: VIRGINIA ANNA HLADIK

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second And Third.

1. Name of child,
2. Sex, (state whether male or female) Female and Male
3. Race or color, (if not of the White Race) White
4. Date of Birth January 6 / 10.
5. Place of Birth, (Street and number) 1905 E. Chase St.
6. Full name of Mother, Mamie Hladik
7. Mother's Maiden Name, " Dvorak
8. Mother's Birthplace, Baltimore
9. Full name of Father, John Hladik
10. Father's Occupation; Iron Foundry
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. G. McVean

Address, Eastern Dispensary - 115 W. Barre St.

Remarks, Male child 9 lbs 0 oz born 6/2 9 AM congenital debility

RECEIVED FOR RECORD FEB -2 1910 JAS. BOSLEY, M.D. BD OF HEALTH

A penalty is enacted to last and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the Person or parents of such child to report it to the Commissioner of Health, and the person neglecting to report such birth as aforesaid, or who shall make a false report or refuse or neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A53241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 12 1910
JAS BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* January 22/10.
5. *Place of Birth, (Street and number)* 1406 Cadkie St.
6. *Full name of Mother,* Annie Marie Unfreid.
7. *Mother's Maiden Name,* " " Mueller
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Louis Unfreid.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, S. S. McVean

Address, Evening Dispensary, 115 W. Barre St.

Remarks, 1 9 1 0 0 0 0 0 7 3 0

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report the birth to the Commissioner of Health, and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 31/09.
5. Place of Birth, (Street and number) 166 N. Curley St.
6. Full name of Mother, Carrie Strohecker
7. Mother's Maiden Name, " Stalman
8. Mother's Birthplace, Baltimore
9. Full name of Father, Henry Strohecker
10. Father's Occupation, Fireman
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. G. McLean.

Address, Evening Dispensary - 115 W. Barre St

Remarks, 1910000731

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report it to the Commissioner of Health in the same manner as herein required of physicians and midwives, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1910.

RETURN OF A BIRTH. A53243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOGLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 18 10
5. Place of Birth, (Street and number) 1220 Hull St.
6. Full name of Mother, Sarah Lent
7. Mother's Maiden Name, ~~White~~ Sims
8. Mother's Birthplace, Richmond, Va.
9. Full name of Father, George E. Lent
10. Father's Occupation, Engineer
11. Father's Birthplace, Trade

Name of Medical Attendant, or other person who makes this Return. S. McClean

Address, Evening Dispensary - 915 W. Barre St.

Remarks, 1 9 1 0 0 0 0 0 7 3 2

of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, and in such case it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, as herein and other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53244

GIVEN NAME ADDED 7/17/68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOOLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Name of child,*	Eleanor Annette Faux
2. *Sex, (state whether male or female)*	Female.
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Jan. 10. 1910.
5. *Place of Birth, (Street and number)*	1620. Aisquith St.
6. *Full name of Mother,*	Annie E. Faux.
7. *Mother's Maiden Name,*	Annie E. Bolle
8. *Mother's Birthplace,*	Baltimore Md.
9. *Full name of Father,*	Ferdinand G. Faux
10. *Father's Occupation,*	Piano Tuner
11. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	John H. Sanderson M D
Address,	1501 E. Lafayette Ave.
Remarks,	1 9 1 0 0 0 0 0 7 3 3

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, as in attendance, make such return, it shall be the duty of the parent, guardian or other person having charge of such child, to report the same to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 2 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Name of Child, Mary Stevens, Thelma Jean
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. 27, 1910.
6. Place of Birth, (Street and number) Maryland Gen'l Hosp
6. Full name of Mother, Emma Stevens, Juanita J. M.
7. Mother's Maiden Name, Emma Mengar. Juanita J. M.
8. Mother's Birthplace, Balto. Co. Md.
9. Full name of Father, Jas. Howard Stevens
10. Father's Occupation, Electrician
11. Father's Birthplace, W. Va.

Name of Medical Attendant, or other person who makes this Return, E. A. Lewis M.D.

Address, Maryland Gen'l Hospital.

Remarks, 1910000007341

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any person neglecting or refusing to make such report shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1911
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, ✓
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. 29 1910
6. Place of Birth, (Street and number) Maryland Genl. Hosp.
6. Full name of Mother, Carrie Haines
7. Mother's Maiden Name, Carrie Laird
8. Mother's Birthplace, Md.
9. Full name of Father, Wm. Haines
10. Father's Occupation, Engineer
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return E. P. Lewis M.D.

Address, Maryland Genl Hosp.

Remarks, 1 9 1 0 U 0 0 0 7 3 5

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time herein specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JES. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Name of child, male Zachansky
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth 20 January 1910 Bal.
5. Place of Birth, (Street and number) 1715 Caroline St.
6. Full name of Mother, Silia Zachansky
7. Mother's Maiden Name, Silia Forman
8. Mother's Birthplace, Russia
9. Full name of Father, Joe Zachansky
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, miss A. Hurst

Address, 1116 E. Fayette St.

Remarks, 1 9 1 0 0 0 0 0 7 3 6

Every physician or midwife in attendance upon a birth is required to report it to the Commissioner of Health, in the manner and within the period above required, and a like report is required of every householder in case there is no physician or midwife present at the birth. Every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Name of child, Lilia Freedman
2. Sex, (state whether male or female) Lilia White
3. Race or color, (if not of the White Race) female
4. Date of Birth 25 January 1910 Bal
5. Place of Birth, (Street and number) 1210 E. Lafett St.
6. Full name of Mother, mary Freedman
7. Mother's Maiden Name, mary Forman
8. Mother's Birthplace, Russia
9. Full name of Father, Abry Freedman
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Dr. Hess

Address, 1116 E. Fayette St.

Remarks, 1 9 1 0 0 0 0 0 7 3 7

Within thirty days after the birth of any child born alive, any person required by the practitioner in the form of a certificate between the first and third day of each and every month of the presence of such physician or practitioner or midwife, or other person be in attendence upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person required by this section to report the birth of a child who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Name of Child, Lorella Elizabeth
2. Sex, (state whether male or female) Girl
3. Race or color, (if not of the White Race) White Race
4. Date of Birth, 1910 January 28
6. Place of Birth, (Street and number) 1004 N. N. Bond
6. Full name of Mother, Margret E Magness
7. Mother's Maiden Name, Blum
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, William N. Magness
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, mr Barbara Tay midwife

Address, 944 aisquith st.

Remarks,

1910000738

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 9 — 2 1918
H.S. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Mildred
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 2nd 1918
5. Place of Birth, (Street and number) 511 N. Wolfe St
6. Full name of Mother, Sophie Persgour
7. Mother's Maiden Name, Gulanf
8. Mother's Birthplace, Balto
9. Full name of Father, Thomas Persgour
10. Father's Occupation, Cutter
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. E. Fox Mildredge

Address, 203 N. Wash St.

Remarks, 1910000739

of a certificate thereof, the first and third day of each and every month to the Office of Commissioner of Health. In case the birth of any child shall occur on a day when a physician is not in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB 2 1910
J. S. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Name of child,*	Marguerite - Pauline
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Jan 2nd 1910
5. *Place of Birth, (Street and number)*	2021 E Fayette St
6. *Full name of Mother,*	Dora Deveau Steinmetz
7. *Mother's Maiden Name,*	
8. *Mother's Birthplace,*	Balto
9. *Full name of Father,*	Edward Deveau
10. *Father's Occupation,*	Fireman
11. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs F. Dove Midwife
Address,	203 N. Wash. St.
Remarks,	1910000740

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the physician, midwife or other person who shall be in attendance upon the birth of any child born in this State after the first day of January, Nineteen Hundred and Ten, to make a return of such birth to the Commissioner of Health of the city or county in which such birth occurs, within ten days after such birth, in the form of a certificate to be prescribed by the Commissioner of Health, and on the first Monday in each and every month to the Office of Commissioner of Health, a return of all births which have occurred within the city or county during the preceding month. In case the birth of any child shall occur in a hospital or other institution, the return of such birth shall be made by the superintendent or other officer in charge thereof. In case there be no physician, midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Name of child,* Anna Marie
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 2nd. 1910.
5. *Place of Birth, (Street and number)* 909 Somerset St.
6. *Full name of Mother,* Kate Dohlen
7. *Mother's Maiden Name,* Gallatt
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Richard Dohlen
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this return, Wm. H. Knox, Midwife

Address, 203 N. Wash. St.

Remarks, 19100000741

Every person required by law to report the birth of a child, and every person present at the birth, shall, within three days after the birth, and on each of the two days next following, visit the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and make a report of such birth, and obtain a certificate of the same, duly signed by the practitioner in the form prescribed by the Board of Health. In case the birth of any person is not reported as above required, it shall be the duty of the Registrar of Vital Statistics, Board of Health, to report the same to the Commissioner of Health, and it shall be the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and it shall be the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,* Thelma
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 6th 1910
5. *Place of Birth, (Street and number)* 709 N Chester St
6. *Full name of Mother,* Katie Meyer
7. *Mother's Maiden Name,* Morgan
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* John Meyer
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E Thompson Bradshaw

Address, 203 N Wolfe St

Remarks, 1910000742

of a certificate between the first and third day of each and every month to the other Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, and shall be registered in a city or county where a similar return is required, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Elsa Lurman
2. Sex, (state whether male or female) White
3. Race or color, (if not of the White Race)
4. Date of Birth Jan 9th 1910
5. Place of Birth, (Street and number) 163 Linthicum St.
6. Full name of Mother, Maggie Reiche
7. Mother's Maiden Name, Kirchner
8. Mother's Birthplace, Balto.
9. Full name of Father, Fred Reiche
10. Father's Occupation, Laborer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Irion Midwife

Address, 203 N. Chase St.

Remarks, 1910000007 43

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur in any institution, it shall be the duty of the person in charge thereof to make such report immediately thereafter. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Name of child, Carrie May
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 24, 1910
5. Place of Birth, (Street and number) 1918 N. Eldorado St.
6. Full name of Mother, Ida George
7. Mother's Maiden Name, Brandt
8. Mother's Birthplace, Balto
9. Full name of Father, William George
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. H. Stone, Midwife

Address, 2037 E. Wash St.

Remarks, 1910000744

Every birth occurring after the first day of January, 1875, shall be registered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the parent or parents of such child neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of child,* Stella Pawlik
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 20 1910
5. *Place of Birth, (Street and number)* 1619 S Dallas St.
6. *Full name of Mother,* Josephine Pawlik
7. *Mother's Maiden Name,* Olkowska
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Joseph Pawlik
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dora Piorunska

Address, 523 S Bethel St.

Remarks,

1 9 1 0 0 0 0 0 7 4 5

Health. In case the birth of any child shall occur and every month to the office of Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Annie Salinska
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 11th 1910
5. *Place of Birth, (Street and number)* 520 S. Dolcas St.
6. *Full name of Mother,* Sophie Salinska
7. *Mother's Maiden Name,* White
8. *Mother's Birthplace,* America
9. *Full name of Father,* George Salinski
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. Dora Pigurnicka

Address, 523 S. Bethel St.

Remarks, 1910000745

Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

Madeline Ruth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

RECEIVED FOR RECORD FEB -2 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

1. Name of Child, ~~Mary Elizabeth~~ Hinters.
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 2nd 1910
6. Place of Birth, (Street and number) 120 East Cross St
6. Full name of Mother, Wilhelmina Hinters
7. Mother's Maiden Name, " Schwerholz
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Fred Hinters
10. Father's Occupation, Poultry Dealer
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, G. L. Buxton.

Address, 222 East Cross St.

Remarks, 1 9 1 0 0 0 0 0 7 4 7

Any physician or midwife in attendance upon the birth of any child, or any person having charge of such child, who shall neglect or refuse to make the return required by this section, or any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother herself shall make the return required by this section, and in such case it shall be the duty of the Commissioner of Health, in the manner and within the period above required, and

GIVEN NAME ADDED 4-6-59

RETURN OF A BIRTH. A53259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Name of Child,* Florida Gunther
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth,* Jan. 18. 1910.
6. *Place of Birth, (Street and number)* 29 E. Henrietta st.
6. *Full name of Mother,* Lydia Gunther.
7. *Mother's Maiden Name,* Lydia Gaebe.
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full name of Father,* Herman William Gunther.
10. *Father's Occupation,* Sheet Metal Worker.
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, William T. Seabury, M.D.

Address, 1523 Jackson St.

Remarks,

1 9 1 0 0 0 0 0 7 4 8

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in writing to the Commissioner of Health the particulars required to be reported in the case of births by physicians and midwives, and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
J. S. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Ethel Dorsey
2. Sex, (state whether male or female) White Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 23rd 1910
6. Place of Birth, (Street and number) 15-49 N. Williams st
6. Full name of Mother, Mary M. Dorsey
7. Mother's Maiden Name, Mary M. Moore
8. Mother's Birthplace, Somerset Co. Md.
9. Full name of Father, Harry M.
10. Father's Occupation, Waterman
11. Father's Birthplace, Somerset Co Md.

Name of Medical Attendant or other person who makes this Return, J. F. Davis M.D.

Address, 618 Light St.

Remarks, 1 9 1 0 U 0 0 0 7 4 9

Every physician, midwife, or other person who shall assist at the birth of any child in this city, or who shall have charge of such child after birth, shall report such birth to the Commissioner of Health, in the manner and within the period above required. In case the birth of any child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents shall neglect or refuse to comply with the requirements of this section, he, she or they shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED — 9/30/24

RETURN OF A BIRTH. A53261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of Child LILLIAN BERTHA WITTE
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race)
4. Date of Birth, 3 Jan. 1910.
6. Place of Birth, (Street and number) 822 Hanover St.
6. Full name of Mother, Estella Witte
7. Mother's Maiden Name, Davis
8. Mother's Birthplace, Balto.
9. Full name of Father, Louis H. Witte
10. Father's Occupation, Eyesetter
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Elizabeth Yewell
Address, 6.1 & L. Fort Ave
Remarks, 1910000750

Every midwife, physician or other person who shall assist at the birth of any child in this City, shall report the same to the Registrar of Vital Statistics, at the office of the Board of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to comply with the requirements of this section shall be guilty of a misdemeanor and shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Baby Lowe
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 23rd 1910
6. Place of Birth, (Street and number) 1620 Light St
6. Full name of Mother, Addie Lowe
7. Mother's Maiden Name, Addie Wade
8. Mother's Birthplace, Frederick Co Md
9. Full name of Father, Jas. Lowe
10. Father's Occupation, Bricklayer
11. Father's Birthplace, Frederick Md

Name of Medical Attendant, or other person who makes this Return. E. Fauntleroy M.D.

Address, 1618 Light St

Remarks,

1 9 1 0 0 0 0 0 7 5 1

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 53263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Ba

A-532

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Name of child,* Mary Sharlofsky
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* W
4. *Date of Birth* 1-15-10 Born Jan 15
5. *Place of Birth, (Street and number)* Baltimore Street
6. *Full name of Mother,* Sofia Sharlofsky
7. *Mother's Maiden Name,* Sofia Kaa
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Andrew Sharlofsky Andrew
10. *Father's Occupation,* Labore
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Helen Pikrola

Address, 1910 [illegible] Essex

Remarks,

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

RETURN OF A BIRTH.

A53264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Name of child, Thelma Leneager
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Born 2 Jan 1910
5. Place of Birth, (Street and number) Baltimore Hoyt & Andrews
6. Full name of Mother, Rica Leneager
7. Mother's Maiden Name Riga Hoell
8. Mother's Birthplace, Baltimore
9. Full name of Father, Jefferson Leneager
10. Father's Occupation, Telegrph
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Helen Sikolajewski

Address, 1308 Towson Street

Remarks, 1910000753

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall report its birth to the Commissioner of Health, it shall become the duty of the parent or parents of such child, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Name of child,* Florence Rhoades
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Born Jan. 26th 1910
5. *Place of Birth, (Street and number)* Baltimore Street Cuba 1629
6. *Full name of Mother,* Margaret Rhoades
7. *Mother's Maiden Name,* Margaret Vigers
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* William Rhoades
10. *Father's Occupation,* Labour
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Helen Pickelsimer

Address, 1308 Lauren Street

Remarks, 1910000754

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

of a certificate between the first and third day of each and every month to the office or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Name of child, Anna Engredeus

2. Sex, (state whether male or female) Female

3. Race or color, (if not of the White Race) White

4. Date of Birth Born Jan 2 th 1910

5. Place of Birth, (Street and number) Baltimore Street & Gorsuch St

6. Full name of Mother, Katherine Johnson

7. Mother's Maiden Name, Katherine White

8. Mother's Birthplace, England

9. Full name of Father, George Johnson

10. Father's Occupation, Boiler Maker

11. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Helen Nicholazzetty

Address, 130 S Fauen Street

Remarks, 1 9 1 0 0 0 0 0 7 5 5

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be present at the birth, the mother is hereby required to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of Child,* Unnamed
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan., 25, 1910.
6. *Place of Birth, (Street and number)* 2226 E. Eager St.
6. *Full name of Mother,* Carrie Effie Justice
7. *Mother's Maiden Name,* " " Brashears
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full name of Father,* Wm. Edward Justice
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return. Ida Burgess M.D.

Address, 1203 E. Preston St.

Remarks, 19100000756

If death occur without the attendance of a physician or practitioner of mid-wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Jan 30 1910 5

1. Name of child,
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 30
5. Place of Birth, (Street and number) 730 Mahanoy st
6. Full name of Mother, Elisaetta Alt
7. Mother's Maiden Name, Efisaetta Freyholz
8. Mother's Birthplace, Chicago
9. Full name of Father, Henry Alt
10. Father's Occupation, Tailor
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruce

Address, 711 Biruot

Remarks, 1 9 1 0 0 0 0 0 7 5 7

RECEIVED FOR RECORD
FEB -2 1910
J.S. BOSLEY, M.D.
COMM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of the premises where such birth occurs, or of the Board of Health in the event of the removal of the mother and child, to report the same to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Audrey Pug
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth January 26- 1910
5. Place of Birth, (Street and number) 657 Hart st
6. Full name of Mother, Estella Pug
7. Mother's Maiden Name, Estella Schoolhouse
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Charles Frederick Pug
10. Father's Occupation, Teamster
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Barnes

Address, 711 Cooks Ln.

Remarks, 1910000758

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to notify such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 2 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,* Helen Loverder.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 15th 1910
5. *Place of Birth, (Street and number)* 911 S. Ostego St
6. *Full name of Mother,* Annie V. Loverder
7. *Mother's Maiden Name* Annie V. Russell
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* James W. Loverder
10. *Father's Occupation,* Trucker
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm B Angel

Address, 711 Cross St.

Remarks, 1 9 1 0 U 0 0 0 7 5 9

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the Person or Parents of such child, to report such birth to the Commissioner of Health, within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Name of child, Anna Elise Bensen
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth Jan 14th 1910
5. Place of Birth, (Street and number) 1138 Hanover st
6. Full name of Mother, Adaline Marie Bensen
7. Mother's Maiden Name, Adaline Marie Swolbeck
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, J Henry Bensen
10. Father's Occupation, Salesman
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return Wm Bayne

Address, 711 Cyhr St

Remarks,

1 9 1 0 0 0 0 0 7 6 0

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father, or of the mother if able, to report the same to the Commissioner of Health, within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

date and place of birth; and no said child shall be delivered, duly signed by the physician or midwife in attendance, or by the parent or other person having charge of said child, stating the true name of said child, the date and place of birth, and the full name, residence and occupation of each parent, to the Board of Commissioners of Public Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother of such child, and in case she be unable, then of the person who shall have charge of such child, to report the birth of such child to the Board of Commissioners of Public Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child, Laura V. Higdon

2. Sex, (state whether male or female) Female

3. Race or color, (if not of the White Race) White

4. Date of Birth January 2nd 1910

5. Place of Birth, (Street and number) 1207 Denver St. Balto Md

6. Full name of Mother, Leauria R. Higdon

7. Mother's Maiden Name, Leauria R. Haslam

8. Mother's Birthplace, Baltimore, Md.

9. Full name of Father, James A. Higdon

10. Father's Occupation, Glass Worker

11. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Burge

Address, 711 Cross St.

Remarks, 1910000761

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

RETURN OF A BIRTH. A53273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother or resident householder shall immediately thereafter if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Mildred Harriet Thomas
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 22 1910
6. Place of Birth, (Street and number) 1721 Eutaw St.
6. Full name of Mother, Edna Gertrude Thomas
7. Mother's Maiden Name, Edna Gertrude McEgwan
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Abraham Joseph Thomas
10. Father's Occupation, Medical Student
11. Father's Birthplace, Cambridge Mass

Name of Medical Attendant, or other person who makes this Return, Mrs M Warbeck

Address, 1814 N Bethel st

Remarks, 1910000762

See document file, Reg 6 Herbert Reg

RECEIVED FOR RECORD FEB -9 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

6-30-39

RETURN OF A BIRTH. A53274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Name of Child,* Marquette
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* January 14
6. *Place of Birth, (Street and number)* 1915 Patterson Place
6. *Full name of Mother,* Annie M. Rebbot
7. *Mother's Maiden Name,* Annie M. Bechtold
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Louis A. Rebbot
10. *Father's Occupation,* Stone cutter
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Katrina Kryston Madeira St. 905 E.

Remarks, 1 9 1 0 U 0 0 0 7 6 3

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and any person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Name of child,* Angela Ziegl
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Born Jan 9th 1910
5. *Place of Birth, (Street and number)* Baltimore Street Hanover 14 6
6. *Full name of Mother,* Anna Ziegl
7. *Mother's Maiden Name,* Anna Wagner
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Joseph Ziegl
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Helen Nicholas Zeigler

Address, 1508 Fawn Street

Remarks, 1 9 1 0 0 0 0 0 7 6 4

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

date and place of birth; and the said schools shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance as above required, then the parent or parents shall become the informant, and within the period above required, and any such person or persons who shall fail to make such return as aforesaid, or shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Name of child, Helen Scherer
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Born Jan 8th 1910
5. Place of Birth, (Street and number) Baltimore Street Emergency
6. Full name of Mother, Barbara Scherer
7. Mother's Maiden Name, Barbara Schadt
8. Mother's Birthplace, Germany
9. Full name of Father, John Scherer
10. Father's Occupation, Carpenter
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Helen Sybold agent

Address, 1208 Fawn Street

Remarks, 1 9 1 0 0 0 0 0 7 6 5

RECEIVED FOR RECORD
FEB 2 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance who is required to report its birth to the Commissioner of Health, both the father and mother of such child shall be jointly and severally liable for the penalty hereinafter fixed, to be recovered as other fines and forfeitures are recoverable.

Every physician or practitioner of Midwifery who shall attend upon any case of birth within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. A53277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Name of child, Magdalea Elizabeth Kaufman
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Born 19th Jan 1910
5. Place of Birth, (Street and number) Baltimore Street Nearest 1492
6. Full name of Mother, Elizabeth ~~Lengauer~~ Kaufman
7. Mother's Maiden Name, Elizabeth ~~Lengauer~~ Schultz
8. Mother's Birthplace, Baltimore
9. Full name of Father, Anton Kaufman
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

RECEIVED FOR RECORD
FEB -2 1910
JBS BOSLEY M.D. REGISTRAR OF HEALTH

Name of Medical Attendant, or other person who makes this Return, Helen Zibelspeth
Address, 1802 Eastern Ave
Remarks, 1910000766

date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form or as near as may be to the form hereinbefore prescribed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required to report its birth to the Commissioner of Health, the mother of such child shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1286.

RETURN OF A BIRTH. A53278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Dec. 28 th '09
5. *Place of Birth, (Street and number)*	516 S. Castle St.
6. *Full name of Mother,*	Annie Creamer
7. *Mother's Maiden Name,*	" Tuckelson
8. *Mother's Birthplace,*	Baltimore
9. *Full name of Father,*	William ~~Tuckelson~~ Creamer
10. *Father's Occupation,*	Laborer
11. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	R. M. Peacock
Address,	Evening Dispensary - 115 W. Baré St.
Remarks,	1 9 1 0 U 0 0 0 7 6 7

of a certificate between the first and third day of each and every month to the Commissioner of Health in the form prescribed by him, and every physician or midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, as the manner and within the period above required, and every person who shall have neglected to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 11/2/14

RETURN OF A BIRTH.

A53279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Name of Child,* WILLIAM FUSSELBAUGH
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan. 27. 910.
6. *Place of Birth, (Street and number)* Maryland Gen'l Hosp.
6. *Full name of Mother,* Emma Fusselbaugh.
7. *Mother's Maiden Name,* Emma Gehringer.
8. *Mother's Birthplace,* Balto. Md.
9. *Full name of Father,* Wm. F. Fusselbaugh
10. *Father's Occupation,* Merchant
11. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Thos. Rowland M.D.

Address, 1200 Linden Ave

Remarks, 1910000007688

Filed: 2/2/10

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents shall neglect or refuse to comply with the requirements of this section, he or they shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Name of Child, ✓
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. 30th 1910.
6. Place of Birth, (Street and number) Maryland Genl Hosp.
6. Full name of Mother, Rosa Cooper
7. Mother's Maiden Name, Rosa Bennett
8. Mother's Birthplace, Ireland
9. Full name of Father, Walter Cooper
10. Father's Occupation, Dairy foreman
11. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, E. X. Lenzo. M.D.
Address, Maryland Genl Hosp.
Remarks, 1910000769

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health in the manner above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 2 1910
J.S. SOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 18-10
6. *Place of Birth, (Street and number)* Maryland Gen Hosp.
6. *Full name of Mother,* Lena York.
7. *Mother's Maiden Name,* Jane
8. *Mother's Birthplace,* Ireland
9. *Full name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, E R Lemmon M.D.

Address, Maryland Gen Hosp.

Remarks, 1910000770

child day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or fail to comply with the requirements of this section shall be adjudged to be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 2 10
6. *Place of Birth, (Street and number)* Maryland Genl Hosp.
6. *Full name of Mother,* Elizabeth Starr
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,*
9. *Full name of Father,* Auburn Starr
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, E. R. Lewis MD.

Address, Maryland Genl Hosp

Remarks, 1 9 1 0 0 0 0 7 7 1

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents so neglecting or refusing to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53283

CERTIFICATE CORRECTED 8-30-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Albert Joseph Himelfarb
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth 1 January 1910
5. Place of Birth, (Street and number) 124 Orisquith St.
6. Full name of Mother, Fesie Himelfarb
7. Mother's Maiden Name, Fesie Musin
8. Mother's Birthplace, Russia
9. Full name of Father, Hirman S. Himelfarb
10. Father's Occupation, Peddlar
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, miss a Hurst

Address, 1116 E. Fayette St

Remarks, 1910000772

RECEIVED FOR RECORD FEB -2 1910 J. R. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

The full name of the child must be given, and if the certificate be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of January, to the Registrar of Vital Statistics, he will be entitled to receive from the City Health Department a fee of fifty cents. Any physician or practitioner of Medicine, or midwife or other person in attendance upon the mother, who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time above specified, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Name of Child, James Louis
2. Sex, (state whether male or female) Boy
3. Race or color, (if not of the White Race) White Race
4. Date of Birth, 1910 January 20
6. Place of Birth, (Street and number) 928 Sterling str
6. Full name of Mother, Susie T. Parrish
7. Mother's Maiden Name, Schlang
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, James T. Parrish
10. Father's Occupation, Wheelwright
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Barbara Jay midwife

Address, 944 aisgwith str

Remarks, 1910000773

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall thereafter become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. EOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Name of child, Frederick
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 1st 1910.
5. Place of Birth, (Street and number) 1236 Lafayette
6. Full name of Mother, Lizzie Meins
7. Mother's Maiden Name, Roder
8. Mother's Birthplace, Balto.
9. Full name of Father, Chas Meins
10. Father's Occupation, Machinist
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dr. Thos. Whitridge

Address, 203 N. Wash. St.

Remarks, 1910000774

Every person who shall be required by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in case the birth of any child shall occur in the absence of such practitioner, or shall neglect or refuse to attend upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
E. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Name of child, Garrison - Lee
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan: 4th 910
5. Place of Birth, (Street and number) 615 E Monument St.
6. Full name of Mother, Nellie Cadwalder
7. Mother's Maiden Name, Tina
8. Mother's Birthplace, Balto
9. Full name of Father, Edgar Cadwalder
10. Father's Occupation, Police-Officer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this return, Mrs L. Ann Gladden

Address, 2037 E Oaer St.

Remarks, 1910000007 7 5

If a birth occurs and be not reported, duly signed by the practitioner in the form of a certificate between the first and third day of such, and every month of his failure or neglect to report the same, he shall forfeit and pay the sum of ten dollars, to be sued for and recovered by the Commissioner of Health. In case there is no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the person or parents so failing hereafter to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Name of child,* Matheus
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 4th 1910
5. *Place of Birth, (Street and number)* 2103 Landsdowne St.
6. *Full name of Mother,* Kate Logan
7. *Mother's Maiden Name,* Iaea
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* John Logan
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. [illegible]

Address, 2037 E. Wash

Remarks, 19100000776

Every Physician, Midwife or other person who shall attend upon the birth of any child, or who shall be present at the birth of any child, or who shall be informed of the birth of any child, shall, within ten days after the birth of such child, deliver to the Commissioner of Health, or to such person as he may designate for the purpose, a certificate of such birth, which certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, midwife or other person, then it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall become the duty of the person or parents of the second

RETURN OF A BIRTH. A53289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. EDGLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Name of child,* William Blessing
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Jan. 11th 1910
5. *Place of Birth, (Street and number)* 1505 Bank St.
6. *Full name of Mother,* Marie Blessing
7. *Mother's Maiden Name,* Hartman
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* John F. Blessing
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. F. Ross Midwife

Address, 203 N. Wash. St.

Remarks, 1910000077

Be it known that the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child occurs after the midwife has left the house, it shall be the duty of any person in attendance upon the mother, immediately thereafter to notify the midwife of the fact, and such midwife shall thereupon call and report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall become the cause of the midwife's failure to report as required to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB -2 1910

JAS BOSLEY M.D.
HEALTH OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Frank Adams
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 16, 1910
5. *Place of Birth, (Street and number)* 2320 Edgar Place
6. *Full name of Mother,* Lizzie Lesley
7. *Mother's Maiden Name,* Adams
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Frank Lesley
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. St. Evan, Midwife

Address, 203 N. Wash. St

Remarks, 19100000778

Said facts of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Name of child,* Charles
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 24th, 1910.
5. *Place of Birth, (Street and number)* 22 S. Durham St.
6. *Full name of Mother,* Maggie Loshaw
7. *Mother's Maiden Name,* Lubart
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* George Loshaw
10. *Father's Occupation,* Laborg
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs A. Shaw Midwife

Address, 203 N. Wash St.

Remarks, 1910000779

Make and register of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the said schedule shall be delivered, duly signed by the mother, immediately thereafter to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail, neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Name of child,* Frederick - August

2. *Sex, (state whether male or female)* Male

3. *Race or color, (if not of the White Race)* White

4. *Date of Birth* Jan 24th 1910

5. *Place of Birth, (Street and number)* 1615 E Monument St

6. *Full name of Mother,* Lizzie Kramer

7. *Mother's Maiden Name,* Sahlem

8. *Mother's Birthplace,* Balto

9. *Full name of Father,* Henry Kramer

10. *Father's Occupation,* Laborer

11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Ida Mudrick

Address, 203 S Wash St

Remarks, 1910000780

RECEIVED FOR RECORD
FEB -2 1910
A.S. BOSLEY, M.D.
REGISTRAR OF HEALTH

The Name, Place of Birth, and Residence shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the certificate be not given by the person in charge, the parent or parents of such child shall within ten days thereafter report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Name of child,* Henry
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 26th 1910
5. *Place of Birth, (Street and number)* 128 S. Regester St.
6. *Full name of Mother,* Barbara Ritter
7. *Mother's Maiden Name,* Lenke
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Henry Ritter
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return Mrs. K. Krow Midwife

Address, 203 S. Wash. St

Remarks, 1910000781

And the Place of Birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person or parents of such child to report its birth to the Commissioner of Health, to the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB -2 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Laura
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 28th 9:0.
5. *Place of Birth, (Street and number)* 511 N. Collington Ave
6. *Full name of Mother,* Marie Graw
7. *Mother's Maiden Name,* Sholdin
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Tony Graw
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm L. Tom Midwife

Address, 203 N Wash

Remarks, 1910U000782

The exact place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the said schedule be not delivered by the attendant as aforesaid, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Lenard Michaeck
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 6, 1910
5. *Place of Birth, (Street and number)* 520 S Dallas St
6. *Full name of Mother,* Helen Michaeck
7. *Mother's Maiden Name,* Zelinska
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Anthony Michaeck
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dora Pionunska

Address, 523 S Bethel St

Remarks,

1 9 1 0 0 0 0 0 7 8 3

Every midwife, or other person who shall assist at the birth of any child, and every undertaker who shall be employed to bury the dead body of any child, for which a certificate has not been delivered to the Registrar of Vital Statistics, shall, within the first and third day of each and every month, make a report to the Board of Health, in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report to the Commissioner of Health, in the manner aforesaid, the birth of such child, and any person or persons neglecting or refusing hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,* Daniel Albert Capie
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan. 16 - 1910
6. *Place of Birth, (Street and number)* 1229 Light St
6. *Full name of Mother,* Mary Capie
7. *Mother's Maiden Name,* " Lacer
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Daniel Albert Capie
10. *Father's Occupation,* Salesman
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, G. F. Buchini

Address, 222 East Lemo St.

Remarks, 1910000007884

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parents of such child to cause such birth to be reported as herein required within ten days thereafter; and in case any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Name of Child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, Jan. 21, 1910
6. Place of Birth, (Street and number) 515 Streeper St.
6. Full name of Mother, Bertha Pamer
7. Mother's Maiden Name, Bertha Benton
8. Mother's Birthplace, Balto.
9. Full name of Father, Lewis Pamer
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne
Address, 824 S. Caston St.
Remarks, 1910000785

shall occur without the attendance of a physician or practitioner of midwifery, it should be the duty of the person in attendance upon the birth, and in case there is no person in attendance, then the parent or parents of such child, within ten days after the birth thereof, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eighth

1. Name of Child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, Jan 12, 1910
6. Place of Birth, (Street and number) 919 Harris Ale
6. Full name of Mother, Matilde Madyetarf
7. Mother's Maiden Name, Matilde Burger
8. Mother's Birthplace, Germany
9. Full name of Father, Mas Madyetarf
10. Father's Occupation, Stevedore
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L Dwayne

Address, 824 S Canton St.

Remarks, 1910000786

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the parent or parents, or other person having charge of such child, to report the facts of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child, Melvin LeRoy McCord
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, Jan. 30, 1910
6. Place of Birth, (Street and number) 572 Robinson St.
6. Full name of Mother, Katy (McCoy) McCord
7. Mother's Maiden Name, Katy Schultz
8. Mother's Birthplace, Balto.
9. Full name of Father, Harry (McCoy) McCord
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayze
Address, 824 S. Canton St.
Remarks, 1910000787

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Name of Child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, Jan. 30, 1910
6. Place of Birth, (Street and number) 507 Monford Ave
6. Full name of Mother, Emma Nicholds
7. Mother's Maiden Name, Emma Barnes
8. Mother's Birthplace, Balto.
9. Full name of Father, William Nicholds
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

19100000788

Every person who shall neglect or refuse to report and return as herein required the birth of any child which shall occur without the attendance of a physician or midwife, or who shall report any false or untrue statement concerning the same, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars; and in case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in whose house or on whose premises such birth occurs, within the period above required, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Hayden Myers
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 28th 1910
6. *Place of Birth, (Street and number)* 1518 Bolt St
6. *Full name of Mother,* Mary Myers
7. *Mother's Maiden Name,* Mary Stamer
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Edward Myers
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Hamm M.D.

Address, 1618 Light St.

Remarks, 1 9 1 0 0 0 0 0 7 8 9

Each person required by this section to make a return of a birth, and who shall refuse or neglect to make such return as herein required, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than fifty dollars for each offense.

Every midwife, physician or practitioner in attendance upon any birth shall, within ten days after the birth of any child thereafter, make a return of such birth to the Commissioner of Health, in the manner and form prescribed by this section; and if there be no physician or midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form prescribed by this section; and any such person who shall refuse or neglect to make such return as herein required shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 10 Jan. 1910
6. *Place of Birth, (Street and number)* 1427 Woodall St.
6. *Full name of Mother,* Susan Jones
7. *Mother's Maiden Name,* Belt
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* William Jones
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Elizabeth Yewell

Address, 618 E. Fort Ave

Remarks, 1910000007 90

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall fail to so report shall be subject to a penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child
1. Name of child, Jacob Koch
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 28th Jan 1910
5. Place of Birth, (Street and number) Baltimore Street Govpair 1419
6. Full name of Mother, Elizabeth Koch
7. Mother's Maiden Name, Elizabeth Kilser
8. Mother's Birthplace, Ingaviam
9. Full name of Father, Jacob Koch
10. Father's Occupation, Tailor
11. Father's Birthplace, Ingaviam

Name of Medical Attendant, or other person who makes this Return, Helen Kilser agent to
Address, 1508 Towson Street
Remarks, 1910000791

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Of each birth occurring within the period above required, duly signed by the practitioner in the form of a certificate, or, where no physician or midwife is in attendance, by the householder or owner of the premises where the birth occurred, or by the parent of the child, or by the person having charge of the mother at the time of birth, within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Name of child,* Peter Hailey
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Born 12th Jan 1910
5. *Place of Birth, (Street and number)* Baltimore Upton Condemned
6. *Full name of Mother,* Mollie Hailey
7. *Mother's Maiden Name,* Mollie Farrell
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* John Hailey
10. *Father's Occupation,* Stone Cleaner
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Helen Mitchell Albright

Address, 1508 Towson St

Remarks, 1910000792

RECEIVED FOR RECORD
FEB -2 1910
M.S. BOSLEY M.D.
COMR OF HEALTH

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, the mother herself shall become liable to the penalty above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. Name of child, Evanton N White
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Born Jan 15th 1910
5. Place of Birth, (Street and number) Baltimore Street Md 1116
6. Full name of Mother, Catherine N White
7. Mother's Maiden Name, Catherine Leonley
8. Mother's Birthplace, Ireland
9. Full name of Father, Evanton N White
10. Father's Occupation, Bricklayer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Helen Nicholazzi

Address, 1808 Eutaw Street

Remarks, 1 9 1 0 0 0 0 0 7 9 3

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate above indicated, to the said Registrar within the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother at the birth, the midwifery, or should no other person be in attendance upon the mother at the birth, the Commissioner of shall become the duty of the person above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. Name of child, William George Kramer

2. Sex, (state whether male or female) Male

3. Race or color, (if not of the White Race)

4. Date of Birth Jan 29 1910

5. Place of Birth, (Street and number) 708 N. Bare St Balto City

6. Full name of Mother, Emma Rebecca Kramer

7. Mother's Maiden Name, Riley

8. Mother's Birthplace, Balto City

9. Full name of Father, Harry Boyle Kramer

10. Father's Occupation, Laborer

11. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs Bourgé

Address, 711 E 10th St.

Remarks, 1910000794

RECEIVED FOR RECORD FEB -2 1910 GEO BOSLEY M.D. COM'R OF HEALTH

Every case between the first and third day of each month to the Office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents so failing to report such birth, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Ina Timothy Carr
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 24, 1910
5. Place of Birth, (Street and number) 1723 Seymour Street
6. Full name of Mother, Mary M. Carr
7. Mother's Maiden Name, Mary M. Grace
8. Mother's Birthplace, Baltimore
9. Full name of Father, Henry C. Carr
10. Father's Occupation, Bricklayer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Bourgh

Address, 711 Lemmon St.

Remarks, 1910000795

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons residing in the house where such birth occurs, or of the nearest relative present, or of the undertaker employed, within five days after the birth occurs, to make the return required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Louis
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 14th 1910
5. *Place of Birth, (Street and number)* 406 Stockholm st City
6. *Full name of Mother,* Anna M Sears
7. *Mother's Maiden Name,* Knauer
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* Charles L Sears
10. *Father's Occupation,* Stage Carpenter
11. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 W Lanvale st

Remarks, 1910000796

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of said knowledge, or should no other person be present at the birth, it shall be the duty of the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents with whom the child resides to report the case to the Board of Health, within the period above named, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Edward F. Sykes
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 6-1910
5. Place of Birth, (Street and number) 1916 W Lanvale St
6. Full name of Mother, Lola H. Sykes
7. Mother's Maiden Name, Lewis
8. Mother's Birthplace, Virginia
9. Full name of Father, Geo F. Sykes
10. Father's Occupation, Automobile Engineer
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Bangel

Address, 711 Cathedral St.

Remarks, 1910000797

RECEIVED FOR RECORD
FEB -2 1910
H. BOSLEY M.D.
COMR OF HEALTH

RETURN OF A BIRTH. A53310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Paul Erdman Scanlan
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* Jan 21 10
6. *Place of Birth, (Street and number)* 1619 N Bond.
6. *Full name of Mother,* Ada Marie Scanlan
7. *Mother's Maiden Name,* " " Erdman
8. *Mother's Birthplace,* Balt.
9. *Full name of Father,* Brown Cleveland Scanlan
10. *Father's Occupation,* Bkmkr
11. *Father's Birthplace,* Keyser W Va.

Name of Medical Attendant, or other person who makes this Return, Edw Tyanning

Address, 1735 N Edmondson Av

Remarks, 1910000798

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health; and if the person or parents of any such child fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 9

1. *Name of Child,* Chas William Probert
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 15th January
6. *Place of Birth, (Street and number)* 519 W Monument Ave
6. *Full name of Mother,* Barbara Schaefer Probert
7. *Mother's Maiden Name,* Barbara Schaefer
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Wm F Probert
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Katerina Krapelova Medaine St. 905 N

Remarks, 1910000799

And be it further enacted, That every physician or practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be required to make such return, then it shall be the duty of the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 23 Jan. 1910.
6. *Place of Birth, (Street and number)* 414 E. Clement St.
6. *Full name of Mother,* Minette B. Rush
7. *Mother's Maiden Name,* Shemaker
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Charles C. Rush
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Elizabeth Yewell

Address, 618 S. Fort Ave

Remarks, 1 9 1 0 U 0 0 0 8 0 0

The Board of Health of Baltimore City has established the following rules and regulations, which are published for the information of all persons concerned: In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
REG'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth, 17 Jan. 1910.
6. Place of Birth, (Street and number) 717 E. Fort Ave.
6. Full name of Mother, Lillian E. Smith
7. Mother's Maiden Name, Bornsmann
8. Mother's Birthplace, West Indias
9. Full name of Father, Edward E. Smith
10. Father's Occupation, B. & O. R. R.
11. Father's Birthplace, Queen Annes Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Elizabeth Yewell
Address, 618 E. Fort Ave

Remarks, 1 9 1 0 U 0 0 0 8 0 1

Any person who shall refuse or neglect to make the return required by this act, or who shall make a false return, or who shall refuse to give information required by the Commissioner of Health, or who shall give false information, or who shall refuse to allow the Commissioner of Health access to any records relating to births, or who shall refuse to permit the inspection of any child, or who shall refuse to allow the vaccination of any child, or who shall refuse to report its birth to the Commissioner of Health, in the manner and within the period above required, and any midwife or physician who shall refuse or neglect to report any birth at which he was in attendance, or who shall refuse to report the same as required by this act, or who shall refuse to report the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter; it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall refuse or neglect to comply with the provisions of this act, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 2 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth, 20 Jan 1910
6. Place of Birth, (Street and number) 815 Clement St
6. Full name of Mother, Hattie E Delashmutt
7. Mother's Maiden Name,
8. Mother's Birthplace, Frederick Md.
9. Full name of Father, George H. Delashmutt
10. Father's Occupation, B & O. R.R.
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Elizabeth Yewell

Address, 618 E. Fort Ave

Remarks, 1 9 1 0 U 0 0 0 8 0 2

Sec. 4. And be it further enacted, That in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall be compelled to make such report, and shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

According to Article 23, Section 7.

A53315

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

Name of child: John Wilson Stehl

Id of Mother, (state whether 1st, 2d, 3d, &c.) First

ate whether male or female) Male

color, (if not of the white race) White

Birth, Dec 19- 09

Birth, (Street and Number) 2009 Eutaw Place

ame of Mother Theresa Stehl

s Maiden Name Theresa Corcoran

s Birthplace Balto

ame of Father Wilson Stehl

s Occupation Insurance Agent

s Birthplace Md.

f Medical Attendant, or other person who makes this Return. Patrick Martin M.D.

2100000803

1002 Linden Ave

s

s

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53316

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 424 E. Lafayette Ave St.; 12th Ward)

(2) FULL NAME OF CHILD Joseph Edward Gettier

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 30 1910

FATHER

(8) FULL NAME Joseph Alfonsus Gettier

(9) RESIDENCE 424 E. Lafayette Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Baltimore - Md.

(13) OCCUPATION Salesman

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Mary Cecelia Hughes

(15) RESIDENCE 424 E. Lafayette Ave.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Williamsport - Washington Co - Md.

(19) OCCUPATION None

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1½ A. M., on the date above stated.

(23) Signature E. A. Muñoz M.D.

Address of attending physician or midwife 1 U 000804 Phila.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -9 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Name of Child,*	
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	
4. *Date of Birth,*	January 29th 1910
6. *Place of Birth, (Street and number)*	1008 N Stricker St
6. *Full name of Mother,*	Ruth A Board
7. *Mother's Maiden Name,*	Ruth A Goode
8. *Mother's Birthplace,*	Virginia
9. *Full name of Father,*	John Board
10. *Father's Occupation,*	Letter Carrier
11. *Father's Birthplace,*	Lisbon Md
Name of Medical Attendant, or other person who makes this Return,	John J Pennington M.D.
Address,	The Marlborough
Remarks,	1 9 1 0 0 0 0 0 8 0 5

CERTIFICATE AMENDED - 7/16/69

RETURN OF A BIRTH. A53318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, SARAH CLARE CUSACK
2. Sex, (state whether male or female) ~~Male~~ Female.
3. Race or color, (if not of the White Race) White.
4. Date of Birth, January 8th 1910.
6. Place of Birth, (Street and number) 1313 W Lombard st.
6. Full name of Mother, Nellie ~~Lancaster~~ CUSACK
7. Mother's Maiden Name, Nellie Nixon.
8. Mother's Birthplace, Baltimore City.
9. Full name of Father, John ~~Lancaster~~ CUSACK
10. Father's Occupation, Conductor City R R Co
11. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other person who makes this Return, John L Pennington M.D.

Address, 1714 Mcculloh

Remarks, 19100000806

Any person who shall violate the provisions of this section, or any physician or midwife who shall neglect or refuse to report as herein required, or any person who shall refuse to furnish the information required by this section, or who shall knowingly furnish false information, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY, M.D.
REGISTER OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two children.

1. Name of Child, Laurence Boose
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, January 24. 1910.
6. Place of Birth, (Street and number) 1522 Wolcott St.
6. Full name of Mother, Virginia Boose
7. Mother's Maiden Name, Virginia Gross
8. Mother's Birthplace, Caroline Co Md.
9. Full name of Father, Virgil Boose
10. Father's Occupation, Laundry Store
11. Father's Birthplace, Caroline Co Md.

Name of Medical Attendant, or other person who makes this Return. Hettie Brown

Address, 1307 Wolcott St

Remarks, Colored

1910000000807

shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of any such midwife or other person in attendance, if there be no physician or practitioner of midwifery, or should no other person be in attendance, then the nearest relative present, within five days after the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 1st

1. Name of Child, Charles Francis Smith
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, 1/26/10
6. Place of Birth, (Street and number) 510 Fremont Ave
6. Full name of Mother, Katie L. Smith
7. Mother's Maiden Name, Katie L. Johnson
8. Mother's Birthplace, Baltimore, Md.
9. Full name of Father, Oscar Smith
10. Father's Occupation, Brickmaker
11. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Harry T. Brown

Address, 1360 N. Stricker St.

Remarks, 1 9 1 0 0 0 0 0 0 8 0 8

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Helen Gutman
2. Sex, (state whether ~~male~~ or female)
3. Race or color, (if not of the White Race)
4. Date of Birth, Oct. 6th 1909
6. Place of Birth, (Street and number) #111 N. Collington Ave.
6. Full name of Mother, Amelia Gutman
7. Mother's Maiden Name, " ~~Gut~~ Leopold
8. Mother's Birthplace, Balto.
9. Full name of Father, Morris Gutman
10. Father's Occupation, Harness maker
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Thos. H. Buck

Address, 500 E. 29 th ST.

Remarks,

1910000809

Any and all persons shall every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should no one of the parents of such child be present at the birth, then the occupant of the house in which such birth occurs shall report the same within the period above required, and in the manner and within the period above required, and in the manner and within the period above required, and in the manner and

GIVEN NAME ADDED -4/28/12

RETURN OF A BIRTH. A53322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,* ESTELLE PATTERSON WHITE
2. *Sex, (state whether male or female)*
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Nov.9th 1909
5. *Place of Birth, (Street and number)* #1121 Clifton Place
6. *Full name of Mother,* Amelia V.White
7. *Mother's Maiden Name,* " Beadenkopf
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* John A.White
10. *Father's Occupation,* Attorney
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Edwin Wenck

Address, 500 E.20th ST.

Remarks,

1 9 1 0 0 0 0 0 8 1 0

Health. In case the birth of any child shall not occur within the time and in the manner above specified, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,*
2. *Sex, (state whether ~~male~~ or female)*
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Nov.18th 1909
5. *Place of Birth, (Street and number)* #1406 Penn.Ave.
6. *Full name of Mother,*
7. *Mother's Maiden Name,* Smith
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* John E.Gist
10. *Father's Occupation,* Merchant
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Chas. S. Brack

Address, 500 E.20th St.

Remarks, 1 9 1 0 0 0 0 0 8 1 1

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

Health, In case the birth of the child shall occur in this city and every person to whom or to the office of commissioner of Registrar, or shall come to the knowledge of any person in attendance at the birth, it shall be the duty of such physician or practitioner or shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines shall be forfeited to the use of the city.

RETURN OF A BIRTH. A53324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of child,*
2. *Sex, (state whether ~~male~~ or female)*
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec.14th 1909
5. *Place of Birth, (Street and number)* #217 Old York Road
6. *Full name of Mother,* Lula Horner
7. *Mother's Maiden Name,* " Kohler
8. *Mother's Birthplace,* Hartford Co.Md.
9. *Full name of Father,* Michael T.Horner
10. *Father's Occupation,* Manufacturer
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Chas. S. Brack

Address, 500 E.20th St.

Remarks,

1 9 1 0 0 0 0 0 8 1 2

Health. In case the BIRTH of any child shall occur to any person in any house in any month to the office of Commissioner of Health, or should no other person be in attendance at the birth, the midwife, or the nurse in attendance, shall become the duty of the person or parents of such child to report its birth to the Commissioner of midwifery, or should no other person be in attendance at the birth, the midwife, or the nurse in attendance, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have charge of such midwife or nurse, who shall neglect or refuse to make such report, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Name of child,*
2. *Sex, (state whether ~~male~~ or female)*
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec.26th 1909
5. *Place of Birth, (Street and number)* #1631 Madison Ave.
6. *Full name of Mother,* Alice Barrett
7. *Mother's Maiden Name,* "" Hollander
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Arthur G.Barrett
10. *Father's Occupation,* Physician
11. *Father's Birthplace,* Nobth East

Name of Medical Attendant, or other person who makes this Return, Edwin S Brooke

Address, 500 E.20th St.

Remarks,

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

1 9 1 0 0 0 0 0 8 1 3

Health. In case the birth of any child shall occur in any house and every British to the office or Commissioner of Health, or should no other person be present about the attendance of a physician or practitioner of midwifery, or should no other person be present about the attendance of a physician or practitioner of midwifery, or should no other person be present about the attendance of a physician or practitioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Name of child,* Elizabeth Mary Rudigier
2. *Sex, (state whether ~~male~~ or female)*
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Jan. 6th 1910
5. *Place of Birth, (Street and number)* #4102 Maine Ave. Forrest Park
6. *Full name of Mother,* Mary Rudigier
7. *Mother's Maiden Name,* " McGann
8. *Mother's Birthplace,* Lancaster Pa.
9. *Full name of Father,* Edw. A. Rudigier
10. *Father's Occupation,* Asst. Supt. Standard Oil Co.
11. *Father's Birthplace,* Towson

Name of Medical Attendant, or other person who makes this Return, Chas. W. Mack

Address, 500 E. 20th St.

Remarks,

1 9 1 0 0 0 0 0 8 1 4

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then and in every such case it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Name of child,* Sarah Pace Carothers
2. *Sex, (state whether ~~male~~ or female)*
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Jan.15th 1910
5. *Place of Birth, (Street and number)* Liberty Heights Ave.Forrest P.
6. *Full name of Mother,* Lottie Carothers
7. *Mother's Maiden Name,* " " Pace
8. *Mother's Birthplace,* Va.
9. *Full name of Father,* Joseph H.Carothers
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. J. Bond

Address, 500 E.20th St.

Remarks,

9	1	0	0	0	0	0	8	1	5

Health. In case the 2nd or 3rd day of each and every month to the office of the Registrar of Births, Marriages and Deaths in the City of Baltimore, and within the period above specified, to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* February 1, 1910.
5. *Place of Birth, (Street and number)* No. 2007 Kennedy ave
6. *Full name of Mother,* Lilian E. Lawrence
7. *Mother's Maiden Name,* Lilian E. Killian
8. *Mother's Birthplace,* Baltimore city
9. *Full name of Father,* Marion Lawrence
10. *Father's Occupation,* Electrician
11. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, A. A. Elsewell M.D.

Address, 1741 Hayford ave

Remarks,

RECEIVED FOR RECORD FEB -3 1910 JAS. BOYLE, M.D. SUPT. OF HEALTH.

19100000816

Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person above mentioned make such return, then it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Name of child,*
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 31, 1910.
5. *Place of Birth, (Street and number)* 1210 N. Lemmant ave
6. *Full name of Mother,* Della C. Johnson
7. *Mother's Maiden Name,* Della C. Turner.
8. *Mother's Birthplace,* Maryland.
9. *Full name of Father,* George C. Johnson
10. *Father's Occupation,* Driver Ice Wagon
11. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, R. A. Elwell M.D.

Address, 1741 Hanford ave

Remarks,

1910000817

RECEIVED FOR RECORD
FEB 3 1910
JAS. EOSLEY M.D.
COM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter to make the return required by this section, and in case there is no person in attendance it shall become the duty of the person providing for the mother to make such return to the Commissioner of Health. In this manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. POSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* January 14th 1910
5. *Place of Birth, (Street and number)* 1712 N. Chapel St
6. *Full name of Mother,* Blanche ~~Wilson~~ Cole
7. *Mother's Maiden Name,* Blanche Wilson
8. *Mother's Birthplace,* Baltimore City
9. *Full name of Father,* Charles William Cole
10. *Father's Occupation,* Sheet Iron Worker
11. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. S. J. Keller M. W.

Address, 1836 N. Chester St.

Remarks, 1 9 1 0 U 0 0 0 8 1 8

Health. In case the birth of any child shall occur without the knowledge of the father, it shall be the duty of the person in charge of the house in which such birth occurs, or of the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so shall neglect or refuse to make such report shall be liable to a fine of ten (10) dollars For each offense, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 453331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Hilda May S.
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* June 5th 1910
6. *Place of Birth, (Street and number)* 611 Falls Road
6. *Full name of Mother,* Melva Swatzbaugh
7. *Mother's Maiden Name,* Melva Sykes
8. *Mother's Birthplace,* Carroll Co. Md
9. *Full name of Father,* Newton Swatzbaugh
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return, Geo. T. Thowes, M.D.

Address, 1321 Roland Ave.

Remarks,

1 9 1 0 0 0 0 0 8 1 9

RETURN OF A BIRTH. A53332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the parent and every person having such attendance upon the mother, who shall neglect or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Name of Child,* Frances Eleanor B.
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Jan 30th 1910
6. *Place of Birth, (Street and number)* 208 Carroll St.
6. *Full name of Mother,* Elizabeth Naomi Buchman
7. *Mother's Maiden Name,* Elizabeth Naomi Williams
8. *Mother's Birthplace,* Balt. Co. Md
9. *Full name of Father,* William D. Buchman
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 1321 Roland Ave.

Remarks,

RECEIVED FOR RECORD
FEB 3 1910
JAS. BOGLEY, M.D.
COM'R OF HEALTH

19100000820

RETURN OF A BIRTH. A53333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Name of child,*
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* January the 21st 1910.
5. *Place of Birth, (Street and number)* 1730 s. Hanover Ste.
6. *Full name of Mother,* Rose Burger
7. *Mother's Maiden Name,* Furly
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Wade Burger
10. *Father's Occupation,* Fireman
11. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Seiler

Address, 1622 Clarkson Ste

Remarks, 1910000821

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this ordinance the birth of every child born within the limits of Baltimore City shall be reported to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother of such child to report its birth to the Commissioner of Health, to the manner and within the period above required, and any person neglecting or hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -3 1910
CHAS. POSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3d)

1. *Name of Child,* LOUISE HORRIS
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* January 29th 1910
6. *Place of Birth, (Street and number)* 3439 Piedmont Ave. Walbrook
6. *Full name of Mother,* Sarah M. G. Morris
7. *Mother's Maiden Name,* " " " Tilghman
8. *Mother's Birthplace,* Worcester Co., Md.
9. *Full name of Father,* John W. Morris
10. *Father's Occupation,* Book-keeper
11. *Father's Birthplace,* Salisbury, Wicomico Co., Md.

Name of Medical Attendant, or other person who makes this Return. Echart Cummer M.D.

Address, 539 N. Fulton Ave

Remarks,

1910000822

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report the birth of such child to the Commissioner of Health, and the person so neglecting to report the same, and any midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3/19/68

RETURN OF A BIRTH. A53335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Name of child, LEONA GERTRUDE WOLF
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth February the 1st 1910
5. Place of Birth, (Street and number) 115 W. Barney St.
6. Full name of Mother, Gertrude Wolf
7. Mother's Maiden Name, Breiming
8. Mother's Birthplace, Balto.
9. Full name of Father, Charley J. Wolf
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Seiler

Address, 1622 Clarkson St.

Remarks, 1910000008 23

A penalty not to exceed ten dollars is risk and thirty days of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required by the ordinances of Baltimore City, and all persons hereafter failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

AMENDED BY COURT ORDER - 9/16/74

Registered No. B A53336

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No.) 817 W. Lombard (St.; Ward)

(2) FULL NAME OF CHILD ~~Robert~~ Robert Lund WATSON (If other is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	X	X	Yes.	Jan. 15, 1910

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	Edward Lund	(14) FULL MAIDEN NAME	Owen Wood.
(9) RESIDENCE	817 N. Lombard St	(15) RESIDENCE	817 N. Lombard St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years) 36	(16) COLOR White
(12) BIRTHPLACE	Copenhagen Denmark	(17) AGE AT LAST BIRTHDAY (Years) 21	(18) BIRTHPLACE Ashboro, N. C.
(13) OCCUPATION	Feather Renovator		(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 A. M., on the date above stated.

(23) Signature Clark H. Heuscombe, M.D.

* When there was no attending physician or midwife, [illegible]

RETURN OF A BIRTH. A53337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

RECEIVED FOR RECORD FEB -3 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

1. *Name of child,* Gustav Aminoff
2. *Sex, (state whether male or ~~female~~)*
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Dec.26th 1909
5. *Place of Birth, (Street and number)* #2914 Evergreen Terrace
6. *Full name of Mother,* Aili Anna Aminoff
7. *Mother's Maiden Name,* " " Cammelin
8. *Mother's Birthplace,* Finland
9. *Full name of Father,* Gustav Aminoff
10. *Father's Occupation,* Chemist
11. *Father's Birthplace,* Astrachan Russia

Name of Medical Attendant, or other person who makes this Return. Thos. E. Brush

Address, 500 E.20th St.

Remarks, 1910000825

Health. In case the birth of any child shall not be reported to the Commissioner of Health within the time above prescribed, the person or persons who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 453338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Name of child,* Francis Patrick Gallagher
2. *Sex, (state whether male or ~~female~~)*
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Jan.9th 1910
5. *Place of Birth, (Street and number)* Beaumont Ave.& York Road
6. *Full name of Mother,* Ann Elizabeth Gallagher
7. *Mother's Maiden Name,* " " Dooley
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Hugh J.Gallagher
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Govans

Name of Medical Attendant, or other person who makes this Return, Chas. Brack

Address, 500 E.20th St.

Remarks, 1 9 1 0 0 0 0 0 8 2 5

RECEIVED FOR RECORD
FEB -3 1910
JAS. EOSLEY M.D.
COM'R OF HEALTH

RETURN OF A BIRTH. A53339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother (immediately thereafter if she shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Name of Child,* Vernon Eugene Duncan
2. *Sex,* (state whether male or female) Male
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth,* Jan. 7th 1910.
6. *Place of Birth,* (Street and number) 223 N. Mount St.
6. *Full name of Mother,* Emma Beatrice Duncan
7. *Mother's Maiden Name,* Emma Beatrice Mabry
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* Walter Thomas Duncan
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Balto md

RECEIVED FOR RECORD FEB -3 1910 JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

Name of Medical Attendant, or other person who makes this Return, C. W. Slatemyer

Address, 1703 W. Baltimore

Remarks, 1 9 1 0 U 0 0 0 8 2 7

RETURN OF A BIRTH.

A53340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Name of Child, Charles Gerard Burl
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 15 1910
6. Place of Birth, (Street and number) 1818 McHenry St.
6. Full name of Mother, Amelia Burl
7. Mother's Maiden Name, Amelia Eisendorf
8. Mother's Birthplace, Balto md
9. Futl name of Father, Alphons J. Burl.
10. Father's Occupation, Clerk
11. Father's Birthplace, Balto md

RECEIVED BY RECORD FEB -3 1910 JAS. FOSLEY, M.D. REGISTRAR

Name of Medical Attendant, or other person who makes this Return, G. W. Hatem M.D.

Address, 1703 N. Fayette

Remarks, 1 9 1 0 0 0 0 0 3 2 3

RETURN OF A BIRTH. A53341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Henry Reginald Dunnock
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan. 23rd 1910.
6. *Place of Birth, (Street and number)* 711 Bleecker Ave.
6. *Full name of Mother,* Lelia Belle Dunnock
7. *Mother's Maiden Name,* Lelia Belle Bassett
8. *Mother's Birthplace,* Thurmont Md.
9. *Full name of Father,* Henry Orfing Dunnock
10. *Father's Occupation,* Conductor
11. *Father's Birthplace,* Golden Hill Md.

Name of Medical Attendant, or other person who makes this Return, W. H. Smith M.D.

Address, 3429 Chestnut Ave

Remarks, 1910U000829

Every birth must, by the direction of the Board of Health, be reported to the Registrar of Vital Statistics, at the office of the Board of Health, Baltimore, Md., within ten days after the occurrence thereof, and if any child shall die without having been reported, the physician or midwife in attendance upon the case shall report the same to the Registrar of Vital Statistics, at the office of the Board of Health, Baltimore, Md., within ten days after the occurrence of such death, and should no other person be in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and failure to comply with the provisions of this section shall subject any such person or persons who shall hereafter fail to comply with the provisions of this section, to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d (Second)

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 10th 1910
6. Place of Birth, (Street and number) Fernhill Ave, W. Arlington
6. Full name of Mother, Ruby Harris
7. Mother's Maiden Name, Ruby Wyche
8. Mother's Birthplace, Henderson, Vance Co. N. C.
9. Full name of Father, Henry A Harris
10. Father's Occupation, Book keeper
11. Father's Birthplace, Henderson, Vance Co, N. C.

Name of Medical Attendant, or other person who makes this Return, Edw. T Rummer M.D.
Address, 539 N. Fulton Ave
Remarks,

19100000830

Every physician or midwife in attendance upon any case of birth shall report the same to the Commissioner of Health, in the manner and within the period above required, and in case no physician or midwife shall be in attendance upon the mother, immediately thereafter, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the father of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Name of child,* Luis Leonard
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* January the 18th 1910.
5. *Place of Birth, (Street and number)* 109. Barney Ste.
6. *Full name of Mother,* Mary Mitten
7. *Mother's Maiden Name,* Dandker
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* John P. Mitten
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Elizabeth Seiler

Address,

Remarks, 1910000831

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person or persons so offending shall, upon conviction before the Criminal Court of Baltimore, be subjected to a fine of not less than five (5) nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Name of child, Jones
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 31 - 1910
5. Place of Birth, (Street and number) 1441 N. Fulton Ave
6. Full name of Mother, Mary Catherine Jones
7. Mother's Maiden Name, Mary Catherine Fischer
8. Mother's Birthplace, Balto. City
9. Full name of Father, Harry Harndon Jones
10. Father's Occupation, Locomotive Fireman
11. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, Thos. S. Humphrey M.D.
Address, 2014 N. Fulton Ave

Remarks, 1910000832

Health, to the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be collected as other fines and forfeitures are recoverable.

Health. In case the birth of any child shall occur without the attendance of a physician or midwife or nurse, it shall be the duty of the person or persons in charge of the house in which such birth occurs, or in which the mother of such child may be, to report the birth to the Commissioner of

RETURN OF A BIRTH. A58345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -9 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 ~~two~~
1. Name of child, Marie E.
2. Sex, (state whether male or female) girl
3. Race or color, (if not of the White Race) White
4. Date of Birth 2 January 1910
5. Place of Birth, (Street and number) 721 Port str
6. Full name of Mother, Marie Kolar
7. Mother's Maiden Name, Marie Branac
8. Mother's Birthplace, Bohemia
9. Full name of Father, Martin Kolar
10. Father's Occupation, Tailor
11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Louisa Gima
Address, 2034 Ashland ave
Remarks, 1910000008313

Note. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of child,* Marie R.
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 30 January 1910
5. *Place of Birth, (Street and number)* 1719 N. Chapel str
6. *Full name of Mother,* Rosi Klomenda
7. *Mother's Maiden Name,* Rosi Luces
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Anton Klomenda
10. *Father's Occupation,* Marbel polisher
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Louisa Sirna

Address, 2034 Ashland ave

Remarks, 1 9 1 0 U 0 0 0 0 8 7 3 All Well

Midwife, or other person who shall act as midwife, without the attendance of a physician or practitioner of medicine, shall report the birth of every child born in any case of premature birth, or where the child shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Name of child, Francis J.
2. Sex, (state whether male or female) Girl
3. Race or color, (if not of the White Race) White
4. Date of Birth 19 January 1910
5. Place of Birth, (Street and number) 806 n Castle str
6. Full name of Mother, Josefa Krumel
7. Mother's Maiden Name, Josefa Slechta
8. Mother's Birthplace, Bohemia
9. Full name of Father, Josef Krumel
10. Father's Occupation, Schoemaker
11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Louisa Sima
Address, 2034 Ashland ave
Remarks, 1910 B 00835

Every person who shall neglect or refuse to report any birth as required by this ordinance, or who shall report any false statement concerning any birth, or who shall neglect or refuse to comply with any of the provisions of this ordinance, shall be guilty of a misdemeanor and upon conviction thereof shall be fined not more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* Violet. W.
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 7 January 1910
5. *Place of Birth, (Street and number)* 1939 Patterson Place
6. *Full name of Mother,* Thelma Sybil
7. *Mother's Maiden Name,* Thelma Schwensen
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Mike Sybil
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Louisa Sima

Address, 2034 Ashland ave

Remarks, 1910 00 0834

Violet W.

Penalty. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required by law. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 3/18/69

RETURN OF A BIRTH. A53349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Name of child,* LILLIAN ELLIOTT ~~Florentine~~
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 3 January 1910
5. *Place of Birth, (Street and number)* 1032 Wolf str.
6. *Full name of Mother,* Blanche Elliott
7. *Mother's Maiden Name,* Blanche Tress
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Charles Elliott
10. *Father's Occupation,* Labor man
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Louisa Sina

Address, 2034 Ashland ave

Remarks, 1 9 1 0 0 0 0 0 8 3 7

All Well

Every midwife or other person who shall assist at any birth, and every physician or practitioner of medicine who shall be called to any case of birth, shall report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A50350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

GIVEN NAME ADDED 4-1-64

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Name of Child, Theodora Fenton Brooks
2. Sex, (state whether male or female) Fem
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jany 4 1910
6. Place of Birth, (Street and number) 1428 John St
6. Full name of Mother, Jennie Norris Brooks
7. Mother's Maiden Name, Jennie Norris
8. Mother's Birthplace, Balto
9. Full name of Father, Fred G. Brooks
10. Father's Occupation, Clerk
11. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Av

Remarks, 19100000838

RECEIVED FOR RECORD FEB -4 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such case to report in writing the said birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 6/1919

RETURN OF A BIRTH. A53351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
DEC - 1 1910
JAS BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* HILDA ELIZABETH GRANT
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 13/10
6. *Place of Birth, (Street and number)* 2957 Edmondson Ave
6. *Full name of Mother,* Elizabeth Grant
7. *Mother's Maiden Name,* " Wheeler
8. *Mother's Birthplace,* Balto Co
9. *Full name of Father,* H. Cleveland Grant
10. *Father's Occupation,* R R Fireman
11. *Father's Birthplace,* D. C.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Feddeman

Address, 800 W. 32nd St.

Remarks, 1910000839

Every Case failing to be reported as a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents neglecting or refusing to comply with the requirements of this section shall be deemed guilty of a misdemeanor and on conviction thereof shall be fined not less than one dollar nor more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -4 1910
WM. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Name of Child, Frances Claire Ewart
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth, Jan 9 1910
6. Place of Birth, (Street and number) 3003 Cedar Ave
6. Full name of Mother, Elizabeth G. Evans Ewart
7. Mother's Maiden Name, " " Amoreux
8. Mother's Birthplace, Balto
9. Full name of Father, Wm F. Evans Ewart
10. Father's Occupation, Printer
11. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Mrs K. G. Newman

Address, 800 W. 33rd St

Remarks, 1910000840

Any person who shall refuse the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of Child,
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 25/10
6. Place of Birth, (Street and number) 2- Wilson st -
6. Full name of Mother, Grace Brown
7. Mother's Maiden Name, " Daily
8. Mother's Birthplace, Balto
9. Full name of Father, Chas H Brown
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs M. Fredericksen

Address, 804 W. 33 st -

Remarks, | 9 | 0 0 0 0 0 0 8 4 |

Any person or physician or practitioner or midwife, or other person being in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY, M.D.
SUPR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of child,* Ida Celia Zelditch
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 21 – 1910
5. *Place of Birth, (Street and number)* 2026 Christian St.
6. *Full name of Mother,* Rose Minnie Zelditch
7. *Mother's Maiden Name,* Schwartz
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Isaac Zelditch
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, H. B. Bodenstein, M.D.

Address, 528 S. Pulaski St.

Remarks,

1 9 1 0 0 0 0 0 8 4 2

Health. In case the birth of any child shall occur without the limits of a city or county in which a Registrar of Vital Statistics has been appointed, the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the duties and within the period above required, and any such person or persons who shall neglect, fail or refuse to perform the duties aforesaid, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 3 -1 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, Marion
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) W
4. Date of Birth, Jan 10 - 1910
6. Place of Birth, (Street and number) 3853 Roland Ave
6. Full name of Mother, Addie Handy
7. Mother's Maiden Name, " Davis
8. Mother's Birthplace, Md
9. Full name of Father, Herriman Handy
10. Father's Occupation, Doctor Divinity
11. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, H C Allyn

Address,

Remarks,

1910 0 0 0 0 8 4 3

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 4 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as herein required, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Name of Child,*	Ruth
2. *Sex, (state whether male or female)*	F
3. *Race or color, (if not of the White Race)*	W
4. *Date of Birth,*	Jan 7 - 1910
6. *Place of Birth, (Street and number)*	749 - Patterson
6. *Full name of Mother,*	Laura Myles
7. *Mother's Maiden Name,*	Baker
8. *Mother's Birthplace,*	md
9. *Full name of Father,*	Edward Myles
10. *Father's Occupation,*	Painter
11. *Father's Birthplace,*	md
Name of Medical Attendant, or other person who makes this Return.	T + C. Algire
Address,	340 Roland Ave
Remarks,	

19100000844

RETURN OF A BIRTH. A53357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY, M.D.
REGISTRAR OF VITAL STATISTICS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)
1. Name of child, Elizabeth A. Phillips
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Tuesday, February 1st 1910 7:45 P.M.
5. Place of Birth, (Street and number) 1415 Edmondson Ave
6. Full name of Mother, Maude Phillips
7. Mother's Maiden Name, Maude Brown
8. Mother's Birthplace, Baltimore
9. Full name of Father, George S. Phillips
10. Father's Occupation, Electrical Engineer
11. Father's Birthplace, Tennessee

Name of Medical Attendant, or other person who makes this Return, C. B. McKelvey
Address, 607 N. Charles St
Remarks, 1 9 1 0 0 0 0 0 8 4 5 Dr

Births. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any person or persons failing to make such report shall forfeit and pay the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Name of Child, Bertha Berman
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Wednesday January 26, 1910.
6. Place of Birth, (Street and number) 1617 Eastpratt St.
6. Full name of Mother, Bertha Berman
7. Mother's Maiden Name, Bertha Bergman
8. Mother's Birthplace, Russia
9. Full name of Father, Dave Berman
10. Father's Occupation, Jewelry maker
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Lillie Snyder

Address, 1915 S. Caroline St.

Remarks,

1910000084 6

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, the mother of such child shall immediately thereafter report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* January 25th 1910
5. *Place of Birth, (Street and number)* 2002 E. Monument Park. Balto
6. *Full name of Mother,* Lucetta Mason
7. *Mother's Maiden Name,* Tickett
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Joseph Mason
10. *Father's Occupation,* Blacksmith
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Julius Hamm

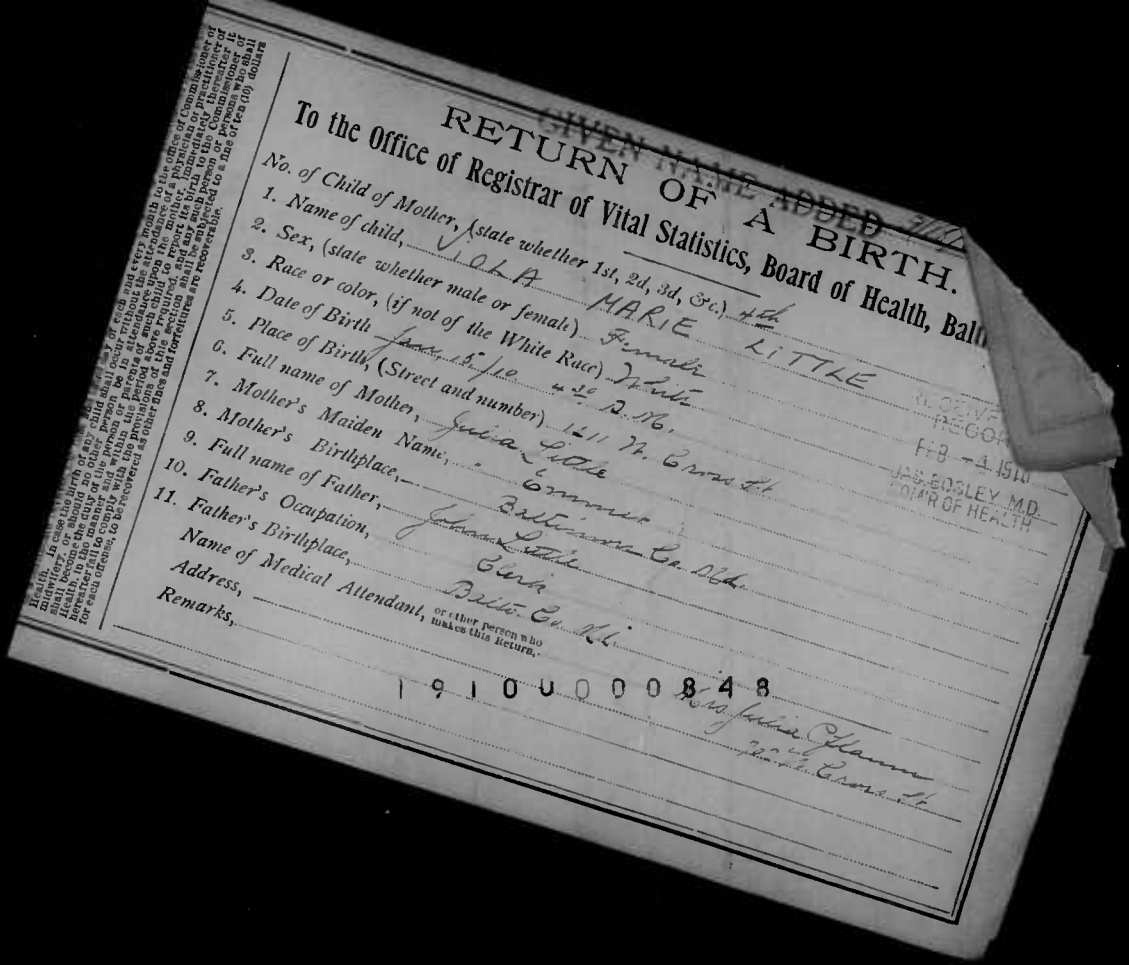
Address, 1911 Division St

Remarks,

1910000847

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

Health. In case the birth of any child shall occur in this city, it shall be the duty of the physician, midwife, or other person in attendance upon the mother, immediately thereafter, to report the same to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



GIVEN NAME ADDED

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Balt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Ida A. MARIE LITTLE
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, June 15 1910
5. Place of Birth, (Street and number) 1211 N. Gay St.
6. Full name of Mother, Julia Little
7. Mother's Maiden Name, Conner
8. Mother's Birthplace, Baltimore Co. Md.
9. Full name of Father, James Little
10. Father's Occupation, Clerk
11. Father's Birthplace, Balto Co. Md.

Name of Medical Attendant, or other person who makes this return, Mrs. Julia Little

Address, 1211 N. Gay St.

Remarks,

RECEIVED
FEB - 4 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

1910000848

Health, in case no birth of any child shall occur within the time prescribed by this section, or in case the birth of any child shall occur at a place other than the residence of the mother, the physician or person in attendance upon the birth of such child shall, within the time prescribed by this section, report the same to the Commissioner of Health, and shall state in such report the reason why the birth was not reported within the time prescribed by this section, and shall be subject to a fine of ten (10) dollars for each offense, to be recovered before the Criminal Court of Baltimore, and all fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

GIVEN NAME ADDED 9/18/68

RETURN OF A BIRTH. A53360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, VIOLA MARIE LITTLE

2. Sex, (state whether male or female) Female

3. Race or color, (if not of the White Race) White

4. Date of Birth Jan 15 1910 4th P.M.

5. Place of Birth, (Street and number) 1211 N. Gross St

6. Full name of Mother, Julia Little

7. Mother's Maiden Name, Emmert

8. Mother's Birthplace, Baltimore Co. Md.

9. Full name of Father, Edward Little

10. Father's Occupation, Clerk

11. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Julia C. Little

Address, 1211 N. Gross St

Remarks,

1910 0000848

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

RETURN OF A BIRTH. A53361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Frieda Schuchardt
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* January 18 1910
5. *Place of Birth, (Street and number)* 1233 E. Carey St.
6. *Full name of Mother,* Ida Schuchardt
7. *Mother's Maiden Name,* Battenberg
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Edward Schuchardt
10. *Father's Occupation,* Grocer
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Julia Thomas

Address, 727 E. Lanvale St.

Remarks, 1910U000849

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Julia Mildred Treffinger
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 23 1910 7. P. M.
5. *Place of Birth, (Street and number)* 1154 Bowen St.
6. *Full name of Mother,* Julia Treffinger
7. *Mother's Maiden Name,* Hamilton
8. *Mother's Birthplace,* Williamsburg Va.
9. *Full name of Father,* Lessen Treffinger
10. *Father's Occupation,* Price fighter
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Julia Flaum

Address, 707 N. Cross St.

Remarks, 1910000850

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Katherine Dorothy Dolle
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 25 1910 8. A. M.
5. *Place of Birth, (Street and number)* 905 Russell St.
6. *Full name of Mother,* Bertha Dolle
7. *Mother's Maiden Name,* Kisner
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* George Dolle
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Lilia P. Flamm

Address, 1078 Ernst St.

Remarks, 1910000851

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons in charge of the house in which such birth shall occur, or of the parent of such child, or of the person or persons present at such birth, or of the nearest relative of such person or persons present at such birth to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB - 4 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-6 Twins

1. Name of child, Minna + Rosa Smith
2. Sex, (state whether male or female) Females
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 26 1909. 12.20 A.M. 12.22 A.M.
5. Place of Birth, (Street and number) 1000 Collins St.
6. Full name of Mother, Anna Smith
7. Mother's Maiden Name, " Cotter
8. Mother's Birthplace, Baltimore
9. Full name of Father, Charles Walter Smith
10. Father's Occupation, Saloonkeeper
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Julia O'Hanna

Address, 1070 Lanvale St

Remarks, 1910000852

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person who shall be present at the birth, or in charge of the mother, to make the return required by this section, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be required to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-28-62

RETURN OF A BIRTH. A53365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY, M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Name of child,* Edna Lillian Kastner
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 25 1910
5. *Place of Birth, (Street and number)* 1205 Carroll St
6. *Full name of Mother,* Elizabeth Kastner
7. *Mother's Maiden Name,* " Wisel
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Frederick Kastner
10. *Father's Occupation,* Clothsponger
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or (other person who makes this Return,) Wm Judson Pearson

Address, 1211 Eutaw St

Remarks, 1910000853

Every child born alive within the limits of Baltimore City, whether white or colored, whether born in wedlock or out of wedlock, whether born of parents residing in Baltimore City or elsewhere, shall be registered, and the said Schedule shall be delivered, duly signed by the Practitioner in the form of a certificate, or by the Midwife or other person in attendance upon the mother, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, by the same Schedule, as herein provided, which Schedule shall be signed by the person so reporting. Any person or parent who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -4 1910
JAS. EDGLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5th

1. *Name of child,* Katherine O. Rourke
2. *Sex,* (*state whether male or female*) Female
3. *Race or color,* (*if not of the White Race*) White
4. *Date of Birth* Dec. 19, 1909 4:45 P.M.
5. *Place of Birth,* (*Street and number*) 117 Calendar St.
6. *Full name of Mother,* Maggie O. Rourke
7. *Mother's Maiden Name,* Lewis
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Daniel O. Rourke
10. *Father's Occupation,* Barrister
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Sadie Flanner

Address, 707 N. Broadway

Remarks, 1910000854

Health, in case the birth of any child shall occur without the attendance of a Physician or Practitioner of the healing art, and no such certificate as aforesaid shall be delivered to the Commissioner of Health, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Thelma Dunnigan
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 15 1909 8 P.M.
5. *Place of Birth, (Street and number)* 724 N. Cross St
6. *Full name of Mother,* Elizabeth Dunnigan
7. *Mother's Maiden Name,* Murdock
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Clarence Dunnigan
10. *Father's Occupation,* Fireman B. & O. R.R.
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Glenn

Address, 724 Cross St.

Remarks, 1910000855

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the person in charge of the house in which such birth occurs, or the city or last person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Minnie Frida Winter
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 25 1909 9 P.M.
5. *Place of Birth, (Street and number)* 766 Columbia Ave
6. *Full name of Mother,* Frida Winter
7. *Mother's Maiden Name,* Hartig
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Heinrich Winter
10. *Father's Occupation,* Mason builder
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Julia Pflaum

Address, 766 Columbia Ave

Remarks, 1910000853

Health.—In case the birth of any child shall occur, and every month to the office of Commissioner of Health, a return of such birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Ida Virginia Coard
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec. 28 1909 6th P.M.
5. *Place of Birth, (Street and number)* 1011 E. Pleasant St.
6. *Full name of Mother,* Florence Coard
7. *Mother's Maiden Name,* Baker
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* William Coard
10. *Father's Occupation,* Conductor
11. *Father's Birthplace,* Georgia

Name of Medical Attendant, or other person who makes this Return. Mrs. Lulia Plummer

Address, 1121 Gross St.

Remarks,

19100000857

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 5/28/69

RETURN OF A BIRTH. A53370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
H.S. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Name of Child, RUTH ANNA JACOB
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth, Dec 5. 09
6. Place of Birth, (Street and number) 2414 E monument st
6. Full name of Mother, Catherine ~~Jacobs~~ JACOB
7. Mother's Maiden Name, Catherine Vogel
8. Mother's Birthplace, Baltimore
9. Full name of Father, John ~~Jacobs~~ JACOB
10. Father's Occupation, Butcher
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, A. E. Eberly M D

Address, 2213 Orleans St

Remarks, Premature ~~8~~ 7 months

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the parent or parents, or other person residing where such birth occurs, shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A58371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Milton F.
2. Sex, (state whether male or female) boy
3. Race or color, (if not of the White Race) White
4. Date of Birth 30 January 1910
5. Place of Birth, (Street and number) 907 Collington ave
6. Full name of Mother, Josefine Kougel
7. Mother's Maiden Name, Josefine Kolomaznik
8. Mother's Birthplace, Baltimore
9. Full name of Father, Frank Kougel
10. Father's Occupation, Hospital Attendent
11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Louisa Sima
Address, 2034 Ashland ave
Remarks, 1910000859
All Well

Note.—A certificate of birth of any child shall occur without the attendance of a physician or practitioner of medicine, a midwife or other person shall be required to make the return of birth required by this section, and in such case the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 4 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Harry Edwin Webster
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. 17th 1910.
6. Place of Birth, (Street and number) White & Sefton Ave. Hamilton Md.
6. Full name of Mother, Anna Elizabeth Williamson Webster
7. Mother's Maiden Name, Anna Elizabeth Williamson.
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Harry Sylvest Webster
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm. Nelson White M.D.

Address, 1818 N. Charles St.

Remarks,

1910000860

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail, neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -4 1910
JOS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* Jan 5 1910
6. *Place of Birth, (Street and number)* 113 Elm Ave
6. *Full name of Mother,* Kate I. H. Fowble
7. *Mother's Maiden Name,* " " Collins
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Richard Fowble
10. *Father's Occupation,* Stone-mason
11. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return, Wm H. Freeman

Address, 800 W. 33rd St

Remarks, 1910000861

Every Physician or Midwife required to report a birth to the Commissioner of Health, in the manner and within the period above required, and any such person or midwife who shall refuse or neglect to make such report, or who shall knowingly make a false report, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 18/10
6. *Place of Birth, (Street and number)* 872 Hickory Ave
6. *Full name of Mother,* Gertrude L Houck
7. *Mother's Maiden Name,* " " Ball
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Chas H Houck
10. *Father's Occupation,* Tobacco Press Feeder
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs H Feldmeyer

Address, 810 W. 33rd St

Remarks, 1910000000862

Physician who fails to make a return of practitioner of midwifery, or other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall refer all to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A52375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, CALVIN VERNON ~~HOOD~~
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth, Jan 30 10
6. Place of Birth, (Street and number) 709 W. 33rd
6. Full name of Mother, Rosie Lon Hood
7. Mother's Maiden Name, " " Wink
8. Mother's Birthplace, Carroll Co.
9. Full name of Father, Jas. E. Hood
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return Wm. H. Feldmeyer

Address, 800 W. 23rd St

Remarks, 1 9 1 0 0 0 0 0 0 8 6 3

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attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the majority of the counties of the State, and all cities, the law requires a certificate of birth to be signed by a physician or midwife in attendance, and any person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,* Charles
2. *Sex, (state whether male or female)* m
3. *Race or color, (if not of the White Race)* w
4. *Date of Birth,* Jan 15-1910
6. *Place of Birth, (Street and number)* 642 Elm ave
6. *Full name of Mother,* Barbara Stiddenfenny
7. *Mother's Maiden Name,* " Krenwald
8. *Mother's Birthplace,* md
9. *Full name of Father,* Wm Stiddenfenny
10. *Father's Occupation,* Plumber
11. *Father's Birthplace,* md

Name of Medical Attendant, or other person who makes this Return, M.C. Algin

Address, 340 Roland ave

Remarks,

1910000864

RETURN OF A BIRTH.

A58377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOOLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Ethel Marian Cartney
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 31st 1910
5. *Place of Birth, (Street and number)* 72 N. Dukeman St.
6. *Full name of Mother,* Dora Cartney
7. *Mother's Maiden Name,* Welch
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Charles Cartney
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Julian Flanner

Address, 1 W. Preston St.

Remarks,

19100000865

Health.—In case the birth of any child shall occur or arise, and every tenth to the office of Commissioner of Health, or some other person be duly appointed by the Mayor and City Council of Baltimore, or shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, to the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

GIVEN NAME ADDED 6/7/16

RETURN OF A BIRTH.

A58378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* EMIL WILLIAM ELLIOTT
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 8 1910 11.30 P.M.
5. *Place of Birth, (Street and number)* 105 S. Gilmore St.
6. *Full name of Mother,* Dagmar E. Elliott
7. *Mother's Maiden Name,* " Heinrichs
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Joseph E. Elliott
10. *Father's Occupation,* Brakeman B. O. R.R.
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Julia Blanm

Address, 707 N. Gilmore St.

Remarks,

1910000866

Health. In case the birth of any child shall not be returned within ten days of date, and every month to the office of Commissioner of Health, it shall be the duty of the midwife, nurse or the physician or practitioner of midwifery, or should no other person be in attendance, then the householder or owner of the premises where the birth occurred, or the parent of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of child,* Grace Gilbert Alt
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 10. 2 P.M.
5. *Place of Birth, (Street and number)* 624 W. Cross St.
6. *Full name of Mother,* Gertrude Alt
7. *Mother's Maiden Name,* Foster
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Charles Alt
10. *Father's Occupation,* Plumber
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who made this Return, Dr. Julia A. Plumm

Address, 707 W. Cross St.

Remarks,

19100000867

Health. In case the birth of any child shall occur in any family in this city, it shall be the duty of the father or mother of such child, or in case of the absence or inability of both father and mother, then of the person having charge of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB — 1 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Name of child,* William Leo Scherer
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Whites
4. *Date of Birth* Nov 18 1909
5. *Place of Birth, (Street and number)* 302 N. Park Ave
6. *Full name of Mother,* Annie Scherer
7. *Mother's Maiden Name,* Kraus
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Frank Scherer
10. *Father's Occupation,* Cigarmaker
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Pflaum

Address, 702 N Howard St

Remarks,

19100000868

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the parent or parents, guardian or other person having charge of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A53331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 4 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Philip Chapman
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec. 23. 09. 4. A. M.
5. *Place of Birth, (Street and number)* 2311 N. Baltimore St
6. *Full name of Mother,* Mamie Chapman
7. *Mother's Maiden Name,* " Dash
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Philip Chapman
10. *Father's Occupation,* Shipping Clerk
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Klamm

Address, 742 N. Gross St

Remarks,

19100000869

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of the house in which such birth occurs, or if it occur elsewhere, shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered in like manner as fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Name of child,* William McNamara
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 28 1909 6 P M
5. *Place of Birth, (Street and number)* 611 N. West St.
6. *Full name of Mother,* Mary McNamara
7. *Mother's Maiden Name,* Coltgrafe
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* William McNamara
10. *Father's Occupation,* Conductor
11. *Father's Birthplace,* West Co. Md

Name of Medical Attendant, or other person who makes this Return, Dr. Julius Tillmann

Address, 2230 E. Lanvale St.

Remarks,

RECEIVED FOR RECORD
FEB -4 1910
JAS. EIGLEY M.D.
COM'R OF HEALTH

1910000870

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the father or mother of such child, or the householder of the house where such birth occurs, within five days after such birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. AE8383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -4 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec 4. 1909
6. *Place of Birth, (Street and number)* 412 N Chester St
6. *Full name of Mother,* Margaretha Monath
7. *Mother's Maiden Name,* Margaretha Hansmann
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* John Monath
10. *Father's Occupation,* Wood Carver
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, A. E. Cimley M D

Address, 221 3 Orleans St

Remarks,

1 9 1 0 0 0 0 0 8 7 1

this day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth as required by this section; and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 5. 1910
6. Place of Birth, (Street and number) 2218 E Fayette st
6. Full name of Mother, Anna M Voltz
7. Mother's Maiden Name, Anna M Fraig
8. Mother's Birthplace, Baltimore
9. Full name of Father, Anthony F. Voltz
10. Father's Occupation, Clothing Cutter
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Adolph C. Eisenberg M D

Address, 2213 Orleans st

Remarks, 1910000872

Any of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the occupant of each house in which such child shall be born, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB - 1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child, Cyril J Sprague
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 12th 1910.
6. Place of Birth, (Street and number) 527 W. Franklin St
6. Full name of Mother, Catherine E. Sprague
7. Mother's Maiden Name, " Lacey
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Francis H. Sprague
10. Father's Occupation, insurance Agent
11. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, L. Howard Sylvester M.D.
Address, 539 N. Carrollton Ave
Remarks, Catherine E Sprague Mother

1910 0 0 0 0 1 0 1 3 1 8 8 7 3

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother herself shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Not decided
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 16th 1910
5. Place of Birth, (Street and number) 808 Maryland Ave
6. Full name of Mother, Mrs Jos H. Kidd
7. Mother's Maiden Name, Cabrie Andrews
8. Mother's Birthplace, Baltimore, Md
9. Full name of Father, Joseph H. Kidd
10. Father's Occupation, Machinist (B.C.R.R.)
11. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, F. B. Marden M.D.

Address, 2416 Maryland Ave

Remarks, L.O.A. positive. Normal delivery

1910 0000874

RECEIVED FOR RECORD
FEB 3 1910
H.S. DUSLEY M.D.
COM'R OF HEALTH

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately after the birth of such child, shall give notice thereof to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Name of Child, Ami Srb
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 16. January. 1910.
6. Place of Birth, (Street and number) 802. N. Port st.
6. Full name of Mother, Ami Srb
7. Mother's Maiden Name, Ami Hiba
8. Mother's Birthplace, Bohemia
9. Full name of Father, Anton Srb
10. Father's Occupation, Shoemaker
11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Marie Svoboda

Address, 713. N. Port st

Remarks, 1910 U 0 0 30875 Bohemian M D

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of such birth, the person in whose house or on whose premises such birth shall occur, shall within the period above required, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 3 1910
GEO. BOOLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Not decided
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 21st 1910
5. Place of Birth, (Street and number) 2815 Hampden ave
6. Full name of Mother, Mrs Nelson Kerroth
7. Mother's Maiden Name, Fannie Haines
8. Mother's Birthplace, Baltimore Co.
9. Full name of Father, Nelson Kerroth
10. Father's Occupation, Machinist (N.C.RR)
11. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, F.B. Marden Jnr
Address, 2416 Maryland Ave
Remarks, L O A Position Normal Labor

191000000876

Any person who shall refuse or neglect to report the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of reporting such birth shall devolve upon the mother immediately after it shall become able to perform the same, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -3 1910
JAS. EOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Name of Child, Frank Strawer
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth, 21 January 1910.
6. Place of Birth, (Street and number) 2341 E Monument St.
6. Full name of Mother, Riki Strawer
7. Mother's Maiden Name, Riki Shultz
8. Mother's Birthplace, Baltimore Md. U. S.
9. Full name of Father, Frank Strawer
10. Father's Occupation, Railroad Chief Cond.
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Marie Sedlacek
Address, 713 N. Port str.
Remarks, 1910000877 Baltimore Md. U. S.

a... occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and shall be a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

midwifery, or should no other person be in attendance at the birth, the attendance of a physician or practitioner of said birth, and within five days thereafter make a return of said birth to the Office of Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOGLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Name of child,*
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* Mulatto
4. *Date of Birth* Jan 6-1910
5. *Place of Birth, (Street and number)* 1725 Palapsco Ave
6. *Full name of Mother,* Saddie Rebstock
7. *Mother's Maiden Name,* Keatler
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Jno. Rebstock
10. *Father's Occupation,* Iron moulder
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks
Address, 4 W Heath St

Remarks, 1910000878

RETURN OF A BIRTH.

A53391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Mulatto
4. Date of Birth Jan 31 1910
5. Place of Birth, (Street and number) 1801 Light St
6. Full name of Mother, Elizabeth Connolly
7. Mother's Maiden Name, Lacy
8. Mother's Birthplace, Balto
9. Full name of Father, Edward Connolly
10. Father's Occupation, City Fireman
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks

Address, 4 W Heath St

Remarks,

1910000879

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

midwife, or should no other person be in attendance upon the mother, then the occupier of the house in which such birth shall happen, shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A53892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
WS BOSLEY M.D.
SUPT OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Jan 24 1910
5. Place of Birth, (Street and number) 1212 Battery Ave
6. Full name of Mother, Rosa Grimes
7. Mother's Maiden Name, Fritz
8. Mother's Birthplace, Balto
9. Full name of Father, John Grimes
10. Father's Occupation, Machinist
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Elyria Brooks

Address, 4 W. Health Dept

Remarks, 1910000088 0

Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the father or mother of such child, or other person having knowledge of the facts, to report the same to the Registrar of Vital Statistics of Baltimore City, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A58033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
SUP'T OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 25 1910
5. Place of Birth, (Street and number) 1709 Covington St
6. Full name of Mother, Elizabeth Feildnes
7. Mother's Maiden Name, " Jarvis
8. Mother's Birthplace, Balto
9. Full name of Father, Wm Feildnes
10. Father's Occupation, Clerk
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Dreuse

Address, 4 W Heath St

Remarks, 1910000881

Penalty. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father, or of the mother if able, to report the same to the Registrar of Births, in person or by letter, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

PAPER MADE ROLLED 11-29-35

RETURN OF A BIRTH. A58394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
J.S. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Franklin Anthony Koch
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth Jan 17-1910
5. Place of Birth, (Street and number) 1841 E. Chester St
6. Full name of Mother, Veronica Koch
7. Mother's Maiden Name, " Rowan
8. Mother's Birthplace, Louisiana
9. Full name of Father, Fred Koch
10. Father's Occupation, Fireman B&O.
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Lyra Eliza Brooks
Address, H. W. Health Dr
Remarks,

1 9 1 0 0 0 0 0 0 8 8 2

Midwifery, or should no other person be in attendance upon the mother, the mother herself is hereby required to report the birth of her child to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A50395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, Herbert W. McCarty
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth 1/3/10
5. Place of Birth, (Street and number) 2407 Greenmount Ave
6. Full name of Mother, Mabel C. McCarty
7. Mother's Maiden Name, " " Sheridan
8. Mother's Birthplace, Maryland
9. Full name of Father, Herbert Wilson McCarty
10. Father's Occupation, Carpenter
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Wellsdeer
Address, 2631 York Rd

Remarks, 19100000883

Penalty.—Any person having charge of any child shall cause it to be registered within ten days after the birth of such child occurs without the attendance of a physician or practitioner of midwifery, or shall neglect to report the birth of such child to the Commissioner of Health, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Name of Child, Bradley Tyler Johnson Mettee
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 30, 1910.
6. Place of Birth, (Street and number) 2415 E. Chase St.
6. Full name of Mother, Clara Margaret Averilla Mettee
7. Mother's Maiden Name, Clara Margaret Averilla Wilson
8. Mother's Birthplace, Maryland
9. Full name of Father, Bradley Tyler Johnson Mettee
10. Father's Occupation, Bookkeeper
11. Father's Birthplace, Kentucky

Name of Medical Attendant, or other person who makes this Return, Mary T. Goldschmidt

Address, 3503 E. Baltimore St, Highlandtown, Md.

Remarks,

1910000008 84

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, and each and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED-1-9-67

RETURN OF A BIRTH. A53397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, DoLORES CATHERINE CONAWAY
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Mulatto
4. Date of Birth Jan 30 1910
5. Place of Birth, (Street and number) 127 ½ Eutaw St
6. Full name of Mother, Lizzie ~~Conaway~~ CONAWAY
7. Mother's Maiden Name, Tarburn
8. Mother's Birthplace, Havre de Grace
9. Full name of Father, HENRY ~~Conaway~~ CONAWAY
10. Father's Occupation, Hostler
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks
Address, 4 W Heath St
Remarks, 1910000885

The ... of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father, householder, owner or agent of the premises where such birth shall have occurred within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Jan White
4. *Date of Birth* Jan 13 1910
5. *Place of Birth, (Street and number)* 1718 Charles St
6. *Full name of Mother,* Mary Rebstock
7. *Mother's Maiden Name,* Hurst
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Geo. Rebstock
10. *Father's Occupation,* Iron moulder
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Glenn Brooks

Address, 4 N. Heath St

Remarks,

19100000886

Penalty.—A fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.—If any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent in charge of such child, to report the fact to the Health Office, within ten days thereafter, under a penalty of not more than twenty dollars; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BIGLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 16 1910
5. *Place of Birth, (Street and number)* 1221 Battery Ave
6. *Full name of Mother,* Anna Mc Mahon
7. *Mother's Maiden Name,* Mc Neal
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* John Mc Mahon
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. Elmer Barnes

Address, 1 W Mt Vernon Pl

Remarks, 1 9 1 0 0 0 0 0 8 8 7

Death. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of such mother and within the period above required, of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 3 1910
THOS. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Beatrice Cooke
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 1-1910
5. Place of Birth, (Street and number) 1819 Jackson St
6. Full name of Mother, Mrs Harriet
7. Mother's Maiden Name, " Cooke
8. Mother's Birthplace, Balto
9. Full name of Father, Mr Cooke
10. Father's Occupation, Foreman
11. Father's Birthplace, Chesapeake City
Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooke
Address, 4 M Health Pl
Remarks, 1 9 1 0 0 0 0 0 8 8 8

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person who shall be in charge of the house in which the birth occurs, or of the mother herself if able, within the period of ten days after the birth, to report the same to the Board of Health, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 17 1910
5. *Place of Birth, (Street and number)* 701 William St
6. *Full name of Mother,* Kate Fitzpatrick
7. *Mother's Maiden Name,* Fralinger
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Chas Fitzpatrick
10. *Father's Occupation,* Glazier
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mary Louise Brooks

Address, 4-11 Health Dept

Remarks, 1910000889

RECEIVED FOR RECORD JAN 8 1910 JOS EOSLEY M.D. COMR OF HEALTH

Sect. 4. In case the birth of any child shall occur without the attendance of a physician or Practitioner of Midwifery, or should no other person be in attendance upon the Mother, immediately thereafter it shall become the duty of the Mother, if able to do so, to report the case and the particulars required by Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,*
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Jan 2-1910
5. *Place of Birth, (Street and number)* 146 S Eighth St
6. *Full name of Mother,* Kate Ford
7. *Mother's Maiden Name,* Fiecker
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* James Ford
10. *Father's Occupation,* City Fire man
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Dr. Louis Jacobs

Address, 4 W. Health St

Remarks,

1 9 1 0 0 0 0 0 8 9 0

Sec. 10. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the mother, and in case she is unable, of the nearest relative present, or of the Board of Health to cause said birth, the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 2/23/61

A63403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD FEB -8 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5-11

1. Name of child, Theresa RITA Smith
2. Sex, (*state whether male or female*) Female
3. Race or color, (*if not of the White Race*) Mulie
4. Date of Birth Jan 9 1910
5. Place of Birth, (*Street and number*) 1845 E Charles st
6. Full name of Mother, Tresia Smith
7. Mother's Maiden Name, Thomas
8. Mother's Birthplace, Balto
9. Full name of Father, Silas Smith
10. Father's Occupation, Brakesman
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Silvia Brooks

Address, 41 W Health

Remarks, 1910000891

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in manner and form as above prescribed, and any person or parents neglecting or refusing hereafter fully to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY, M.D.
CHAIR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 24 1910
5. *Place of Birth, (Street and number)* 804 E. Fort Ave
6. *Full name of Mother,* Hattie Brewer
7. *Mother's Maiden Name,* Butler
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Henry Brewer
10. *Father's Occupation,* Glass Blower
11. *Father's Birthplace,* Indiana

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Barnes

Address, 14 N. Health St

Remarks,

1910000892

Sec. 2. Be it further enacted, That if the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother of such child, it shall be the duty of the mother, within ten days after the birth of such child, to report the particulars required by this section to the Registrar of Vital Statistics of Baltimore City; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Jan 16 1910
5. Place of Birth, (Street and number) 505 E Clement Lane
6. Full name of Mother, Laura Conway
7. Mother's Maiden Name, Lockhart
8. Mother's Birthplace, Balto
9. Full name of Father, Frank Conway
10. Father's Occupation, Machinist
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Brooks
Address, 4 N Health Dept
Remarks,

1910000893

Note. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to cause a return to be made to the Board of Health, to the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,* Dorothy Loreck
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* Jan. 27-1910
5. *Place of Birth, (Street and number)* 306 Oxford ave
6. *Full name of Mother,* Mary R. Loreck
7. *Mother's Maiden Name,* " Crummitt
8. *Mother's Birthplace,* Frederick Md
9. *Full name of Father,* Chas F. Loreck
10. *Father's Occupation,* Electrician
11. *Father's Birthplace,* Frederick Md

Name of Medical Attendant, or other person who makes this Return, Dr. Gladden

Address, 2031 Fork Road

Remarks,

1910000894

Sec. 5. If the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one person be in attendance at the birth who shall be competent to report it, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so within the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Name of Child, Amelia Viola Zang
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 26, 1910.
6. Place of Birth, (Street and Number) 517 S. Robinson St.
6. Full name of Mother, Marian Rachel Zang
7. Mother's Maiden Name, Marian Rachel Rumpf
8. Mother's Birthplace, Maryland
9. Full name of Father, Edward Zang
10. Father's Occupation, Laborer
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mary T. Goldschmidt

Address, 3503 E. Baltimore Street, Highlandtown.

Remarks,

1910000895

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and be the duty of each and every such person to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. AEC 208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -8 1910
JAS. EDGLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Helen Irene Shanck
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 17, 1910.
5. Place of Birth, (Street and number) 3124 O'Donnell St.
6. Full name of Mother, Irene Jennie Shanck
7. Mother's Maiden Name, Irene Jennie Coleman
8. Mother's Birthplace, Maryland
9. Full name of Father, Harry Logan Shanck
10. Father's Occupation, Civil Engineer
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mary T. Goldsmith
Address, 3503 E. Baltimore Street.
Remarks, 1910000896

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person in charge of such child to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Name of child, "Baby" Lee
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) Black.
4. Date of Birth Jan. 18, 1910
5. Place of Birth, (Street and number) 926 Leadenhall St.
6. Full name of Mother, Nellie Victoria Lee
7. Mother's Maiden Name, Nellie Nelson
8. Mother's Birthplace, Balto. Md.
9. Full name of Father, Josiah Lee.
10. Father's Occupation, Draymen.
11. Father's Birthplace, Balto, Md.

Name of Medical Attendant, or other person who makes this Return. E. H. Klonman
Address, 622 W. Lombard St.
Remarks,

1 9 1 0 0 0 0 0 8 9 7

Every Death to the office of Commissioner of Health. In case the birth or death shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner above directed, and any person or persons who shall neglect or refuse hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
J.S. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd.

1. Name of child, Ysalys Fortune
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) Colored.
4. Date of Birth 1-23-10
5. Place of Birth, (Street and number) 622½ N. Lombard.
6. Full name of Mother, Minerva Fortune
7. Mother's Maiden Name, Minerva Fortune
8. Mother's Birthplace, Virginia (Nelson County)
9. Full name of Father, Harry Baker
10. Father's Occupation, Weaver.
11. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Jonah T. Douglass

Address, 622½ N. Lombard St

Remarks,

1 9 1 0 0 0 0 0 8 9 8

Section 1. Be it enacted by the People of the State of Maryland, That the first and third day of each and every month to the officer (or public functionary) charged with the duty of registering births, marriages and deaths in the city of Baltimore, or in any county of this State, or, should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the nurse or midwife present at the birth of each child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse hereafter to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A58411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth -

1. *Name of child,* Baby Friby
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Jan 22 - 10
5. *Place of Birth, (Street and number)* 890 Clifford St.
6. *Full name of Mother,* Josephine Young
7. *Mother's Maiden Name* Josephine Young
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Charles Friby
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Eastern Shore Md.

Name of Medical Attendant, or other person who makes this Return, E. R. Klonman

Address, 622 W. Lombard St.

Remarks,

1 9 1 0 0 0 0 0 8 9 9

Every person who shall neglect or refuse to make the return required by this section, within the time herein specified, or who shall make a false return of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter is shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, he shall promptly, on application, make and deliver to such person a certificate, which shall be received as evidence in all courts of this State, and such person shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53412

CERTIFICATE CORRECTED 6-9-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. EDSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child, Bernice Purvey
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Negro
4. Date of Birth Jan 1 1910
5. Place of Birth, (Street and number) 1327 Goodyear St.
6. Full name of Mother, Anna Purvey
7. Mother's Maiden Name, " Parker
8. Mother's Birthplace, Baltimore
9. Full name of Father, Thomas Purvey
10. Father's Occupation, Laborer
11. Father's Birthplace, West Point Md

Name of Medical Attendant, or other person who makes this Return, E. H. Klonean

Address, 622 W Lombard St

Remarks, 1910000622

Health, to cause the birth of any person to be recorded in a manner other than that required by this section, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall hereafter fail to comply with the requirements of this section, shall be subject to a fine of ten (10) dollars for each offense, as the recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-24-72

RETURN OF A BIRTH. A53413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS BOBLEY M.D
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Name of child, MARTHA Hackett
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth Jan 4th 1910
5. Place of Birth, (Street and number) 163 St. Henriette St
6. Full name of Mother, Martha Hackett
7. Mother's Maiden Name, " Smith
8. Mother's Birthplace, Baltimore
9. Full name of Father, William H Hackett
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E A V Lomax

Address, 622 W. Lombard St

Remarks, 1910000009 01

Of a certificate between the first and third day of each and every month to the Office of Commissioner of Health, to make this birth or stillbirth known to the Commissioner of Health. If no medical attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, as to recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A58414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Name of child,*	Baby White
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	Black
4. *Date of Birth*	Jan 7 1910
5. *Place of Birth, (Street and number)*	1109 Raborg
6. *Full name of Mother,*	Marie Yorker
7. *Mother's Maiden Name,*	Marie Yorker
8. *Mother's Birthplace,*	East Shore Md
9. *Full name of Father,*	Harry Worden
10. *Father's Occupation,*	Laborer
11. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	E. H. Klonan
Address,	622 W. Lombard St
Remarks,	1 9 1 0 0 0 0 0 9 0 2

Sec. 1. Be it ordained, &c., That every mother in this city, and every father, in case the mother shall not survive the birth of a child, shall cause the birth of such child to be registered with the Registrar of Vital Statistics of Baltimore City, within ten days after the birth of such child, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A53215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. *Name of child,* Baby Norris
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 12- 1910 - at 11 am
5. *Place of Birth, (Street and number)* 248 Bowne Court
6. *Full name of Mother,* Mary Norris
7. *Mother's Maiden Name,* Mary Washington
8. *Mother's Birthplace,* Queen Anne Co. Md.
9. *Full name of Father,* James Norris
10. *Father's Occupation,* Sailor
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, C. H. Klaman

Address, 622 W Lombard St

Remarks, 1 9 1 0 0 0 0 0 9 0 3

Health. In case the birth of any child shall occur without the knowledge of the parents, or either of them, the physician, midwife, or other person in attendance upon the mother, immediately thereafter, or shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A58416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOGLEY M.D.
SUPT OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of child, Baby ~~Beckett~~ Figlee
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth Jan. 14, 1909
5. Place of Birth, (Street and number) 409 W. Bare St. Balto, Md.
6. Full name of Mother, Susan Emma Figlee.
7. Mother's Maiden Name, Susan Emma Beckett
8. Mother's Birthplace, Rock Creek, Md.
9. Full name of Father, James Figlee
10. Father's Occupation, Dredger.
11. Father's Birthplace, Rock Creek, Md.

Name of Medical Attendant, or other person who makes this Return. Eth Klosmann
Address, 622 W Fowland St.
Remarks,

1 9 1 0 0 0 0 0 9 0 4

Of a certificate between the first and third day of each and every month to the Office of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form required by this section, and any person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RESERVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Name of child, Baby Nelson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth January 1st 1910
5. Place of Birth, (Street and number) 610 N. Spring st.
6. Full name of Mother, Lena Nelson
7. Mother's Maiden Name, Lena Lactan
8. Mother's Birthplace, Accomack Co. Maryland
9. Full name of Father, William Howard Nelson
10. Father's Occupation, Laborer
11. Father's Birthplace, Talbot Co. Maryland

Name of Medical Attendant, or other person who makes this Return. E. H. Klosgaus

Address, 622 W Lombard

Remarks,

1910000905

Every person who shall be present at the birth of any child shall, within ten days thereafter, make a certificate to the Registrar of Vital Statistics, Board of Health, in the form of a certificate between the first and third day of each and every month to the office of Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, as above provided, and any person who shall neglect or refuse to make such report as aforesaid, shall be guilty of a misdemeanor, and upon conviction thereof shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Name of child, Baby Nolen.
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) Negro.
4. Date of Birth Jan. 25, 1910
5. Place of Birth, (Street and number) 943 Sarah Ann St.
6. Full name of Mother, Mary Magdalene Nolen.
7. Mother's Maiden Name, Mary " Ringo
8. Mother's Birthplace, Baltimore, Md.
9. Full name of Father, Jacob Nolen.
10. Father's Occupation, Cook.
11. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, S. H. Klemm
Address, 622 W Fayette St
Remarks,

19100000906

Health. In case the Birth of any child occur without the attendance of a physician or midwife, it shall be the duty of the householder, or person in charge of the house where the birth occurs, to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall become the duty or the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53419

GIVEN NAME ADDED 10-12-71

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

It becomes the duty of the person or parents in each case to report the birth to the commissioner of health in the manner and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered in law.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d

1. Name of child, Hilda Mae ~~Ruby~~ M Bradley
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) Black
4. Date of Birth Jan 31 1910
5. Place of Birth, (Street and number) 505 N Alley
6. Full name of Mother, Mrs Mary M Bradley
7. Mother's Maiden Name, Miss Moby Cain
8. Mother's Birthplace, East Shore of Maryland
9. Full name of Father, Chas. A M Bradley
10. Father's Occupation, Laborer
11. Father's Birthplace, East Shore of Md

Name of Medical Attendant, or other person who makes this Return,

Add:

R

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

1910000590

53420

RETURN OF A BIRTH.

A53420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 3rd

1. Name of child, Baby Cinder
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Jan 29th 1910
5. Place of Birth, (Street and number) 1330 Cleveland
6. Full name of Mother, Nora Pearle Pinder
7. Mother's Maiden Name, Nora Lee
8. Mother's Birthplace, Balto Md.
9. Full name of Father, Henry Pinder
10. Father's Occupation, Laborer
11. Father's Birthplace, Ann Arundel Co

Name of Medical Attendant, or other person who makes this Return, E. H. Klos

Address, 1323

Remarks, 19100000905

RECEIVED FEB - JAS. BOS COMR'D

...ital Statistics, Board of Health, Balti...

...state whether 1st, 2d, 3d, &c.) III

A53424

RECEIVED F
RECORD
FEB -5 19
JAS BOSLEY
COMR OF HEA

...e, Baby Smith

...(state whether male or female) Female

3. Race or color, (if not of the White Race) Black

4. Date of Birth December 23rd 1909

5. Place of Birth, (Street and number) 308 N. Ann Street

6. Full name of Mother, Cora Smith

7. Mother's Maiden Name, Palmer

8. Mother's Birthplace, Virginia

9. Full name of Father, James Smith

10. Father's Occupation, Laborer

11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, R. G Lenw

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 0 9 0 9

Health. In case the birth of any person shall not be reported within ten days after occurrence, as required by section 4 of this act, the midwife, or the attendant in attendance upon the mother, or the father of such child, or the householder of the district where the birth occurred, shall become liable to a penalty of ten dollars, to be recovered before any court of competent jurisdiction in Baltimore City, by the Commissioner of Health, in the manner and within the period above required. And hereafter fail to comply with the provisions of this section shall be liable to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

A53423

RETURN ... BIRTH.

To the Office of Registrar of ... Board of Health, Baltimore Ci...

RECEIVED & RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether ...c.) 1

1. Name of child, Baby Sam
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth December 14th 09
5. Place of Birth, (Street and number) 111 E. Hillsman St.
6. Full name of Mother, Lucy Simpson
7. Mother's Maiden Name, Hall
8. Mother's Birthplace, Maryland
9. Full name of Father, William Simpson
10. Father's Occupation, Laborer
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. Weis

Address, 1910 000091 Hospital

Remarks,

GIVEN NAME ADDED - 3/22/71

RETURN OF A BIRTH.

A53431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Name of child,* [illegible] Jane, MILDRED FRANCES
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 15th, 1910
5. *Place of Birth, (Street and number)* 701 Keyser St.
6. *Full name of Mother,* Rosa Jane
7. *Mother's Maiden Name,* Isaac
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* John Jane
10. *Father's Occupation,* Stevedore
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, W. Thomson

Address, Johns Hopkins Hospital

Remarks,

1910000911

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOGLEY, M.D.
COMR. OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the other person in attendance upon the mother, immediately thereupon to make a return of the particulars required to be returned by a physician or midwife, to the Board of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 3 - 5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Baby Bennett
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 11th 1910
5. *Place of Birth, (Street and number)* 228 S. Durham St
6. *Full name of Mother,* Eleanor Bennett
7. *Mother's Maiden Name,* Henson
8. *Mother's Birthplace,* maryland
9. *Full name of Father,* William Bennett
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, R. Greene

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 0 9 1 2

Every midwife, or other person who shall attend upon the mother immediately after the birth of any child, shall cause a certificate to be made between the 1st and 3d day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the mother of such child to cause such certificate to be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD FEB 5 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child, Baby Goldson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth January 11th 1910
5. Place of Birth, (Street and number) 1139 McCulloh (Smith) Street
6. Full name of Mother, Jennie Goldson
7. Mother's Maiden Name, Young
8. Mother's Birthplace, Maryland.
9. Full name of Father, Anderson Goldson
10. Father's Occupation, Driver
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, R. Grieve

Address, Johns Hopkins Hospital

Remarks, 1910000913

of a certificate between the first and third day of each and every month to the Office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then it shall become the duty of the person having charge of the premises to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Name of child,*	—
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	Black
4. *Date of Birth*	Jan. 30
5. *Place of Birth, (Street and number)*	Johns Hop. Bus Hop.
6. *Full name of Mother,*	Nora Garrett
7. *Mother's Maiden Name,*	Nora Harman
8. *Mother's Birthplace,*	Md.
9. *Full name of Father,*	Geo. Garrett
10. *Father's Occupation,*	Waiter
11. *Father's Birthplace,*	—
Name of Medical ~~Attendant~~, or other person who makes this Return,	E. A. Thomas
Address,	J. H. H.
Remarks,	

1910000914

of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case a birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in attendance be absent from the house at the time of such birth, it shall become the duty of the person or parents of such child upon the mother, immediately thereafter to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8/6/13

RETURN OF A BIRTH.

A53435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
OCT -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, MARY ELIZABETH WASHINGTON
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) black
4. Date of Birth Jan 27. 10
5. Place of Birth, (Street and number) Johns Hop Hos Bsp.
6. Full name of Mother, Henrietta Washington
7. Mother's Maiden Name, Henrietta Harrison
8. Mother's Birthplace, Va
9. Full name of Father, Geo Washington
10. Father's Occupation, laborer
11. Father's Birthplace, Va

Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Howard

Address, 7. H. H.

Remarks, 1910000915

Of every case of birth which shall occur after the expiration of ten days next after the date at which the Registrar shall begin to receive returns of births, a return shall be signed by the physician or midwife in attendance, if any there be, and delivered at the office of the Registrar within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above required, and any person who shall neglect or refuse to make such report as herein required shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore shall forfeit for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A50436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD

FEB -5 1910

JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, —

2. Sex, (state whether male or female) female

3. Race or color, (if not of the White Race) Black

4. Date of Birth Jan. 26. 10

5. Place of Birth, (Street and number) Johns Hopkins Hosp.

6. Full name of Mother, Cora Austin

7. Mother's Maiden Name, Cora Williams

8. Mother's Birthplace, S. Ca.

9. Full name of Father, Walter Austin

10. Father's Occupation, laborer

11. Father's Birthplace, S. Ca.

Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas

Address, J. H. H.

Remarks, 1910000916

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in case of a birth occurring during the month next preceding, and in case of a birth occurring after the midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

STATE RECORD
FEB 5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	—
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	Black
4. *Date of Birth*	Jan 19/10
5. *Place of Birth, (Street and number)*	U. H. Hospital
6. *Full name of Mother,*	Edna Hutchens
7. *Mother's Maiden Name,*	Edna Hutchens
8. *Mother's Birthplace,*	Md
9. *Full name of Father,*	—
10. *Father's Occupation,*	—
11. *Father's Birthplace,*	—
Name of ~~Medical Attendant~~, or other person who makes this Return,	E O Stevens
Address,	U. H. Hospital
Remarks,	

1 9 1 0 0 0 0 0 9 1 7

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FEB -3 1910 JAS BOSLEY M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth Jan. 16/10
5. Place of Birth, (Street and number) V. H. Hospital
6. Full name of Mother, Mary Slocum
7. Mother's Maiden Name, Mate Rowland
8. Mother's Birthplace, U. S.
9. Full name of Father, Albert Slocum
10. Father's Occupation, Baltimore
11. Father's Birthplace, Laborer

Name of ~~Medical Attendant~~, or other person who makes this Return, E. O. Thomas

Address, V. H. H.

Remarks, 1 9 1 0 0 0 0 0 9 1 8

of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in the city of Baltimore, under the penalty of ten dollars for each offense; and the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall knowingly or willfully make any false return of the facts required to be reported as to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 11/29/69

RETURN OF A BIRTH. A53439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FEB -5 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, ALICE MARIE GILMORE
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) black
4. Date of Birth Jan. 15, 1910
5. Place of Birth, (Street and number) V. H. Hospital
6. Full name of Mother, Mamie Gilmore
7. Mother's Maiden Name, "
8. Mother's Birthplace, Md.
9. Full name of Father, —
10. Father's Occupation, —
11. Father's Birthplace, —

Name of Medical ~~Attendant~~, or other person who makes this Return, E. C. Thomas

Address, V. H. Hospital

Remarks, 1910000919

of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be deemed guilty of a misdemeanor and shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2/23/73

RETURN OF A BIRTH.

A53440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	ADELAIDE IRENE BRUCE
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	Black
4. *Date of Birth*	Jan. 14, 19
5. *Place of Birth, (Street and number)*	V. H. Hospital
6. *Full name of Mother,*	Adelaide Bruce
7. *Mother's Maiden Name,*	Adelaide Pursee
8. *Mother's Birthplace,*	Georgia
9. *Full name of Father,*	Donald Bruce
10. *Father's Occupation,*	Engineer
11. *Father's Birthplace,*	Georgia
Name of Medical Attendant, or other person who makes this Return,	E. A. Thomas
Address,	V. H. Hospital
Remarks,	1910000920

RECORD
FEB 5 1910
S. EGGLESTON, M.D.
BOARD OF HEALTH

Every midwife or person other than a physician in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A59441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	Black
4. *Date of Birth*	Jan. 13. 10
5. *Place of Birth, (Street and number)*	U. H. Hospital
6. *Full name of Mother,*	Ida Wilson
7. *Mother's Maiden Name,*	Ida Johnson
8. *Mother's Birthplace,*	Balto
9. *Full name of Father,*	Tom Wilson
10. *Father's Occupation,*	Driver
11. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Thomas U. H.
Address,	
Remarks,	1910000921

Every Physician, Midwife or other person in attendance upon a birth, shall, within ten days thereafter, sign and transmit to the Registrar of Vital Statistics, Board of Health, at the office of the Commissioner of Health, a certificate of such birth, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or shall occur in a house where there is no midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Name of child,*	Wabeda
2. *Sex, (state whether male or female)*	Female.
3. *Race or color, (if not of the White Race)*	Bl.
4. *Date of Birth*	Jan 3 10
5. *Place of Birth, (Street and number)*	1. H. St
6. *Full name of Mother,*	Wabeda Caldwell
7. *Mother's Maiden Name,*	Matilda Parker
8. *Mother's Birthplace,*	Va
9. *Full name of Father,*	James Caldwell
10. *Father's Occupation,*	Fireman
11. *Father's Birthplace,*	Va
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. A. Thomas
Address,	J. H. Hospital
Remarks,	

1 9 1 0 0 0 0 0 9 2 2

The ~~midwife~~, ~~nurse~~, ~~or other person~~ in attendance upon any birth, ~~or the father~~ of the child, ~~or the householder~~ in whose house any birth occurs, ~~without medical attendance~~, or the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner or Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or shall occur in an institution, or in a house other than that of the parent, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be required to pay a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BIRTH RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, —

2. Sex, (state whether male or female) female

3. Race or color, (if not of the White Race) W.

4. Date of Birth Jan 30 0

5. Place of Birth, (Street and number) V. G. Hospital

6. Full name of Mother, Jennie Wilson

7. Mother's Maiden Name, —

8. Mother's Birthplace, Md.

9. Full name of Father, —

10. Father's Occupation, —

11. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, E. C. Thomas

Address, V. H.

Remarks, 1 9 1 0 0 0 0 0 9 2 3

or a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
SUPT OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. *Name of child,*
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* Bl.
4. *Date of Birth* Jan 3. 1910
5. *Place of Birth, (Street and number)* 1. H Hopkins
6. *Full name of Mother,* Sarah Hall
7. *Mother's Maiden Name,* Sarah Dorman
8. *Mother's Birthplace,* Md
9. *Full name of Father,* Isaac Hall
10. *Father's Occupation,* Waiter
11. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Thomas
Address, J H H.
Remarks,

1 9 1 0 0 0 0 0 9 2 4

The ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person having charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Name of child,*	
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	Bl.
4. *Date of Birth*	Jan. 7/1910
5. *Place of Birth, (Street and number)*	U. M. Hospital
6. *Full name of Mother,*	Estrude Tolliver
7. *Mother's Maiden Name,*	
8. *Mother's Birthplace,*	Italy. Maryland
9. *Full name of Father,*	
10. *Father's Occupation,*	
11. *Father's Birthplace,*	
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. A. Thomas
Address,	E. H. W.
Remarks,	

1 9 1 0 0 0 0 0 9 2 5

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child should occur during the absence of the physician or midwife, or should no physician or midwife be in attendance, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereinafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A58446

RECEIVED FOR RECORD
JAN -5 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Edith Faidley
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Bl.
4. Date of Birth Jan. 1 1910
5. Place of Birth, (Street and number) V. H. Hospital
6. Full name of Mother, Bertha Faidley
7. Mother's Maiden Name, "
8. Mother's Birthplace, Md.
9. Full name of Father, "
10. Father's Occupation, "
11. Father's Birthplace, "

Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas

Address, V. H. H.

Remarks, Full name of child added by mother upon applying for transcript Bertha Faidley E. A. Thomas Reg. 1-28-10

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of a certificate between the first and third days of each year, duly signed by the practitioner in the form prescribed by the Board of Health. In case the birth of any child shall occur without a medical attendant, it shall be the duty of the midwife, or should no other person be in attendance upon the mother, immediately thereafter to report to the Registrar of Vital Statistics, Board of Health, the birth of such child, and the name and residence of the parents, and the sex and color of the child. In default of the midwife or parents of such child to report its birth to the Commissioner of Health, the duty shall devolve upon the householder or owner of the premises where such birth occurs, and hereafter fail to comply with the provisions of this section, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RESERVED FOR RECORD
FEB 5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	✓
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	Bl.
4. *Date of Birth*	Jan. 1. 10
5. *Place of Birth, (Street and number)*	J. H. Hospital
6. *Full name of Mother,*	Addie Woodyard
7. *Mother's Maiden Name,*	"
8. *Mother's Birthplace,*	Md.
9. *Full name of Father,*	—
10. *Father's Occupation,*	—
11. *Father's Birthplace,*	—
Name of ~~Medical Attendant~~, or other person who makes this Return.	E. A. Thomas
Address,	811 H
Remarks,	

1 9 1 0 0 0 0 0 9 2 7

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in attendance neglect or refuse to report such birth, the parent of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one child, the first.

1. Name of child, Baby Gamble.
2. Sex, (state whether male or female) male.
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Jan. 1 - 10
5. Place of Birth, (Street and number) 853 Stockholm St.,
6. Full name of Mother, Hattie Gamble.
7. Mother's Maiden Name, Williams.
8. Mother's Birthplace, Baltimore
9. Full name of Father, Benjamin Williams
10. Father's Occupation, Laborer
11. Father's Birthplace, Havana Md.

Name of Medical Attendant, or other person who makes this Return, ~~Geo. [illegible]~~ E. H. Klonaris

Address, 622 W. Lombard St

Remarks, 1 9 1 0 0 0 0 0 9 2 8

RECORDER RECORD FEB -5 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Any physician, midwife or other person who shall neglect to report the birth of any child as required by this section, or who shall refuse or neglect to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of child,* Baby Knox
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Negro
4. *Date of Birth* Jan. 1, 1910
5. *Place of Birth, (Street and number)* 904 Harden Court
6. *Full name of Mother,* Lena Knox
7. *Mother's Maiden Name,* Lena Miller
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* George Knox
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, E. H. K. Gorman

Address, 622 W. Lombard St

Remarks, 1910000929

Every certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required by this section to report such birth, it shall be the duty of the person occupying the house in which such birth occurs, or of the parent of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Name of child, Baby Ross
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth June 16
5. Place of Birth, (Street and number) 1213 Argyle Ave
6. Full name of Mother, Mary Francis Ross
7. Mother's Maiden Name, Mary Francis Ross
8. Mother's Birthplace, Church Creek, Md
9. Full name of Father, Graham Pinder
10. Father's Occupation, Bar Tender
11. Father's Birthplace, Balto md

Name of Medical Attendant, or other person who makes this Return. E. H. Klonman

Address, 622 W. Lombard St

Remarks,

1910000930

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

...and place of birth this Return Schedule shall be delivered duly signed by the practitioner in the form ...as aforesaid, within ten days after the birth occurs; and in case of the absence or non-attendance of a physician or practitioner of ...Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of ...midwifery, or should no other person be in attendance upon the mother, immediately thereafter it ...shall become the duty of the person or parents of such child to report the birth to the Commissioner of ...Health. The person or parents of such child shall also report the same to the Commissioner of Health ...hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars ...for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Name of child, Baby Connell
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Jan 30
5. Place of Birth, (Street and number) 753 Eden
6. Full name of Mother, Mary Connell
7. Mother's Maiden Name, Mary Dowling
8. Mother's Birthplace, Washington D.C.
9. Full name of Father, Joseph Connell
10. Father's Occupation, Stevedore
11. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Dr. E. H. Klonman

Address, 622 W. Lombard St

Remarks,

1 9 1 0 0 0 0 0 9 3 1

Every case of birth occurring after the first day of February, 1910, must be reported by the practitioner in the form of a certificate within ten days, and third day of each month thereafter, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. Any person who shall neglect, refuse or willfully omit to make such report as herein required, or hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOGLEY M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, John Ross Wright
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth 1/27/10
5. Place of Birth, (Street and number) 315 Otterbein St.
6. Full name of Mother, Lucy Wright
7. Mother's Maiden Name, ~~Lacy~~ Wright
8. Mother's Birthplace, Baltimore
9. Full name of Father,
10. Father's Occupation,
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, E. H. Klonaris

Address, 629 W. Lombard St.

Remarks,

1910000932

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in attendance be unable to report the particulars required, the parent of such child shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A33453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BRADLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Baby Mack.
2. Sex, (state whether male or female) male.
3. Race or color, (if not of the White Race) Negro
4. Date of Birth Jan 3
5. Place of Birth, (Street and number) 203 Perry St.
6. Full name of Mother, Dora Mack
7. Mother's Maiden Name, Dora Mack
8. Mother's Birthplace, Lumpton Fairfax Co. Va.
9. Full name of Father, Unknown
10. Father's Occupation, "
11. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, E. H. Klonaris
Address, 622 W. Lombard ST

Remarks, 1910000933

If a certificate be not given within ten days after birth, the Registrar shall report the case to the Commissioner of Health, and the birth of any child shall be reported by the attending physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any person who shall neglect or refuse to report as herein required, or who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
J.P.S. GOSLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* Cato Beverly
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* 12-31-09
5. *Place of Birth, (Street and number)* 522 W. Lombard St.
6. *Full name of Mother,* Henrietta Beverly
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Fredericksburg Va.
9. *Full name of Father,* —
10. *Father's Occupation,* —
11. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, James Edward Lee
Address, 632 W. Lombard St.
Remarks, 1910000934

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in which case the said schedule is required to be filled out as nearly as possible, and delivered as above directed. Any person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* Baby Sailes
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Negro
4. *Date of Birth* 1-3-'10.
5. *Place of Birth, (Street and number)* 622 N. Lombard St.
6. *Full name of Mother,* Rebecca Sailes.
7. *Mother's Maiden Name,* Rebecca Sailes
8. *Mother's Birthplace,* Tappahannock Va. Essex Co.
9. *Full name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. James B Lucas

Address, 622 N Lombard St

Remarks,

1910000935

Any person who shall neglect or refuse to make the return of a birth required by the provisions of this section, or who shall make a false return thereof, shall be guilty of a misdemeanor and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, as herein required, and in default thereof such person or parents shall be subjected to the penalties herein provided. Any person required to make the return of a birth as aforesaid who shall neglect or refuse to do so for the space of ten days after the birth shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD FEB -5 1910 JAS. BOOLEY, M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Name of child, Nicholas Johnson
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Coloured
4. Date of Birth Jan 3, 1910
5. Place of Birth, (Street and number) 1030 W. Lexington St.
6. Full name of Mother, Sophia Oneederth Johnson
7. Mother's Maiden Name, Lucy Brooks
8. Mother's Birthplace, Eastern Shore
9. Full name of Father, John Christopher Johnson
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, D H Klonecan

Address, 622 W. Lombard St

Remarks, 1910000093 6

date and so on for the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then the midwife, nurse or other person in attendance upon the mother at the birth shall become the duty of and shall report its birth to the Commissioner of Health of the city and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Baby Apie
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Jan. 12-10
5. Place of Birth, (Street and number) 622 N. Lombard St.
6. Full name of Mother, Sedonia Apie
7. Mother's Maiden Name, Sedonia Apie
8. Mother's Birthplace, Northumberland Va.
9. Full name of Father, Warner Apie
10. Father's Occupation, Driver
11. Father's Birthplace, Northumberland Va

Name of Medical Attendant, or other person who makes this Return, James Apie Chas
Address, 622 N Lombard St
Remarks,

1 9 1 0 0 0 0 0 9 3 7

of a certificate between the first and third day of each and every month to the office of the Board of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person present to make such return, and any such person or parent who shall, in the manner and within the period above required, neglect or refuse to make such return, or hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Name of child, Baby Pemberton
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Negro
4. Date of Birth 1-13-10
5. Place of Birth, (Street and number) 622 Lombard St
6. Full name of Mother, Elizabeth Pemberton
7. Mother's Maiden Name,
8. Mother's Birthplace, King William Co. Va
9. Full name of Father, Joseph Pemberton
10. Father's Occupation, Driver
11. Father's Birthplace, Prince Washington N.C

Name of Medical Attendant, or other person who makes this Return. J. Nelson Coburn
Address, 622 W. Lombard St.
Remarks,

19100000938

Every person having charge of a child to be born, and in default thereof every person present at the birth, and every person having knowledge of the birth, shall, within the first and third day of each and every month, report to the office of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in whose family or house such child was born, or who may have been present at the birth, to report the birth to the Commissioner of Health in the manner and form as above required, and any person who shall neglect or refuse hereafter full to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 7th

1. Name of child, Baby Smith
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Jan 26. 1910.
5. Place of Birth, (Street and number) 521 Pierce St.
6. Full name of Mother, Annie May Smith
7. Mother's Maiden Name, Annie Hudson
8. Mother's Birthplace, Richmond Va
9. Full name of Father, George Smith
10. Father's Occupation, Laborer
11. Father's Birthplace, Accomack Co. Va.

Name of Medical Attendant, or other person who makes this Return, E. H. Klomaze

Address, 622 N. Lombard St

Remarks,

1910000939

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall become the duty of the person or parents of such child to report it as hereinbefore shall have neglected to report the same for the period above required, and any such person or persons who shall hereafterfail to comply with this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Name of child, Boy Dickerson
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Negro
4. Date of Birth Jan. 26, 1910
5. Place of Birth, (Street and number) 840 S. Eutaw
6. Full name of Mother, Alice Alberta Dickerson
7. Mother's Maiden Name, Alice Alberta Dickerson
8. Mother's Birthplace, Easton-Md.
9. Full name of Father, Clarence Jackson
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. H. Klemm
Address, 622 W. Lombard St

Remarks, 1910000940

Every person who shall neglect or refuse to make a return of a birth, as required by this section, within the first and third day of each and every month to the officer of Commissioner of Health; in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and the neglect of such person or parents to report the birth of such child as herein required shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,* John Hawkins
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* Jan 29th 1910
5. *Place of Birth, (Street and number)* 103 Madeira St.
6. *Full name of Mother,* Lilly May Hawkins
7. *Mother's Maiden Name,* Lilly May Watts
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Leon Hawkins
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. H. Klomans

Address, 622 W. Lombard St.

Remarks,

1910000941

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, then it shall become the duty of the person making the return of such birth within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 453462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Baby Wheatley
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Jan 31st 1910
5. Place of Birth, (Street and number) 505 N Calley
6. Full name of Mother, Mrs Mary Wheatley
7. Mother's Maiden Name, Miss Mary Cane
8. Mother's Birthplace, Eastern Shore of Maryland
9. Full name of Father, Mr Chas. A Wheatley
10. Father's Occupation, Laborer
11. Father's Birthplace, Eastern Shore of Maryland

Name of Medical Attendant, or other person who makes this Return, E. H. Mcomara

Address, 622 N Broadway St

Remarks, Twins

19100000942

If a certificate between the first and third day of each and every month to the office of Commissioner of Health, in the City of Baltimore, of the birth of any child born within the limits of the City of Baltimore, and if any midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. If the mother and within the period above required, and any such person or persons so shall have died or removed from the premises where the birth occurred to a date of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED RECORD
MAY 5 1910
JAS. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of child,* Georgie Scott
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* January 31st 1910
5. *Place of Birth, (Street and number)* Balto Home Ally 906
6. *Full name of Mother,* Rose Scott
7. *Mother's Maiden Name,* Rose Smith
8. *Mother's Birthplace,* Buck Town Co Va
9. *Full name of Father,* Alex Scott
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Buck Town Co Va

Name of Medical Attendant, or other person who makes this Return. Mary E Cramer

Address, 2406 Pitcher Avenue

Remarks, 1910000943 Balto

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, then it shall be the duty of the person having charge of the premises where the birth occurs to report it to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED RECORD FEB 5 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Baby Monroe
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Jan 30, 1910.
5. Place of Birth, (Street and number) 413 Perry St.
6. Full name of Mother, Irene Monroe
7. Mother's Maiden Name, Irene Davis
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Robert James Monroe
10. Father's Occupation, Labor
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. E. B. Kloman

Address, 622 W. Fayette St.

Remarks,

19100000944

Every person required by this act to report the birth of a child, who shall refuse or neglect to do so for the space of ten days after the birth of such child, or who shall knowingly make a false report of the same, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars for each offense. In case the birth of any child occurs in a private family, the duty of reporting such birth shall devolve upon the head of such family, and in case the birth occurs in a public institution, or in the absence of the head of the family, or in case the mother of such child is unmarried, the duty of reporting such birth shall devolve upon the person in charge of such institution, or upon the mother of such child, and in case the birth occurs elsewhere than in a house, or in the absence of the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified, and any person who shall neglect or refuse to do so shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

453465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Baby Robinson
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Dec 29th 1909
5. *Place of Birth, (Street and number)* 225 N. Dunham St
6. *Full name of Mother,* Bertha Robinson
7. *Mother's Maiden Name,* Ward
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* William Robinson
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, R. C. Terrell

Address, Johns Hopkins Hospital

Remarks,

19100000945

Of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons having charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53466 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st / III

1. Name of child, (Baby) Stokes
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Black
4. Date of Birth December 28th 1909
5. Place of Birth, (Street and number) 918 McDonough St
6. Full name of Mother, Daisy Stokes
7. Mother's Maiden Name, Scott
8. Mother's Birthplace, Maryland
9. Full name of Father, Robert Stokes
10. Father's Occupation, Driver
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. R. Glenn

Address, Johns Hopkins Hospital

Remarks, 19100000946

Of a certificate between the first and third day of each and every month to the Office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance capable of making the return required, it shall become the duty of the person having charge of the mother of such child within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOGLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Baby Wilson
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Black
4. Date of Birth December 26th 1909
5. Place of Birth, (Street and number) 520 Madeira Pl
6. Full name of Mother, Goldie Wilson
7. Mother's Maiden Name, Hutchins
8. Mother's Birthplace, Maryland
9. Full name of Father, Frederick Wilson
10. Father's Occupation, laborer
11. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, R. Grenn
Address, Johns Hopkins Hospital
Remarks, 1910000947

Every Physician, Midwife, or other person who shall attend upon any case of birth, shall, within ten days after the birth, report the same to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Baby Kearney
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* December 25th 1909
5. *Place of Birth, (Street and number)* 1105 N. Pon-Sts
6. *Full name of Mother,* Nannie Kearney
7. *Mother's Maiden Name,* Woodson
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* Wiley Kearney
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, R. Grews

Address, Johns Hopkins Hospital

Remarks, 1910000948

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of said law, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Baby Maryfield
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* December 11th 09
5. *Place of Birth, (Street and number)* 604 N Eutaw Court
6. *Full name of Mother,* Mary Maryfield
7. *Mother's Maiden Name,* Johnson
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* Edward Maryfield
10. *Father's Occupation,* Stevedore
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, D. McLewis

Address, Johns Hopkins Hospital

Remarks,

19100000949

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of such case to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
AUG 5 1910
JAS. BOOLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Baby Earle
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* December 14th - 09
5. *Place of Birth, (Street and number)* 911 Hillman St
6. *Full name of Mother,* Mollie Earle
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Thomas Hayes
10. *Father's Occupation,*
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. Lewis

Address, Johns Hopkins Hospital

Remarks,

1910000950

Section 3. And be it further enacted, That every midwife or person who shall hereafter attend upon any woman in labor, shall, within seven days after the birth of any child, make a return thereof to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father or mother of such child, or in case neither of them shall be able, then of the nearest relative present, to the mother of such child, to make the return of such birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Baby Turner
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* December 10th - 09
5. *Place of Birth, (Street and number)* 2-11 N. Dallis St
6. *Full name of Mother,* Daisy Turner
7. *Mother's Maiden Name,* Brown
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Edward Turner
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, S. A. Lewis

Address, Johns Hopkins Hospital

Remarks,

19100000951

Of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother of such child, within ten days after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Name of child,* Baby Smith
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* December 9th-09
5. *Place of Birth, (Street and number)* 1714 McCulloh St.
6. *Full name of Mother,* Martha Smith
7. *Mother's Maiden Name,* Johnson
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Henry Smith
10. *Father's Occupation,* Butcher
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, Johns Hopkins Hospital

Remarks,

RECEIVED FOR RECORD DEC -5 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

1910000952

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of every physician or midwife in attendance upon the birth of any child, and in case there be no physician or midwife in attendance upon the birth of any child, then it shall be the duty of the father, mother, householder or other person having knowledge of the facts, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required. Any person who shall neglect or refuse to make such report as hereinbefore required, or who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. BAGLEY M.D.
COMM. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Name of child,* Beverly Barnes
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* December 9th 09
5. *Place of Birth, (Street and number)* 1712 Barnes St.
6. *Full name of Mother,* Lettie Barnes
7. *Mother's Maiden Name,* Gross
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Beverly Barnes
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, D. Lewis

Address, Johns Hopkins Hospital

Remarks,

1910000953

(4 sections omitted by the) and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the name and form above required, and any person or persons neglecting or refusing hereafter to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

RECEIVED FOR RECORD FEB -5 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

1. *Name of child,* Baby Barnes
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* December 4th-09
5. *Place of Birth, (Street and number)* 49 1 Somerset St
6. *Full name of Mother,* Josephine Barnes
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Harry Johnson
10. *Father's Occupation,* Carter
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, C. A. Lewis

Address, Lanvale & Williams Sts Bala.

Remarks,

1910000954

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents having charge of such child to report the birth to the Board of Health, and any person or parents failing to report the birth of such child hereafter shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JOHN S. BOSLEY M.D.
COMMISSIONER OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Name of child,* Baby Collins
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* December 5th. 09
5. *Place of Birth, (Street and number)* 429 N. Central Ave
6. *Full name of Mother,* Emma Collins
7. *Mother's Maiden Name,* Bond.
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* George Collins.
10. *Father's Occupation,* Coal dipper.
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, S. A. Lewis

Address, Emma Collins Hospital

Remarks, 1910000955

Health.—In case the birth of any child shall occur without the attendance of a physician or practicing midwife, it shall be the duty of the person in charge of the premises where such birth occurs, or the mother of such child, if able, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Mary Robinson
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* December 2nd 09.
5. *Place of Birth, (Street and number)* 616 N. Spring St.
6. *Full name of Mother,* Maggie Robinson
7. *Mother's Maiden Name,* Hunt.
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* William Robinson.
10. *Father's Occupation,* Stevedore
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. S. A. Lewis

Address, Johns Hopkins Hospital.

Remarks,

1910000956

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother immediately thereafter to make such return to the Registrar of Vital Statistics, Board of Health, as is required of physicians by the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of birth, it shall be the duty of the mother of such child, within ten days after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB 5 1910
J.S. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Baby Williams
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* December 3rd 09
5. *Place of Birth, (Street and number)* 1753 Druid Place
6. *Full name of Mother,* Blanch Williams
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,*
9. *Full name of Father,* James Williams
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, D. A. Lewis

Address, Johns Hopkins Hospital

Remarks, 1910000957

A53478

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS BUXLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Name of child, Baby Epps
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth January 31st, 1910
5. Place of Birth, (Street and number) 1745 Carlisle Place
6. Full name of Mother, Sally Epps
7. Mother's Maiden Name, Tucker
8. Mother's Birthplace, Virginia
9. Full name of Father,
10. Father's Occupation, laborer
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, W. H. Hanlon

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 0 0 9 5 8

Of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of birth, or should the mother be unable to give the information required, then it shall become the duty of the householder or owner of the premises where such birth occurs, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB -5 1910
JAS. BAGLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Name of child,* Baby Rules
2. *Sex,* (state whether male or female) Male
3. *Race or color,* (if not of the White Race) Black
4. *Date of Birth* January 31st, 1910
5. *Place of Birth,* (Street and number) 123 Durham
6. *Full name of Mother,* Ella Rules
7. *Mother's Maiden Name,* Jones
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Edward Rules
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W. H. Thomlow

Address, Johns Hopkins Hospital

Remarks, 1910000959

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Name of child, Baby Conway
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth January 30th, 1910
5. Place of Birth, (Street and number) 1625 Orleans St.
6. Full name of Mother, Rita Conway
7. Mother's Maiden Name, Iroquois
8. Mother's Birthplace, New York
9. Full name of Father, James Conway
10. Father's Occupation, Laborer
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, W. H. Thornton

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 0 9 6 0

Of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner above required. And any such person or persons who shall knowingly fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 1-29-68

RETURN OF A BIRTH. A53481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

REGISTERED RECORD
FEB -5 1910
JAS. BOOLEY, M.D.
COMMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Name of child,* ~~Stanley~~ LEON Stanley
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 30th 1910
5. *Place of Birth, (Street and number)* 500 Carrie St -
6. *Full name of Mother,* Sarah Stanley
7. *Mother's Maiden Name,* Bowden
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* James Stanley
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, W. H. Hannion

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 0 9 6 1

Section 76. And be it further enacted, That the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother of such child, or any person present at the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeiture are recoverable.

RETURN OF A BIRTH. A53482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
CHMN. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Baby Mitchell
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 29th. 1910
5. *Place of Birth, (Street and number)* 1422 Philpot-Alley
6. *Full name of Mother,* Bessie Mitchell
7. *Mother's Maiden Name,* ———
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Louis Mitchell
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, W. H. Morton

Address, Johns Hopkins Hospital

Remarks, 19100000962

Of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth. And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as herein above required, to the office of Commissioner or Registrar of Vital Statistics, Board of Health, within ten days after the birth of any child shall occur without the attendance of a physician or midwife, or within ten days after the first visit of a physician or midwife in all cases where such visit shall occur after the birth of a child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED RECORD
FEB 5 1910
JAS. BAGLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Baby Lee
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 29th, 1910
5. *Place of Birth, (Street and number)* 1406 Jefferson St
6. *Full name of Mother,* Mary Lee
7. *Mother's Maiden Name,* Stanley
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Walter Lee
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, W. H. Thornton

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 U 0 0 0 9 6 3

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother of such child, and of each and every person present at the birth, or having knowledge thereof, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XIII

1. *Name of child,* Baby Armstrong
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 26th, 1910
5. *Place of Birth, (Street and number)* 216 S. Dallas St
6. *Full name of Mother,* Ida Armstrong
7. *Mother's Maiden Name,* Sewell
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* James Armstrong
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W. H. Thomlan

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 U 0 0 0 9 6 4

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Name of child, Baby Boone
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth January 23rd, 1910
5. Place of Birth, (Street and number) 423 N. Central Ave.
6. Full name of Mother, Elizabeth Boone
7. Mother's Maiden Name, Isaacs
8. Mother's Birthplace, Maryland
9. Full name of Father, Howard Boone
10. Father's Occupation, Cement Worker
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, W. H. Thornton

Address, Johns Hopkins Hospital

Remarks,

1910000965

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the mother or person in charge of such child to cause notice to be given to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOT VALID FOR RECORD
FEB -5 1910
JAS. BUSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Name of child,* Baby Daes
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 21st, 1910
5. *Place of Birth, (Street and number)* 208 N. Central Ave
6. *Full name of Mother,* Eleanor Daes
7. *Mother's Maiden Name,* Cooper
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Joseph Daes
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* South Carolina

Name of Medical Attendant, or other person who makes this Return, W. H. Thornton

Address, Johns Hopkins Hospital

Remarks,

1910000966

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person who is present, or who has the charge of the mother, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. BOOLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Name of child,* Baby Preston
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 19th, 1910
5. *Place of Birth, (Street and number)* 1300 Wager St.
6. *Full name of Mother,* Alice Preston
7. *Mother's Maiden Name,* Smith
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Charles Preston
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, W. H. Thomas

Address, Johns Hopkins Hospital

Remarks,

1910000967

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person who shall have charge of such child, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A52488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Name of child,* Baby Rogers
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 19th, 1910
5. *Place of Birth, (Street and number)* 1311 H. Alley
6. *Full name of Mother,* Florence Rogers
7. *Mother's Maiden Name,* Johns
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Erasmo Rogers
10. *Father's Occupation,* Cook
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, W. H. Hamlin

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 0 9 6 8

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the parent, nurse or other person present at the birth, or having charge of the parent of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herein for fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB 5 1910
J. J. FINLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Name of child,* Baby Brown
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 18th, 1910
5. *Place of Birth, (Street and number)* 1176 N. Eutaw St.
6. *Full name of Mother,* Maggie Brown
7. *Mother's Maiden Name,* Beckett
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* Samuel Brown
10. *Father's Occupation,* Junk-dealer
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, W. H. Hamlen

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 U 0 0 0 9 6 9

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother of such child, being within the limits of the City of Baltimore, to report the case within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 3 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) III

1. *Name of child,* Baby Hawkins
2. *Sex,* (*state whether male or female*) Male
3. *Race or color,* (*if not of the White Race*) Black
4. *Date of Birth* January 7th, 1910
5. *Place of Birth,* (*Street and number*) 621 N. Bradford St
6. *Full name of Mother,* Annie Hawkins
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,*
9. *Full name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, W. H. Sherman

Address, Johns Hopkins Hospital

Remarks,

1910000970

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father or mother of such child, or in case of the death or absence of both father and mother, then the occupant of the house in which the birth occurs, within ten days after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1x

1. *Name of child,* Baby Morton
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 15th, 1910
5. *Place of Birth, (Street and number)* 913 Mt. Vernon
6. *Full name of Mother,* Lucy Morton
7. *Mother's Maiden Name,* Wade
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* William Morton
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, W. Morton

Address, Johns Hopkins Hospital

Remarks,

19100000971

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the person in charge of the house in which such birth occurs, and if it shall occur in any other place, then the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD FEB 7 1910 JAS CASLEY M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Name of child,* Baby Moody
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 13th - 19
5. *Place of Birth, (Street and number)* 433 S. Dallas St
6. *Full name of Mother,* Amanda Moody
7. *Mother's Maiden Name,* Gun
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* William Moody
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, R A Tevis

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 0 9 7 2

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A53493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. BAGLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Baby King
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 8th 1910
5. *Place of Birth, (Street and number)* 1309 H alley
6. *Full name of Mother,* Pinkie King
7. *Mother's Maiden Name,* Braxton
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Gardener King
10. *Father's Occupation,* Junk Dealer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, R. A. Crews

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 0 9 7 3

Any person required by the 3d, 4th, 5th, 6th, 7th, 8th, 9th, 10th and 11th sections of Ordinance No. 58, approved July 3, 1908, to make a return of each and every birth to the Office of Commissioner of Health, or Registrar of Vital Statistics, Board of Health, Baltimore City, who shall neglect or refuse to make such return, or who shall make a false return, or who shall not make such return within the time prescribed by said Ordinance, or who shall not make such return in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ix

1. *Name of child,* Baby Jackson
2. *Sex,* (state whether male or female) Male
3. *Race or color,* (if not of the White Race) Black
4. *Date of Birth* January 3rd 1910
5. *Place of Birth,* (Street and number) 2049 Keyser Street
6. *Full name of Mother,* Ellen Jackson
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* Junius Jackson
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, R. Greene

Address, Johns Hopkins Hospital

Remarks, 1910000974

date and place of birth, as hereinbefore required, on the first day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of the house in which such birth occurs, or of the parent of such child, to report the particulars of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6i

1. *Name of child,* Baby Knight
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* January 1st 1910
5. *Place of Birth, (Street and number)* 1101 N. Port — Street
6. *Full name of Mother,* Mary Knight
7. *Mother's Maiden Name,* Trisvant
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* Henry Knight
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, B. C. Terry

Address, Johns Hopkins Hospital

Remarks,

1910000975

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB -5 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Name of child, —
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Jan. 21. 10
5. Place of Birth, (Street and number) Johns Hopkins Hospital
6. Full name of Mother, Sadie Hollis
7. Mother's Maiden Name, Sadie Hollis
8. Mother's Birthplace, Md.
9. Full name of Father, —
10. Father's Occupation, —
11. Father's Birthplace, —
Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Sherman
Address, V. H. H.
Remarks,

1910000976

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any person shall occur without the presence of a practitioner or midwife, or in case no practitioner or midwife shall be present at the birth, it shall thereafter become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FILED FOR RECORD
FEB -5 1910
JAS. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, —
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Jan. 31. 10
5. Place of Birth, (Street and number) Johns Hopkins Hospital
6. Full name of Mother, Amanda Lancaster
7. Mother's Maiden Name, Amanda Topp
8. Mother's Birthplace, Md.
9. Full name of Father, Alex. Lancaster
10. Father's Occupation, Farmer
11. Father's Birthplace, Va.

Name of Medical ~~Attendant~~, or other person who makes this Return, E. A. Thomas

Address, T. H. H.

Remarks,

1 9 1 0 0 0 0 0 9 7 7

A certificate between the first and third day of each and every month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A53198

BIRTH RECORD
FEB -5 1910
JAS. SIMLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Jan. 18. 10
5. Place of Birth, (Street and number) Johns Hopkins Hospital
6. Full name of Mother, Myrtle Curtis
7. Mother's Maiden Name, Myrtle Curtis
8. Mother's Birthplace, Md
9. Full name of Father, —
10. Father's Occupation, —
11. Father's Birthplace, —

Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas

Address, J. H. Hospital

Remarks,

1 9 1 0 0 0 0 0 0 9 7 8

of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and in such case the owner or occupier of the house in which the birth occurs, or in default thereof it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A63499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 20

1. Name of child, —
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black.
4. Date of Birth Jan. 7. 10
5. Place of Birth, (Street and number) V. H. H.
6. Full name of Mother, Henrietta Johnson
7. Mother's Maiden Name, Henrietta Johnson
8. Mother's Birthplace, Md.
9. Full name of Father, —
10. Father's Occupation, —
11. Father's Birthplace, —

Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas

Address, —

Remarks, —

1 9 1 0 0 0 0 0 9 7 9

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case child is still born, or dies without the attendance of a physician or practitioner of midwifery, or should no person be in attendance at the birth, then the mother or father of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Jan. 5, 1910
5. Place of Birth, (Street and number) U. H. Hospital
6. Full name of Mother, Lillian McShane
7. Mother's Maiden Name, Lillian Grey
8. Mother's Birthplace, Md.
9. Full name of Father, Earl McShane
10. Father's Occupation, Porter
11. Father's Birthplace, New York

Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas
Address, U. H. H.
Remarks,

1 9 1 0 0 0 0 0 9 8 0

Certificate between the first and third day of each and every month to the office of Commissioner of Health, and shall be prepared upon the blanks furnished by the Board of Health. Any Physician or Midwife, or should no other person be in attendance upon the birth, the Householder in whose house it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BUSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Name of child,*	
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	Bl.
4. *Date of Birth*	Jan. 1. 1910
5. *Place of Birth, (Street and number)*	W. H. Hospital
6. *Full name of Mother,*	Hettie Price
7. *Mother's Maiden Name,*	"
8. *Mother's Birthplace,*	Va.
9. *Full name of Father,*	"
10. *Father's Occupation,*	"
11. *Father's Birthplace,*	"
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. A. Stowers
Address,	W. H. H.
Remarks,	

1 9 1 0 U 0 0 0 9 8 1

of a certificate between the first and third day of each and every month to the Office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or a midwife, it shall be the duty of the person in charge of the house in which such birth occurs, if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereinafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -5 1910
JAS. EDGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Katherine Kessel
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 31st 1910
6. Place of Birth, (Street and number) 202 S. Catherine St
6. Full name of Mother, Lena Kessel
7. Mother's Maiden Name, Konig
8. Mother's Birthplace, Germany
9. Full name of Father, Karl Kessel
10. Father's Occupation, Soldier
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, G. F. Hartell M.D.

Address, 1401 W. Fayette St

Remarks,

1 9 1 0 U 0 0 0 9 8 2

This law is very plain, and must be complied with. The Commissioner of Health, Physician or Midwife, who shall neglect or refuse to report any birth, or who shall report any birth otherwise than as required by this law, or who shall neglect or refuse to report any birth within the time specified, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A53503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Name of Child,* Caroline C. Louise Frank Trunk
2. *Sex, (state whether male or female)* Female.
3. ~~*Race or color,*~~ *(if not of the White Race)*
4. *Date of Birth,* January 15th 1935.
6. *Place of Birth, (Street and number)* 6 Pasket St
6. *Full name of Mother,* Alice Trunk
7. *Mother's Maiden Name,* Alice Gruff
8. *Mother's Birthplace,* Baltimore City
9. *Full name of Father,* Charles Frederick Trunk
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return, Mary L. Cranny

Address, 16 First St 741

Remarks, Mid Section

1 9 1 0 0 0 0 0 0 9 8 3

RECORD
FEB -5 1935
H. S. BOBLEY M.D.
BOARD OF HEALTH

third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in writing the particulars required to be reported in this section within ten days after the birth, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

REGISTRATION RECORD
FEB -5 1910
JAS. BOOLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Baby Lindau
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 3. 1910
5. Place of Birth, (Street and number) 1304 E. Monument St
6. Full name of Mother, Annie Lindau
7. Mother's Maiden Name, Annie Weinberg
8. Mother's Birthplace, Russia
9. Full name of Father, Abe Lindau
10. Father's Occupation, Salesman
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. H. Klopman

Address, 622 W. Lombard St

Remarks, 1910000984

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the knowledge of the physician or practitioner or midwifery, or should no other person or parents of such child to report its birth to the Commissioner of shall become aware of the same, it shall be the duty of the undertaker who shall be employed to bury the body of such child to report the same in the manner and within the period above required, and any person who shall fail in the premises to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB 5 1918
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) Second Stephen Living

1. Name of child, ~~Living~~ Zalis
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 21 1918
5. Place of Birth, (Street and number) 652 W. Lexington
6. Full name of Mother, Mrs Elsie Zalis
7. Mother's Maiden Name, Miss Elsie Young
8. Mother's Birthplace, Baltimore County
9. Full name of Father, Joseph Zalis
10. Father's Occupation, Machinist
11. Father's Birthplace, Egypt

Name of Medical Attendant, or other person who makes this Return, E. H. Klemann

Address, 622 W Lombard St

Remarks,

1 9 1 0 0 0 0 0 9 8 5

of a certificate between the first and third day of each month, the Registrar shall report to the Board of Health the fact of such failure. In case the birth of any child shall occur without the city limits, it shall be the duty of the Commissioner of Health, or some person designated by him, to visit the house of the parents of such child, and to obtain the information required by this section, and it shall be the duty of the physician, midwife, or other person in attendance upon the mother, immediately thereafter to report to the Commissioner of Health the birth of such child. Any person who shall fail to report such birth as herein required, or who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

A53506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* Baby West
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 1-23-'10
5. *Place of Birth, (Street and number)* 622 W. Lombard St
6. *Full name of Mother,* Nettie West
7. *Mother's Maiden Name,* Nettie Shubert
8. *Mother's Birthplace,* Balto, Md
9. *Full name of Father,* Leroy Anderson West
10. *Father's Occupation,* Instructor
11. *Father's Birthplace,* Kentucky

Name of Medical Attendant, or other person who makes this Return. J. Nelson Osburn

Address, 622 W. Lombard St

Remarks,

1910000986

Of a certificate between the first and third days of each month, to the office of Commissioner of Health, Baltimore City, a birth return upon the form prescribed by the Board of Health and every month to the office of Commissioner of Health, Baltimore City, a birth return upon the form prescribed by the Board of Health and every midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, Baltimore City, within one week thereafter, and any such person or persons who shall neglect or refuse to make such report as herein required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

453507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Name of child,* Baby Stickeley
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 1 - 9 - 10
5. *Place of Birth, (Street and number)* 622 N. Lombard St.
6. *Full name of Mother,* Ray Stickeley
7. *Mother's Maiden Name,* " "
8. *Mother's Birthplace,* Emory Va.
9. *Full name of Father,* —
10. *Father's Occupation,* —
11. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, James A Stickeley

Address, 622 N Lombard St

Remarks, 1 9 1 0 0 0 0 0 0 9 8 7

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the Registrar of Vital Statistics, to the Office of Commissioner of Health, or some other person appointed by the Board of Health to act in his stead, within ten days after the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, or in case of their absence, or inability, of the person with whom the mother resides, to report such birth to the Registrar of Vital Statistics, or to the Board of Health, and to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of child, Baby Robson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 1-4-'10
5. Place of Birth, (Street and number) 622 N. Lombard St.
6. Full name of Mother, Mrs. Florence Robson
7. Mother's Maiden Name, Florence Brown
8. Mother's Birthplace, Ora.
9. Full name of Father, J. Ben Brown
10. Father's Occupation, Architect
11. Father's Birthplace, Ora

Name of Medical Attendant, or other person who makes this Return, James A. Hughes

Address, 622 N. Lombard St

Remarks,

1910000988

of each child, if any shall have been correctly given, sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur in a locality where no physician or practitioner of midwifery is employed, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section are hereby subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* Baby Wagner
2. *Sex, (state whether male or female)* girl W
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 11-10
5. *Place of Birth, (Street and number)* 622 N Lombard St
6. *Full name of Mother,* Amil Wagner
7. *Mother's Maiden Name,* Amil Wagner
8. *Mother's Birthplace,* Hungaria Germany
9. *Full name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, James F Hagan
Address, 622 Lombard St
Remarks,

1910000989

of a certificate between the first and third day of each and every month. All returns of births shall be made on forms furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the same manner as is required of physicians and midwives; and any person or persons who shall hereinafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-7-57

RETURN OF A BIRTH. A53510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) Baby

1. Name of child, Lynne Chapman ~~Baby~~
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth January 13 1910
5. Place of Birth, (Street and number) 840 Reynhart
6. Full name of Mother, Mrs Maude Chapman
7. Mother's Maiden Name, Miss Maude Williams
8. Mother's Birthplace, Baltimore Maryland
9. Full name of Father, Frank J. Chapman
10. Father's Occupation, Ex Fireman
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. E H Norman

Address, 622 W Lombard St

Remarks,

1 9 1 0 U 0 0 0 9 9 0

of a certificate of birth and this said schedule shall be delivered, duly signed by the practitioner or the female who officiated as midwife, or by the father or mother of such child, or householder in whose house the birth occurred, to the Registrar of Vital Statistics of the district in which the birth occurred, within ten days after the birth of any child shall occur without the attendance of a physician or midwife, the father or mother of such child, or householder in whose house the birth occurred, shall forthwith report the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. It shall be the duty of the Registrar of Vital Statistics to furnish the blank forms required by this section, and any person hereafter failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Name of child,* Thelma Naylor Spangler
2. *Sex,* (state whether male or female) Female
3. *Race or color,* (if not of the White Race)
4. *Date of Birth* Jan 16th
5. *Place of Birth,* (Street and number) University Hosp. Baltimore Md.
6. *Full name of Mother,* Mary Naylor Spangler
7. *Mother's Maiden Name,* Mary Clarence Naylor
8. *Mother's Birthplace,* Hagerstown Md.
9. *Full name of Father,* Harold E Spangler
10. *Father's Occupation,* Salesman
11. *Father's Birthplace,* Pleasant Md.

Name of Medical Attendant, or other person who makes this Return. James D Hughes

Address, 6220 Ivanhoe St

Remarks,

1910000991

of a cert. date between the 3rd and third day of each and every month to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. Any child dying without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner above required. And any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
1-5-5 1910
J.S. DOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Forehand
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth 1-30-10
5. Place of Birth, (Street and number) 600 Lombard St.
6. Full name of Mother, Cleah Forehand
7. Mother's Maiden Name, Cleah Forehand
8. Mother's Birthplace, Indian from North Carolina
9. Full name of Father,
10. Father's Occupation,
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Rasmus H Klaxman

Address, 622 W Lombard St

Remarks,

19100000992

of a certificate between the first and third day of each and every month to the officer or Commissioner of Health. In case the birth of any child shall occur without the limits of the city, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED RECORD FEB -5 1910 JAS. EOSLEY M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Baby Jobbs
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black White
4. *Date of Birth* December 31st 1909
5. *Place of Birth, (Street and number)* 723 S Pring St
6. *Full name of Mother,* Sara Jobbs
7. *Mother's Maiden Name,* Rausch
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* William Jobbs
10. *Father's Occupation,* Street cleaner
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, R. A. Jeans

Address, James Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 0 0 9 9 3

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father or mother of such child, or other relative of the family, whether it shall live or not, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53514

GIVEN NAME ADDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10/26/11

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

RECEIVED FOR RECORD FEB -5 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

1. *Name of child,* Baby Weisblatt, PEARL
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 31st 1909
5. *Place of Birth, (Street and number)* 40 Albemarle St
6. *Full name of Mother,* Rosie Weisblatt
7. *Mother's Maiden Name,* Samuels
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Joseph Weisblatt
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, R. Stern

Address, Johns Hopkins Hospital

Remarks,

1910000994

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then it shall be the duty of the father or mother of such child, or other person having knowledge of the facts, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 9/6/67

RETURN OF A BIRTH. A53515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5.1910
JAS. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Baby Horowitz, IRENE
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 22nd 1909
5. *Place of Birth, (Street and number)* 1339 E. Spring St
6. *Full name of Mother,* Dora Horowitz
7. *Mother's Maiden Name,* Weisblatt
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Ben Horowitz
10. *Father's Occupation,* Clothes Presser
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, R. Glenn

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 0 0 9 9 5

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such mother, or some person present at the birth, to report the same to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BIRTH RECORD
FEB 5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Name of child, Baby Olchovitz
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth December 19th 1909
5. Place of Birth, (Street and number) 20 S. High St
6. Full name of Mother, Rebecca Olchovitz
7. Mother's Maiden Name, Pasolski
8. Mother's Birthplace, Russia
9. Full name of Father, Morris Olchovitz
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, R. Glenn

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 0 9 9 6

A certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or parents, or other person having charge of such child, to make return of the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Name of child,* Baby Mazer
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 17th 1909
5. *Place of Birth, (Street and number)* 101 S. Bond St.
6. *Full name of Mother,* Annie Mazer
7. *Mother's Maiden Name,* Balenstein
8. *Mother's Birthplace,*
9. *Full name of Father,* Wolf Mazer
10. *Father's Occupation,* Store Keeper
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, R. Greene

Address, Johns Hopkins Hospital

Remarks,

1910000997

RECEIVED FOR RECORD FEB -5 1910 JAS. BOGLEY M.D. BOARD OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person in charge of such birth to report its birth to the Commissioner of Health, in the manner above directed, and any such person who shall neglect or refuse so to report hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 2/6/15

RETURN OF A BIRTH. A53518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD FEB -5 1910 JAS. EDGLEY, M.D. REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, BLANCHE Baby Weinstein
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth December 15th '09
5. Place of Birth, (Street and number) 1509 E Baltimore St
6. Full name of Mother, Rebecca Weinstein
7. Mother's Maiden Name, Jacobs
8. Mother's Birthplace, Maryland
9. Full name of Father, Sam Weinstein
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, R. Glenn

Address, Johns Hopkins Hospital

Remarks,

19100000998 Filed: 2/5/10

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Baby Winters
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 14th 09
5. *Place of Birth, (Street and number)* 1746 Ashland Ave
6. *Full name of Mother,* Margaret Winters
7. *Mother's Maiden Name,* Swillensahlafer
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Ernest Winters
10. *Father's Occupation,* Waiter
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, J. R. Lewis

Address, Johns Hopkins Hospital

Remarks,

1910000000999

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person who shall make the return of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BIDDLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Name of child,* Baby Mueller
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* —
4. *Date of Birth* December 31-09
5. *Place of Birth, (Street and number)* 1612 E. Madison St.
6. *Full name of Mother,* Helen Mueller
7. *Mother's Maiden Name,* Kleiderlein
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Henry Mueller
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, D. L. Lewis

Address, Johns Hopkins Hospital

Remarks, —

1910 0001000

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of such mother, or some one of the family, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

day of each and every month to the office of the Commissioner of

RETURN OF A BIRTH. A53521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BIBLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Baby Francis
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 10th 09
5. *Place of Birth, (Street and number)* 1107 Fairmount Ave
6. *Full name of Mother,* Eleanor Francis
7. *Mother's Maiden Name,* Whpelder
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Joseph Francis
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, S. A. Lewis

Address, James Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 1 0 0 1

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father or mother of such child, within ten days after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
J. S. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IN

1. *Name of child,* Baby Phillips
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 9th 09
5. *Place of Birth, (Street and number)* 1027 Somerset St
6. *Full name of Mother,* Mary Phillips
7. *Mother's Maiden Name,* Rhynisparp
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* George Phillips
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. Lewis

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 1 0 0 2

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of such mother to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Baby Solomon
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 31st, 1910
5. *Place of Birth, (Street and number)* 1099 Bond St.
6. *Full name of Mother,* Frances Solomon
7. *Mother's Maiden Name,* Radumska
8. *Mother's Birthplace,* Poland
9. *Full name of Father,* Peter Solomon
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, W. H. Hamilton

Address, Johns Hopkins Hospital

Remarks,

1910001003

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

Every death, to the Office of the Commissioner of Health, or Health Officer, or Registrar of Vital Statistics, of the district in which it occurs, within twenty-four hours after such death, and before the body is buried or removed from the district; and every birth, within ten days after such birth, to the Commissioner of Health, or Registrar of Vital Statistics, of the district in which it occurs. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in attendance neglect or refuse to report the same, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, it shall be the duty of the person in whose house or on whose premises such birth shall occur, and of each person present at the birth, and of the parent or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Baby Henderson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth January 27th 1910
5. Place of Birth, (Street and number) 1323 N. Chapel St.
6. Full name of Mother, Annie Henderson
7. Mother's Maiden Name, Finnerty
8. Mother's Birthplace, Ireland
9. Full name of Father, John Henderson
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. H. Thompson

Address, Johns Hopkins Hospital

Remarks,

1910 0001004

RECEIVED FOR RECORD FEB -5 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

RETURN OF A BIRTH. A53525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Baby Bassin
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 23rd, 1910
5. *Place of Birth, (Street and number)* 2493 S. Carolina St
6. *Full name of Mother,* Jennie Bassin
7. *Mother's Maiden Name,* Wall
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Sam Bassin
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, W. H. Thornton

Address, Johns Hopkins Hospital

Remarks,

19100001005

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother and each and every person residing in the house where such birth occurs, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 8/2/72

RETURN OF A BIRTH. A83526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Baby Smith, EDNA ELIZABETH
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth January 20th, 1910
5. Place of Birth, (Street and number) 2526 E Hoffman St
6. Full name of Mother, Sadie Smith
7. Mother's Maiden Name, Shuee
8. Mother's Birthplace, Maryland
9. Full name of Father, Ernest Smith
10. Father's Occupation, Laboratory Assistant
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, M. H. Thornton

Address, Johns Hopkins Hospital

Remarks,

1910001006

RECEIVED FOR RECORD FEB 1910

J. S. FOSLEY M.D. COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then and in that case it shall be the duty of the mother, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents having charge of such child, to report the case to the Board of Health, and any person or parents neglecting to report as herein required, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Name of child,* Baby Wiliams
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 17th, 1910
5. *Place of Birth, (Street and number)* 1 Lon Exeter St
6. *Full name of Mother,* Rosie Wiliams
7. *Mother's Maiden Name,* Greenspahn
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Michael Wiliams
10. *Father's Occupation,* Blacksmith
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. W. H. Thomlon

Address, Johns Hopkins Hospital

Remarks,

RECEIVED FOR RECORD FEB -5 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

1910000 1007

GIVEN NAME ADDED - 4/6/11

RETURN OF A BIRTH. A53528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 5 1910
J. S. BOWLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Nome of child, VIOLA MOLINOWSKI

2. Sex, (state whether male or female) female

3. Race or color, (if not of the White Race) White

4. Date of Birth Jan. 30, 10

5. Place of Birth, (Street and number) Johns Hopkins Hospital

6. Full name of Mother, Sophie Molinowski

7. Mother's Maiden Name, Sophie ?

8. Mother's Birthplace, Poland

9. Full name of Father, Henry Molinowski

10. Father's Occupation, ?

11. Father's Birthplace, Poland

Nome of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas

Address, L. H. H.

Remarks,

1910 0001008

Health. In case the birth of any child shall occur without the employment of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, the penalty for the neglect of this requirement to be imposed upon the person or persons so neglecting, and shall be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

REGISTRAR'S RECORD
FEB -5 1910
JAS. E. DIGGES, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, —

2. Sex, (state whether male or female) Female

3. Race or color, (if not of the White Race) White

4. Date of Birth Jan 29. 10

5. Place of Birth, (Street and number) Johns Hopkins Hosp

6. Full name of Mother, Paula Wundesch

7. Mother's Maiden Name, Paula Perrot.

8. Mother's Birthplace, France

9. Full name of Father, Heinholdt Wundesch

10. Father's Occupation, Coachman

11. Father's Birthplace, Germany

Name of Medical ~~Attendant~~, or other person who makes this Return, E. A. Thomas

Address, V. H. H.

Remarks,

19100001009

A fine of not less than one and not exceeding five dollars shall be imposed upon the father, mother, householder or other person having charge of the child, for each and every month he or she shall neglect to report the birth of such child as required by this ordinance; and it shall be the duty of the Commissioner of Health to prosecute all violations of this ordinance. Midwives shall report to the Commissioner of Health, in the manner and within the period above required, the birth of each person who shall have been delivered by them, and shall also report the name of the person for whom they acted, and shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child,
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 28. 1910
5. Place of Birth, (Street and number) Johns Hopkins Hosp
6. Full name of Mother, Clive Bowdin
7. Mother's Maiden Name, "
8. Mother's Birthplace, Md.
9. Full name of Father, —
10. Father's Occupation, —
11. Father's Birthplace, —

Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas

Address, V. H. H.

Remarks, 1910000010

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or parents so offending hereinafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JES. BOSLEY, M.D.
SUPT OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child,
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 27, 10
5. Place of Birth, (Street and number) Johns Hopkins Hosp.
6. Full name of Mother, Julia Hickmuth
7. Mother's Maiden Name, "
8. Mother's Birthplace, Md.
9. Full name of Father, "
10. Father's Occupation, "
11. Father's Birthplace, "

Name of ~~Medical Attendant~~, or other person who makes this Return. E. C. Thomas

Address, V. H. H.

Remarks,

1910 0 0 1 0 1 1

Health. In case the birth of any child shall occur without the city, the return shall be made by the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who shall furnish the blank forms required, and if such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR
FEB -3 1910
J. S. GOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Name of child,*	
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Jan. 26. 1910
5. *Place of Birth, (Street and number)*	Johns Hopkins Hospital
6. *Full name of Mother,*	Hattie Mack
7. *Mother's Maiden Name,*	Hattie Forbes
8. *Mother's Birthplace,*	Mass.
9. *Full name of Father,*	John Mack
10. *Father's Occupation,*	laborer
11. *Father's Birthplace,*	Nova Scotia
Name of ~~Medical Attendant~~, or other person who makes this Return.	E. A. Thomas
Address,	J. H. H.
Remarks,	1910000012

A certificate is required the first and third day of each and every month to the office of Commissioner of Health, in case the birth of any person shall occur without the attendance of a physician or practitioner of medicine, or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB -5 1910
J.A.S. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	—
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Jan 27 3. 10
5. *Place of Birth, (Street and number)*	Johns Hop. Bus Hospital
6. *Full name of Mother,*	Verna Reynor
7. *Mother's Maiden Name,*	Verna Reynor
8. *Mother's Birthplace,*	Va.
9. *Full name of Father,*	—
10. *Father's Occupation,*	—
11. *Father's Birthplace,*	—
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. C. Flowers
Address,	J. H. Hospital
Remarks,	

19100001013

Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the owner or occupant of the house in which such birth occurs, or in which the mother of such child is at the time of such birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-19-72

RETURN OF A BIRTH.

A53534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Name of child,*	SARA COHEN
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Jan. 18, 1910
5. *Place of Birth, (Street and number)*	U. H. Hospital
6. *Full name of Mother,*	Rosie Cohen
7. *Mother's Maiden Name,*	Rosie ?
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	David Cohen
10. *Father's Occupation,*	shoemaker
11. *Father's Birthplace,*	Russia
Name of Medical ~~Attendant~~, or other person who makes this Return,	E. A. Thomas
Address,	U. H. Hospital
Remarks,	

19100001014

Every Physician, Midwife or other person who shall attend upon the birth of any child, shall within the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB -5 1910
JAS. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Name of child,*	—
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Jan. 17. 1910
5. *Place of Birth, (Street and number)*	V. H. Hospital
6. *Full name of Mother,*	Clara High
7. *Mother's Maiden Name,*	Clara High
8. *Mother's Birthplace,*	Balto
9. *Full name of Father,*	—
10. *Father's Occupation,*	—
11. *Father's Birthplace,*	—
Name of ~~Medical Attendant~~, or other person who makes this Return.	E. A. Thomas
Address,	V. H. Hospital
Remarks,	

19100001015

Of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should the latter fail to report such birth to the Commissioner of Health, the owner or agent of the house in which such child was born, or parent of such child, or person in charge thereof, shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD FEB -5 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) 2 hd

1. Name of child, "

2. Sex, (state whether male or female) female

3. Race ar color, (if not of the White Race) White

4. Date of Birth Jan. 16. 10

5. Place of Birth, (Street and number) V. H. Hospital

6. Full name of Mother, Rose Hartsock

7. Mather's Maiden Name, "

8. Mather's Birthplace, Md

9. Full name of Father, "

10. Father's Occupation, "

11. Father's Birthplace, "

Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas

Address, V. H. Hospital

Remarks, 19100001016

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall occur on any premises not the usual residence of the mother, the person in charge thereof shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 8/29/68

RETURN OF A BIRTH. A53537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1ST

1. Name of child, MARY NORTON WROTH
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 9. 1910
5. Place of Birth, (Street and number) U. H. Hospital
6. Full name of Mother, Inez Townsend Wroth
7. Mother's Maiden Name, Inez Lauer
8. Mother's Birthplace, N. Y.
9. Full name of Father, Peregrine Wroth, Jr.
10. Father's Occupation, physician
11. Father's Birthplace, Md.

Name of ~~Medical Attendant~~, ~~or other~~ person who makes this Return, E. A. Thomas

Address, U. H. H.

Remarks,

19100001017

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if such child is not named within two months after birth, the father or mother of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Jan. 8. 1910
5. *Place of Birth, (Street and number)*	Mercy Hospital
6. *Full name of Mother,*	Ida Fellenberg
7. *Mother's Maiden Name,*	Ida Silverman
8. *Mother's Birthplace,*	Md.
9. *Full name of Father,*	Louis Fellenberg
10. *Father's Occupation,*	Tailor
11. *Father's Birthplace,*	Russia
Name of ~~Medical Attendant~~, or other person who makes this Return,	Ed Thomas
Address,	St. H. Hospital
Remarks,	

1 9 1 0 U 0 0 1 0 1 8

Of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or other person, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Wh
4. Date of Birth Jan 7, 1910
5. Place of Birth, (Street and number) V. H. Hospital
6. Full name of Mother, Alice Kempff
7. Mother's Maiden Name, Alice A. Brig Lam
8. Mother's Birthplace, California
9. Full name of Father, Clarence Kempff
10. Father's Occupation, Lieut. U.S.N.
11. Father's Birthplace, Cal

Name of ~~Medical Attendant~~, or other person who makes this Return, E.A. Thomas V.H.

Address,

Remarks,

19100001019

If a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or other person in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Md Harry Anthony
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 16th 1910
6. Place of Birth, (Street and number) 1314 Hollins Street
6. Full name of Mother, Catherine Anthony
7. Mother's Maiden Name, Flaw
8. Mother's Birthplace, Baltimore
9. Full name of Father, Harvey Anthony
10. Father's Occupation, Carpenter
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. F. Hatzell M.D.
Address, 1101 W Fayette
Remarks,

19100001020

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents neglecting or refusing to make such report shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -5 1910
JAS. EOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Name of Child, Clarence Tauble
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 2d 1910
6. Place of Birth, (Street and number) 3114 St Vincents
6. Full name of Mother, Mary Frances Tauble
7. Mother's Maiden Name, " " Riddins
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Benjamin Hearman Tauble
10. Father's Occupation, Painter
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J G Hartzell MD

Address, 1401 W Fayette St

Remarks,

19100001021

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall neglect or refuse to make such report, as herein required, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAS. EAGLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child, Baby Malalionis
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth Jan. 3. 1910.
5. Place of Birth, (Street and number) 646 Lombard
6. Full name of Mother, Alvina Malalionis
7. Mother's Maiden Name, Alvina Jamilinis
8. Mother's Birthplace, Russia
9. Full name of Father, Vincent Malalionis
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Dr Klonaris

Address, 622 W Lombard St

Remarks, 1910000102

of a certificate between the first and third day of each and every month to the office of Commissioner of Health in the city in which such occur without the attendance of a physician or practitioner of midwifery, or should no other person who shall be present at the birth of such child, thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of child,* Baby McAuliffe
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 4, 1910
5. *Place of Birth, (Street and number)* 1224 W. Pratt St.
6. *Full name of Mother,* Mrs. Rosia McAuliffe
7. *Mother's Maiden Name,* Rosia Schreiner
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full name of Father,* Cornelious McAuliffe
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. H. Klonaris

Address, 622 W. Lombard St

Remarks,

1 9 1 0 0 0 0 1 0 2 3

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the city, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner above provided, within ten days after the return of such parent or parents to the city. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JUN -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Name of child,* Baby Rose
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White Race
4. *Date of Birth* June 17 1910
5. *Place of Birth, (Street and number)* 2147 Hollins St.
6. *Full name of Mother,* Emilie Francis Rose
7. *Mother's Maiden Name,* Emilie Francis Phelps
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* William Winsor Rose
10. *Father's Occupation,* Printer
11. *Father's Birthplace,* New York City

Name of Medical Attendant, or other person who makes this Return. S. A. Kloman

Address, 672 W. Lombard St

Remarks,

19100001024

Sec. 5. Be it further provided, That the first and third day of each and every month to be the office of Comptroller of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. It shall be the duty of the Commissioner of Health to prepare and furnish blank forms for the returns hereinafter required, and to furnish the same to such persons as may apply therefor. Any person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53545

GIVEN NAME ADDED 11-23-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Baby Cohen Albert
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 1-17-10
5. *Place of Birth, (Street and number)* 226 N. Lombard St.
6. *Full name of Mother,* Mrs Bessie Cohen
7. *Mother's Maiden Name,* Bessie Nefrotovsky
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Max Cohen
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, J. Nelson Osburn

Address, 622 W. Lombard St.

Remarks,

1910000 1025

If a certificate be not given the first and third day of each and every month to the Registrar of Vital Statistics of the district in which the birth of any child shall occur without the satisfaction of a physician or midwife, or shall be given in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to state the reason why a certificate was not given as required by this section; and the Health Officer shall require the production of such certificate, or shall require proof to be made that it could not be procured, before he shall comply with the provisions of this section. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Name of child,* Baby Niedermier
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 1-19-10
5. *Place of Birth, (Street and number)* 622 N. Lombard St.
6. *Full name of Mother,* Myrtle V. Niedermier
7. *Mother's Maiden Name,* Myrtle V. Mace.
8. *Mother's Birthplace,* Baltimore City.
9. *Full name of Father,* Edward A. Niedermier
10. *Father's Occupation,* Soldier.
11. *Father's Birthplace,* Norwalk N. J.

Name of Medical Attendant, or other person who makes this Return, J. Nelson Rodrum

Address, 622 W. Lombard St.

Remarks,

191000001025

A fortune awaits the first and third day of each and every month to the person or persons who will bring in the largest number of rats killed on those days. Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter he shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons so shall be guilty of a misdemeanor and upon conviction thereof shall be punished for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Name of child,* Baby Fahrenholt
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* Jan 1 2 1910
5. *Place of Birth, (Street and number)* Seminary Hospital - Fontaine & Fremont
6. *Full name of Mother,* Betty Gypsie Fahrenholt
7. *Mother's Maiden Name,* Betty Gypsie
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Leroy Whiting Fahrenholt
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Centerbrook Va.

Name of Medical Attendant, or other person who makes this Return. Claude Lamont Just

Address, Seminary Hospital - Baltimore Md.

Remarks,

19100001027

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of such mother, and within ten days thereafter it shall be the duty of the father of such child, or of the householder or owner of the premises where such birth occurred, or of the person in charge thereof, to report in writing to the Registrar of Vital Statistics, Board of Health, the particulars required, as above, touching such birth; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. EAGLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* Baby Simpler
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 1-6-10
5. *Place of Birth, (Street and number)* 622 W. Lombard St.
6. *Full name of Mother,* Rachel Simpler
7. *Mother's Maiden Name,* Rachel Simpler
8. *Mother's Birthplace,* Betterton, Kent Co. md
9. *Full name of Father,* George Simpler
10. *Father's Occupation,* Farmer
11. *Father's Birthplace,* Betterton md.

Name of Medical Attendant, or other person who makes this Return, James O'Hara

Address, 622 W Lombard St.

Remarks,

1 9 1 0 U 0 0 1 0 2 8

date and place of birth, and the said schedule shall be delivered, duly signed by the midwife or the person in charge of the case, to the parent of the child or the person in charge of the case, not later than the fifth day after the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the particulars required of midwifery, to the Registrar of Vital Statistics, Board of Health, Baltimore City, and every such midwife, person or persons shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
J. McKELVEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Name of child,*	Baby Karcher
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	white
4. *Date of Birth*	Jan 10, 10.
5. *Place of Birth, (Street and number)*	127 S. Arlington Av
6. *Full name of Mother,*	Mary Karcher
7. *Mother's Maiden Name,*	Mary Bertermann
8. *Mother's Birthplace,*	Baltimore Md
9. *Full name of Father,*	Alfred George Karcher
10. *Father's Occupation,*	Fireman
11. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	E H Lomax
Address,	627 W Fayette
Remarks,	1910000 1029

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, and the name and residence of the mother, and in default of so doing, such person or parents hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Name of child, Baby Mayhew
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth 1-9-10
5. Place of Birth, (Street and number) 622 N. Lombard St.
6. Full name of Mother, Mrs Cora May Mayhew
7. Mother's Maiden Name, Cora May Blottenberg
8. Mother's Birthplace, Palmyra Penn.
9. Full name of Father, J. Bernard Mayhew
10. Father's Occupation, Iron Worker
11. Father's Birthplace, Emmitsburg Md.

Name of Medical Attendant, or other person who makes this Return, James Stephenson

Address, 622 N Lombard St

Remarks,

1910000030

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the nearest relative present, or of the householder in whose house the birth occurs, or of the nurse in attendance, to report the same to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A53551

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
SUP'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of child, Baby Hancock
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of birth Jan 10, 1910
5. Place of Birth, (Street and number) 2104 W. Eagle St
6. Full name of Mother, Mary Catherine Hancock
7. Mother's Maiden Name, Mary Catherine Murphy
8. Mother's Birthplace, Charles County Maryland
9. Full name of Father, Addison Francis Hancock
10. Father's Occupation, Machenist
11. Father's Birthplace, Charles County Maryland

Name of Medical Attendant, or other person who makes this Return. E. F. Klopsaug
Address, 622 W. Lombard St
Remarks,

1910000031

If a birth occurs between the first and third day of each and every month to the father or to the mother of such child, or to the physician, midwife, or other person in attendance upon the mother at the birth of such child, or should no other person be in attendance upon the mother at the birth of such child, then the occupier of the house or tenement in which such birth occurs, shall, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Carre Harry Berry
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb - 2 - 10
5. Place of Birth, (Street and number) 748 W. Lexington St
6. Full name of Mother, Edna Pearl Berry
7. Mother's Maiden Name, Lewis
8. Mother's Birthplace, Mont. Co. Md.
9. Full name of Father, Harry C Berry
10. Father's Occupation, Commission merchant
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, D H Klonaris
Address, 622 N. Fulton St
Remarks,

1910000 1032

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53553

NAME ADDED 7-31-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JUL 31 1962
JAS. H. MACKEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Name of child, Baby James Vernon Upperman
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 14, 1910
5. Place of Birth, (Street and number) 919 S. Sharp St.
6. Full name of Mother, Mary Estelle Upperman
7. Mother's Maiden Name, Mary Lewis
8. Mother's Birthplace, Alexandria, Va.
9. Full name of Father, William Upperman
10. Father's Occupation, Factory employee
11. Father's Birthplace, Washington D.C

Name of Medical Attendant, or other person who makes this Return. E. H. Thomas M.D.

Address, 622 N. Fremont St

Remarks,

19100001033

of a certificate within the first and third day of each and every month to the officer of the Board of Health of the district in which the birth occurred. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health the particulars required to be stated, as above, in relation to the birth of such child. Any person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of a certificate between the first and third day of each and every month to the Clerk of Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother, or, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person occupying the house in which such birth occurs to report said birth to the Commissioners of Health, in the manner and within the period above specified, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Name of child,*	Baby Schafer
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	January 30-10
5. *Place of Birth, (Street and number)*	1077 Maldies St
6. *Full name of Mother,*	Helen Schafer
7. *Mother's Maiden Name,*	Helen Bowdman
8. *Mother's Birthplace,*	Baltimore
9. *Full name of Father,*	Joseph Schafer
10. *Father's Occupation,*	Conductor on cars
11. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	E. K. Klonaris
Address,	622 W. Lombard St
Remarks,	

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY M.D.
BOARD OF HEALTH

1910001034

RETURN OF A BIRTH. A53555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
DEC 31 1910
JAS. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Baby Rozycki
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 30th 1909
5. *Place of Birth, (Street and number)* 220 S. Chapel St
6. *Full name of Mother,* Stanislawa Rozycki
7. *Mother's Maiden Name,* Meneczarski
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* W. F. Rozycki
10. *Father's Occupation,* Laboratory man
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, R. Ficum

Address, Johns Hopkins Hospital

Remarks,

19100001035

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance as required by this section, the parent or parents of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of said city, it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child, (if any) Abraham Bissie Levin
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth December 25th 1909
5. Place of Birth, (Street and number) 301 S. Caroline St.
6. Full name of Mother, Lena Levin
7. Mother's Maiden Name, Chaisin
8. Mother's Birthplace, Russia
9. Full name of Father, David Levin
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, R. G. Crew

Address, Johns Hopkins Hospital

Remarks,

1910000103 6

RECEIVED FOR RECORD
FEB -5 1910
WM. S. BOSLEY, M.D.
COMR OF HEALTH

RETURN OF A BIRTH. A53557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. E. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Baby Gershen
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* December 24th 1909
5. *Place of Birth, (Street and number)* 207 S. High St.
6. *Full name of Mother,* Katie Gershen
7. *Mother's Maiden Name,* Fradeu
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Morris Gershen
10. *Father's Occupation,* Cap maker
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, R. Grund

Address, Johns Hopkins Hospital

Remarks,

1910000 1037

Health. To case the Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter to give notice of the birth to the Commissioner of Health, and to furnish such information as may be required by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY, M.D.
CLERK OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Name of child,* Baby Ernst
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 21st 1909
5. *Place of Birth, (Street and number)* 1224 N. Port St
6. *Full name of Mother,* Mary Ernst
7. *Mother's Maiden Name,* Bollicamp
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Henry Ernst, Jr.
10. *Father's Occupation,* Sawyer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, R. Grenn

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 1 0 3 8

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person who shall first visit the mother, immediately thereafter, to give information of the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) "1"

1. Name of child, Baby Schwartz
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 20th 1909
5. Place of Birth, (Street and number) 1918 E. Baltimore St
6. Full name of Mother, Lizzie Schwartz
7. Mother's Maiden Name, Cohen
8. Mother's Birthplace, Roumania
9. Full name of Father, Samuel Schwartz
10. Father's Occupation, Insurance Agent
11. Father's Birthplace, Roumania

Name of Medical Attendant, or other person who makes this Return, R. Glenn

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 1 0 3 9

Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) "1"

1. *Name of child,* Baby Singer
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 20th 1909
5. *Place of Birth, (Street and number)* 300 N. Exeter St
6. *Full name of Mother,* Mollie Singer
7. *Mother's Maiden Name,* Polonsky
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Morris Singer
10. *Father's Occupation,* Paperhanger
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, R. Glenn

Address, Johns Hopkins Hospital.

Remarks,

1910 0 0 0 1 0 4 0

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, and in case the parent or parents of such child shall not report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A53561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) "1"

1. *Name of child,* Baby Lerner
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 16th 1909
5. *Place of Birth, (Street and number)* 1115 Granby St
6. *Full name of Mother,* Sarah Lerner
7. *Mother's Maiden Name,* Seifman
8. *Mother's Birthplace,*
9. *Full name of Father,* Jacob Lerner
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, R. Glenn

Address, Johns Hopkins Hospital

Remarks,

1910000041

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or householder to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-28-57

RETURN OF A BIRTH. A53562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* ~~Baby~~ Levine Isador
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 14 1909
5. *Place of Birth, (Street and number)* 515 S. Eden St.
6. *Full name of Mother,* Sadie Levine
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,*
9. *Full name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, D. A. Levine

Address, Johns Hopkins Hospital

Remarks,

RECEIVED FOR RECORD FEB -5 1910 JAS. H. BOSLEY M.D. COMR OF HEALTH

1910 0001042

Health. In case the birth of any child shall occur within the limits of Baltimore City, it shall be the duty of each and every month to the office of Commissioner of Health, the name and residence of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A5350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~

1. Name of child, ~~Baby~~ ~~Hartmeyer~~
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth December 11th 09
5. Place of Birth, (Street and number) 2109 Mayer St
6. Full name of Mother, Louisa Hartmeyer
7. Mother's Maiden Name, Bunger
8. Mother's Birthplace, Maryland
9. Full name of Father, Albert Hartmeyer
10. Father's Occupation, Engineer
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, S. A. Weiss

Address, ~~Johns Hopkins Hospital~~

Remarks,

1910000 1043

Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in attendance to report its birth immediately thereafter to the Commissioner of Health, in the manner and within the time required above; and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. A53563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Baby Harmeyer
2. *Sex, (state whether male or female)* male
3. *Race ar color, (if not of the White Race)* white
4. *Date of Birth* December 11th 09
5. *Place of Birth, (Street and number)* 2109 Myers St
6. *Full name of Mother,* Louisa Harmeyer
7. *Mother's Maiden Name,* Bauer
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Albert Harmeyer
10. *Father's Occupation,* Engineer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, S. A. Lewis

Address, Johns Hopkins Hospital

Remarks,

1910000104 3

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the owner or agent of the premises where such birth occurs to report the same to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
H.S. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child, Baby Eyster
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth December 10th - 09
5. Place of Birth, (Street and number) 1519 Hospital St
6. Full name of Mother, Marguerite Eyster
7. Mother's Maiden Name, Braunsenweiger
8. Mother's Birthplace, Maryland
9. Full name of Father, Francis Eyster
10. Father's Occupation, Night Watchman
11. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, D. Eskridge

Address, Johns Hopkins Hospital.

Remarks,

1910 0001044

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of any person in attendance upon the mother, immediately thereafter to make return of the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and a record thereof shall be made in the records of the Department of Health. Any person who shall neglect or refuse to make such return hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 4

1. *Name of child,* Walter Lupin Bashiell
2. *Sex,* (state whether male or female) male
3. *Race or color,* (if not of the White Race) white
4. *Date of Birth* December 8th 09
5. *Place of Birth,* (Street and number) 1825 Madison St
6. *Full name of Mother,* Margaret (Bashiell's) Bashiell
7. *Mother's Maiden Name,* Graff
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Henry (Bashiell's) Bashiell
10. *Father's Occupation,* Collector
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, S. Likens

Address, [illegible]

Remarks, 1910000 1045

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become and be the duty of the mother of such child, within the period above required, to report to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. *Name of child,* Baby Jensen
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 7th 09
5. *Place of Birth, (Street and number)* 127 N. Bond St.
6. *Full name of Mother,* Bessie Jensen
7. *Mother's Maiden Name,* Brewer
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Harry Jensen
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S. Weems

Address, Johns Hopkins Hospital

Remarks, 1910000104 5

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother, or of the nearest relative present at the birth, or of the householder or nurse in attendance, to report the birth as required, and any such person or person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
H. M. BAILEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Mary Redmond
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* December 15th 09
5. *Place of Birth, (Street and number)* 1668 E. Lombard ST
6. *Full name of Mother,* Annie Redmond
7. *Mother's Maiden Name,* Hengerihla
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Mary Redmond
10. *Father's Occupation,* Porter
11. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, S. Linguiti

Address, Johns Hopkins Hospital

Remarks, 1 9 1 0 0 0 0 1 0 4 7

Penalty. If any person shall wilfully neglect or refuse to make the return of any birth which shall occur without the attendance of a physician or practitioner of midwifery, or shall wilfully neglect or refuse to report the particulars required by this section to be recorded in relation to any birth which shall come to his knowledge, or shall wilfully report falsely upon any of the particulars required to be recorded in relation to any birth, every person so offending shall forfeit and pay a sum not exceeding ten dollars, to be recovered before any justice of the peace of this State, on the complaint of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A53568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. FOSBURY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. *Name of child,* Baby Coleman
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 2nd 09
5. *Place of Birth, (Street and number)* 1120 E. Lombard St
6. *Full name of Mother,* Esther Coleman
7. *Mother's Maiden Name,* Coleman
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Elias Coleman
10. *Father's Occupation,* Shoemaker
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, D. L. Levin

Address, Johns Hopkins Hospital

Remarks, 1910000001048

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person in attendance upon the mother immediately thereafter to make the return required by this section, and in case there is no person in attendance it shall be the duty of the father or parent of such child, or of the occupier of the house in which the birth occurs, to make such return within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 5 1910
JAS. EDGLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Name of child,* Baby Smith
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 24th, 1910
5. *Place of Birth, (Street and number)* 2214 Eager Place
6. *Full name of Mother,* Irene Smith
7. *Mother's Maiden Name,* Rice
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Howard Smith
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W. H. Thomson

Address, Johns Hopkins Hospital

Remarks, 1910001049

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the nearest relative present, or of the owner or agent of the premises where such birth occurs, or of the nearest available person within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. *Name of child,* Baby Kravitsky
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 20th, 1910
5. *Place of Birth, (Street and number)* 725 N. Exeter St
6. *Full name of Mother,* Rachel Kravitsky
7. *Mother's Maiden Name,* Schieker
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Israel Kravitsky
10. *Father's Occupation,* Iron worker
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, W. H. Thomlan

Address, Johns Hopkins Hospital

Remarks, 1910001050

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53571

GIVEN NAME ADDED 9-20-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD FEB 5 1910 JAS. BIDDLEY, M.D. COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Name of child,* Baby (Grohman) Grollman, Samuel
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 18th 1910
5. *Place of Birth, (Street and number)* 1215 Gough St
6. *Full name of Mother,* (Regina) (Virginia) (Grohman) Grollman
7. *Mother's Maiden Name,* Mark
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Lewis (Grohman) Grollman
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, W. H. Harlan

Address, Johns Hopkins Hospital

Remarks, 1910001051

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such mother to report such birth to the Commissioner of Health, as herein required, and any such person, or person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 8-23-72

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Name of child, ~~Baby~~ Louis Feldman
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth January 12th 1910
5. Place of Birth, (Street and number) 1402 E. Lombard
6. Full name of Mother, Rosie Feldman
7. Mother's Maiden Name, Levinson
8. Mother's Birthplace, Russia
9. Full name of Father, Morris Feldman
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, B. Gierson

Address, Johns Hopkins Hospital

Remarks,

19100001052 FILED: FEB 5, 1910

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. FINSLEY M.D.
COMR. OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* ~~Baby Shuger~~ Leroy W. Shuger
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 11th 1910
5. *Place of Birth, (Street and number)* 15 N. Broadway
6. *Full name of Mother,* Sophie ~~Sugar~~ Shuger
7. *Mother's Maiden Name,* ~~Krishtuter~~ Navanvorish
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* ~~Morris Sugar~~ Morres Shuger
10. *Father's Occupation,*
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, R. G. Stern

Address, Johns Hopkins Hospital

Remarks,

1910001053

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COMM'R OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,* Baby Josephson
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 11th 1910
5. *Place of Birth, (Street and number)* 22 S. Eutaw St.
6. *Full name of Mother,* Sarah Josephson
7. *Mother's Maiden Name,* Koch
8. *Mother's Birthplace,* Austria
9. *Full name of Father,* Louis Josephson
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Roumania

Name of Medical Attendant, or other person who makes this Return, R. Stern

Address, Johns Hopkins Hospital

Remarks,

1910001054

Section 1. Be it enacted by the General Assembly of Maryland, That from and after the first day of July, nineteen hundred and ten, it shall be the duty of each and every month to the office of Commissioner of Health, Baltimore City, a certificate upon the birth of any child which may occur within the city limits during the preceding month, which certificate shall be signed by the attending physician or practitioner or midwife, or should no other person be in attendance, then by the householder or owner of the premises where such birth occurs, and shall contain such information as may be required by the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY M.D.
SUP'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, (Baby) Nanunsky (Reuben)
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth January 7th 1910
5. Place of Birth, (Street and number) 119 N. High Street
6. Full name of Mother, Sena Nanunsky
7. Mother's Maiden Name, Saye
8. Mother's Birthplace, Russia
9. Full name of Father, Phillip Nanunsky
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, R. Greene

Address, Johns Hopkins Hospital

Remarks,

19100001055

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of each and every month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOOLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Baby Slüder
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 2nd 1910
5. *Place of Birth, (Street and number)* 1818 N. Chapel St
6. *Full name of Mother,* Ruth Slüder
7. *Mother's Maiden Name,* Scarborough
8. *Mother's Birthplace,* Alabama
9. *Full name of Father,* Joseph Slüder
10. *Father's Occupation,* Stable-man
11. *Father's Birthplace,* Switzerland

Name of Medical Attendant, or other person who makes this Return, R. Stevens

Address, Johns Hopkins Hospital

Remarks,

1910000105

Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of the healing art, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOGLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 27. 1910.
5. Place of Birth, (Street and number) Johns Hopkins Hospital
6. Full name of Mother, Annie Wright
7. Mother's Maiden Name, Annie Cain
8. Mother's Birthplace, Md
9. Full name of Father, Chas. Wright
10. Father's Occupation, - musician
11. Father's Birthplace, Md

Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas
Address, J. H. H.
Remarks, 1910001057

A certificate between the first and third day of each and every month to the office of Commissioner of Health, in the form prescribed by said Commissioner, of every birth occurring within said month, which shall have taken place without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect, refuse or omit to make such report, as aforesaid, shall be deemed guilty of a misdemeanor, and subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 2-14-38 NAME ADDED 2-6-58

RETURN OF A BIRTH. A53578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

STATE BOARD OF HEALTH RECORD FEB -5 1916 JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Clifford Lee Greider

2. Sex, (state whether male or female) male

3. Race or color, (if not of the White Race) White

4. Date of Birth Jan. 18. 16

5. Place of Birth, (Street and number) V. H. Hospital

6. Full name of Mother, Greider, Fannie ~~Graber~~

7. Mother's Maiden Name, "

8. Mother's Birthplace, Md

9. Full name of Father, —

10. Father's Occupation, —

11. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, L. A. Thomas

Address, V. H. Hospital

Remarks, 1910000105 8

Every practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. To whom he shall deliver or cause to be delivered a like certificate of every birth occurring within the city during the month next preceding, and for every neglect to make such certificate within the time and in the manner and within the period above required, and any such person or persons who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB -5 1910
JAS. EDSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 c
1. *Name of child,*	
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	white
4. *Date of Birth*	Jan 18, 10
5. *Place of Birth, (Street and number)*	V. H. Hospital
6. *Full name of Mother,*	Mrs Cora
7. *Mother's Maiden Name,*	"
8. *Mother's Birthplace,*	Baltimore Maryland
9. *Full name of Father,*	—
10. *Father's Occupation,*	—
11. *Father's Birthplace,*	—
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. O. Thomas
Address,	V. H. Hospital
Remarks,	1910000059

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case no birth shall occur within the time above specified, a report to that effect shall be made in like manner. Any physician or midwife who shall neglect or refuse to report the birth of any child as herein required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB 5 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 17. 10
5. Place of Birth, (Street and number) V. H. Hospital
6. Full name of Mother, Sarah Davis
7. Mother's Maiden Name, Sarah O'Donnell
8. Mother's Birthplace, Md
9. Full name of Father, Geo. Davis
10. Father's Occupation, barber
11. Father's Birthplace, Germ
Name of Medical Attendant, or other person who makes this return, E. A. Thomas
Address, V. H. Hospital
Remarks,

1 9 1 0 0 0 0 1 0 6 0

A certificate between the first and third day of each and every month to the office of Commissioner of Health, in the manner and form prescribed by the rules and regulations of the Board of Health, by the practitioner in midwifery in attendance upon the mother, if there be such practitioner or if there be more than one such practitioner in attendance upon the mother, then by the one of them who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR REGISTRATION
FEB -5 1910
JAS. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Name of child, —
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 17, 10
5. Place of Birth, (Street and number) J. H. Hospital
6. Full name of Mother, Lillian Parsons
7. Mother's Maiden Name, Lillian Ritchie
8. Mother's Birthplace, Bosto Maryland
9. Full name of Father, Clarence Parsons
10. Father's Occupation, laborer
11. Father's Birthplace, Balto
Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas
Address, J. H. Hospital
Remarks, 1910000106 1

(A certificate between the first and third day of each and every month to the office of Commissioner of Health, by the Physician or Midwife in attendance upon the birth, or by the Physician or Midwife, or should no other person be in attendance upon the birth, by the father or mother of the child, or by the householder or by the person in charge of the premises where the birth occurred, or by the undertaker who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be subject to a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	V^nd
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Jan. 14. 10
5. *Place of Birth, (Street and number)*	V. H. Hospitals
6. *Full name of Mother,*	Ida Tussman
7. *Mother's Maiden Name,*	Ida Geer
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	Benj. Tussman
10. *Father's Occupation,*	Tailor
11. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	E. A. Thomas
Address,	V. H. Hospital
Remarks,	

1910000001062

of a certificate between the first and third day of each and every month to the office or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine or midwifery, then it shall be the duty of the person who has the charge of such child, and if there be none, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 453583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED RECORD
FEB 5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Name of child,	C
2. Sex, (state whether male or female)	Male
3. Race or color, (if not of the White Race)	White
4. Date of Birth	Jan. 14. 10
5. Place of Birth, (Street and number)	J. H. Hospital
6. Full name of Mother,	Ethel Bdrunaed
7. Mother's Maiden Name,	"
8. Mother's Birthplace,	England
9. Full name of Father,	C
10. Father's Occupation,	C
11. Father's Birthplace,	C
Name of Medical ~~Attendant~~, or other person who makes this Return,	E. A. Thomas
Address,	J. H. Hospital
Remarks,	1910000063

Every case of birth occurring in the City of Baltimore, with the exception of one practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	Whit
4. *Date of Birth*	Jan. 14, 10
5. *Place of Birth, (Street and number)*	J. H. Hospital
6. *Full name of Mother,*	Rose Miller
7. *Mother's Maiden Name,*	Rose ?
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	Bernie Miller
10. *Father's Occupation,*	tailor
11. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	E. A. Thomas
Address,	J. H. Hospital
Remarks,	1910000 1064

Section 2. And be it further enacted, That it shall be the duty of the attending physician or midwife, in every case of birth occurring after the first day of January, nineteen hundred and ten, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -5 1910
JAS. BOSLEY, M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	—
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Jan. 4
5. *Place of Birth, (Street and number)*	F. H. Hospital
6. *Full name of Mother,*	Elizabeth Ebinger
7. *Mother's Maiden Name,*	"
8. *Mother's Birthplace,*	Germany
9. *Full name of Father,*	—
10. *Father's Occupation,*	—
11. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	E. A. Thomas
Address,	F. H. Hospital
Remarks,	

1910001065

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB — 7 1910
JAS. BOOLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Name of child, Catherine Estey
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth 19th January 1910
5. Place of Birth, (Street and number) 913 Druid st.
6. Full name of Mother, Estie Estey
7. Mother's Maiden Name, Estie Dorsey
8. Mother's Birthplace, Worcester Co Md
9. Full name of Father, Charlie Estey
10. Father's Occupation, Coal
11. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Geo Linder Mitchell

Address, 913 Druid st

Remarks, 1910000010665

Health. In case the birth of any child born alive shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by.

RETURN OF A BIRTH. A53587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -7 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Name of child, Lindrilla Mason.
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) Colored.
4. Date of Birth Oct 6 1909
5. Place of Birth, (Street and number) 1340 Woodyear st
6. Full name of Mother, Carrie Mason
7. Mother's Maiden Name,
8. Mother's Birthplace, Balto Md.
9. Full name of Father, Wesley Mitchell
10. Father's Occupation, Store Manager
11. Father's Birthplace, Charles Co Md.

Name of Medical Attendant, or other person who makes this Return, Imogene Mitchell

Address, 1023 Fulton st

Remarks, 1910000010 67

Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form as required above, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD FEB -7 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of child, Marguerite Elizabeth Nicholson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Feb. 3 - 1910
5. Place of Birth, (Street and number) 1355 N. Carey St
6. Full name of Mother, Isabella Nicholson
7. Mother's Maiden Name, Isabella Wilson
8. Mother's Birthplace, Balto
9. Full name of Father, Jacob C. Nicholson
10. Father's Occupation, Caterer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm H. Wright Jr.

Address, 1373 N. Carey St

Remarks,

19100001068

Every person who shall refuse or neglect to register the birth of any child born within the limits of Baltimore City, as required by the Ordinances of said City, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioners of Health. In such cases the certificate required to be given by the physician or midwife shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -7 1910
JAS. BOSLEY M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth.

1. *Name of child,* Marianne Brown.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* Colored.
4. *Date of Birth* February 3, 1910
5. *Place of Birth, (Street and number)* 1524 Linwood St.
6. *Full name of Mother,* Emma May Browne
7. *Mother's Maiden Name,* Emma May Robinson
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Charles John Browne
10. *Father's Occupation,* Waiter
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Kenny

Address, 1524 Linwood St

Remarks, Full term healthy child.

19100001069

Health. In case the birth of a child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance, the parent or parents of such child shall become the duty of the person or parents of such child to report the same to the Board of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB — 7 1916
GEO. S. BOGLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 2/3/16

4. *Place of Birth, (Street and Number)* Bay View Hospital

5. *Full Name of Mother,* Lula May Rummell

6. *Mother's Maiden Name,* Lula May Rummell

7. *Mother's Birthplace,* Mason Dixon Pa.

8. *Full Name of Father,* ——— (unmarried)

9. *Father's Occupation,* ———

10. *Father's Birthplace,* ———

Name of Medical Attendant, or other person who makes this Return, Branch Craige, M.D

Address, Bay View Hospital.

Remarks, 1 1 0 0 0 0 1 0 7 0

Every midwife, undertaker, sexton, or other person who shall remove the body of any child from the house where it died, without a permit from the Commissioner of Health, shall forfeit and pay for each offence a sum not exceeding fifty (50) dollars. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or persons in charge of the house in which the birth occurs, to report the same to the Commissioner of Health. In the absence of such report, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or persons in charge of the house in which the birth occurs, to report the same to the Commissioner of Health. In the absence of such report, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A53591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -7 1910
JAS. EDGLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Mary C. Fitzpatrick
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth January 13th 1910
5. Place of Birth, (Street and number) # 924 E. Monument St.
6. Full name of Mother, Elizabeth Fitzpatrick
7. Mother's Maiden Name, Elizabeth Ball
8. Mother's Birthplace, Balto City
9. Full name of Father, Edward Fitzpatrick
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, John J. Veth M.D.

Address, # 936 E. Monument St

Remarks,

1910001071

Health. In case the child is born and third day of each and every month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -7 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 the

1. *Name of Child,* ——
2. *Sex, (state whether male or female)* female.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth,* 1 of February 1910.
6. *Place of Birth, (Street and number)* 2411 Foster Ave
6. *Full name of Mother,* Anna Lauer.
7. *Mother's Maiden Name,* Kuhn.
8. *Mother's Birthplace,* Baltimore.
9. *Full name of Father,* John Lauer.
10. *Father's Occupation,* Beer Saloon.
11. *Father's Birthplace,* Bavarian.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Bernstein (Wife.)

Address, 816 N. Rose Street.

Remarks,

19100001072

this day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur within the limits of a city or town, the return shall be made by the midwife or other person in attendance upon the mother, immediately thereafter (it shall become the duty of the person or persons in attendance upon such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB — 7 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Name of Child,* Yetta
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 28 day of January, 1910.
6. *Place of Birth, (Street and number)* 205 S. High st
6. *Full name of Mother,* Goldie Blumberg
7. *Mother's Maiden Name,* Goldie Mitzle
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Louis Blumberg
10. *Father's Occupation,* operator
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Bessie Harmatz

Address, 132 S. Eden st

Remarks,

1910000073

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the owner, agent or lessee of the house and the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Sarah
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 1 day of February, 1910
6. *Place of Birth, (Street and number)* 12 N. Exeter st.
6. *Full name of Mother,* Ida Shine
7. *Mother's Maiden Name,* Ida Segal
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Louis Shine
10. *Father's Occupation,* tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Bessie Harmatz

Address, 132 S. Eden st

Remarks,

1910001074

RECEIVED FOR RECORD
FEB -7 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the parent shall cause a return to be made as required by this section. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -7 1910
JAS. EOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child, Louise Johnson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb. 4, 1910
6. Place of Birth, (Street and number) West End Maternity Hosp.
6. Full name of Mother, Virginia L. Johnson
7. Mother's Maiden Name, Ray
8. Mother's Birthplace, Richmond Va
9. Full name of Father, Ernest N. Johnson
10. Father's Occupation, Solicitor
11. Father's Birthplace, Miss.

Name of Medical Attendant, or other person who makes this Return, E. C. Mace M.D.

Address, 1034 Edmondson Ave,

Remarks,

1910000 1075

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth of such child, then it shall be the duty of the father of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAY 7 1910
JAS. BOYLE, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Not Named — Mignon L. Silverman
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feby 4 10
5. Place of Birth, (Street and number) 829 Hollins St
6. Full name of Mother, Hannah Silverman
7. Mother's Maiden Name, Hannah Kramer
8. Mother's Birthplace, Russia
9. Full name of Father, Solomon Silverman
10. Father's Occupation, Clothing Manufacturer
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle, M.D.

Address, 1203 W. Fayette St

Remarks, Full name of child added by mother upon applying for a transcript. Hannah Silverman 826 Hollins St
Mother

Baltimore City Clerk
May 10 1929

To a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur after the expiration of the period above required, and any such person or persons who shall make the entry or certificate of birth as herein required, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by law.

CERTIFICATE AMENDED - 4/3/12

RETURN OF A BIRTH. A53597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECORD
FEB -7 1910
JAS. FOSLEY M.D.
SOM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, DOROTHY AMELIA HEYWOOD
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb 4 1910
6. Place of Birth, (Street and number) 1931 E. Orleans St
6. Full name of Mother, Amelia Heywood
7. Mother's Maiden Name, AMELIA VOGEL
8. Mother's Birthplace, Baltimore
9. Full name of Father, Jas. D. Heywood
10. Father's Occupation, Master Mechanic
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. Norwood M.D.
Address, 939 W. Fayette St
Remarks,

1910 00 01077

Every child born within the limits of any city or county in this State, after the first day of June, 1898, and every child born on board of any vessel, after the first day of June, 1898, while such vessel is within the limits of any city or county in this State, and every child born on board of any vessel, after the first day of June, 1898, whose first port of destination is any city or county in this State, shall be reported to the State Board of Health, or to the Registrar of Vital Statistics of the city or county in which such child is born, within ten days after the birth of such child, and every such birth shall be reported

RETURN OF A BIRTH. A53598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 7 1910
JAS. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, no Name as Yet
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. 27th 1910
6. Place of Birth, (Street and number) Forneys Lane Balt Co.
6. Full name of Mother, Annie E. Dawes
7. Mother's Maiden Name, " E Foster
8. Mother's Birthplace, Baltimore Co.
9. Full name of Father, Harvey E. Dawes
10. Father's Occupation, Produce Dealer
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Wilhelmina Schmidt

Address, # 7 Mine Bank Lane near E.N. ave.

Remarks, none

19100001078

shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-7-56

RETURN OF A BIRTH. A53599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD 1910
JAS BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Jennie Beatrice Rathell
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race)
4. Date of Birth Feb 1 1910
5. Place of Birth, (Street and number) 1604 Hanover st
6. Full name of Mother, Sarah Rathell
7. Mother's Maiden Name, Wood
8. Mother's Birthplace, Balto
9. Full name of Father, Henry Rathell
10. Father's Occupation, Labor
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, Mrs Katie Lee
1910 Feb 9 1604 Hanover st

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother of such child to report the particulars required by the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB - 7 1910
JAS. EGGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Jan 31 1910
5. *Place of Birth, (Street and number)* 2032 S. Charles st
6. *Full name of Mother,* Annie Dudlis
7. *Mother's Maiden Name,* Amrhein
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* William H. Dudlis
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Midwife

Address,

Remarks, Mrs Katie Lee

1910 B 050 B 9 8 7 0 2 1

If any person between the first and third day of each and every month, shall neglect to deliver to the office of Registrar of Vital Statistics, at the City Hall, a return of the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, at the City Hall, as required by this section, and any person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -7 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Jan 28 1910
5. *Place of Birth, (Street and number)* 3-6 East Hoffman st
6. *Full name of Mother,* Kate Smith
7. *Mother's Maiden Name,* Housler
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Frank Smith
10. *Father's Occupation,* Laba
11. *Father's Birthplace,* Martinsburg

Name of Medical Attendant, or other person who makes this Return. Midwife

Address,

Remarks, Mrs Katie Lee
1910 1208 Bank st

If a certificate between the first and third day of each and every month to the Registrar of Vital Statistics of the City of Baltimore, of the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, and it shall be the duty of the person required to report such birth, to make such report, and any person who shall refuse or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 85679

RETURN OF A BIRTH. 453602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -7 1910
JAS BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* ANNA MARIE MICHEAU
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* Jan 17 1910
5. *Place of Birth, (Street and number)* 1717 Druid st
6. *Full name of Mother,* Ruth ~~Mitchell~~ MICHEAU
7. *Mother's Maiden Name,* Sherman
8. *Mother's Birthplace,* West Virginia
9. *Full name of Father,* ~~Clarence~~ CLARENCE ~~Mitchell~~ MICHEAU
10. *Father's Occupation,* Labr
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, Mrs Katie Leas

19100 $705 0 18 2d st

Health, to be given on the first and third day of each and every month to the office of Commissioner of Health, at the Health Office, in the City of Baltimore, a certificate of the birth of every child born within the limits of said City within the first ten days next thereafter; and if any midwife or other person shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall forfeit or pay for every neglect or refusal, the sum of Five Dollars, and be subjected to a fine of Ten Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -7 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Cecelia Schroeder
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth January 28th 1910
5. Place of Birth, (Street and number) 1716 E. Fayette St
6. Full name of Mother, Rose Schroeder
7. Mother's Maiden Name, Srleski
8. Mother's Birthplace, Prussia, Ehemgor, Russia
9. Full name of Father, Raphael Schroeder
10. Father's Occupation, Jeweler
11. Father's Birthplace, New York City N.Y.

Name of Medical Attendant, or other person who makes this Return, A.H. Broderick M.D.

Address, 1306 E. Baltimore St

Remarks,

1910000108 3

If fact of birth between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, the owner, agent or lessee of the house or tenement in which such birth occurs, or the mother of it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall forfeited fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 5-3-51

RETURN OF A BIRTH.

A53604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth of such child, it shall be the duty of the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. M.

1. *Name of Child,* ~~Baby~~ Leonard Hummel
2. *Sex, (state whether male or female)* M.
3. *Race or color, (if not of the White Race)* W.
4. *Date of Birth,* January 23 - 1910.
6. *Place of Birth, (Street and number)* 229 Aisquith St.
6. *Full name of Mother,* Celia Hummel
7. *Mother's Maiden Name,* Lotkin
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Morris Hummel
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Alfred Shutkind M.D.

Address, 1213 Madison Avenue

Remarks,

1 9 1 0 0 0 0 1 0 8 4

RECEIVED FOR RECORD FEB -7 1910 S. BOGLEY M.D. COMR OF HEALTH

RETURN OF A BIRTH. A53605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -7 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Ralph Clifton Vogel
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) W.
4. Date of Birth, January 2. 1910
6. Place of Birth, (Street and number) 2302 15th St. Baltimore
6. Full name of Mother, Letitia Virginia Vogel
7. Mother's Maiden Name, Reill
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Christian Vogel
10. Father's Occupation, Towing & Lighterage.
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Alfred L. Butterbaugh M.D.

Address, 1213 Madison Avenue

Remarks,

1910 0 0 0 1 0 8 5

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the householder or owner of the premises where the mother and child are, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 7 1918
JAS. BOOLEY, M.D.
SUPR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child, John J Vannan Anthony
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth June 11th 1910
5. Place of Birth, (Street and number) 607 Fonda St
6. Full name of Mother, Annie Anthony
7. Mother's Maiden Name, Annie Vannaud
8. Mother's Birthplace, Pennsylvania
9. Full name of Father, Edward Anthony
10. Father's Occupation, Store Keeper Bakery
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, John J Welch M.D.

Address, 936 E. Monument St.

Remarks, 19100001085

Health Law, Section 7, page 33. "And every death in the city of Baltimore shall be reported to the Commissioner of Health within twenty-four hours after the occurrence thereof, and it shall be the duty of the person who shall first visit the deceased after death to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -7 1910
JAS. EOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Name of Child,
2. Sex, (state whether male or female) male.
3. Race or color, (if not of the White Race) White.
4. Date of Birth, 30 of January 1910.
6. Place of Birth, (Street and number) 2636 Hudson Street.
6. Full name of Mother, Mary Konczeskie.
7. Mother's Maiden Name, Lelinsky.
8. Mother's Birthplace, Baltimore.
9. Full name of Father, Lew. Konczeskie
10. Father's Occupation, Butcher.
11. Father's Birthplace, Poland.

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Robinson. (Wife.)
Address, 816. S. Rose Street.
Remarks,

1 9 1 0 0 0 0 1 0 8 7

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the limits of the city of Baltimore, and shall be registered in any other city or county under the provisions of this section, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -7 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Name of Child,*
2. *Sex, (state whether male or female)* male.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth,* 3 of February. 1910.
6. *Place of Birth, (Street and number)* 812 Glover Street.
6. *Full name of Mother,* Josephine White.
7. *Mother's Maiden Name,* Tibbitz
8. *Mother's Birthplace,* Baltimore.
9. *Full name of Father,* Michael White.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Robertson (White)

Address, 816 S. Rose Street.

Remarks,

1910000001088

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the limits of the city, and the parent or parents of such child shall thereafter reside within the city, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -7 1910
JAS. BOGLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Name of Child, Harry
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 14 day of January 1910
6. Place of Birth, (Street and number) Mount Carmel Road
6. Full name of Mother, Celia Berezowsky
7. Mother's Maiden Name, Celia Ptrezer
8. Mother's Birthplace, Russia
9. Full name of Father Louis Berezowsky
10. Father's Occupation, milk dealer
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Bessie Harmaty

Address, 132 S. Eden St

Remarks,

1910000089

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately before or after the birth, it shall be the duty of the nurse or midwife in attendance upon the mother, immediately before or after the birth, to make the return required, and comply with the provisions of this section, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -7 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 31 day of January, 1910
6. *Place of Birth, (Street and number)* 130 S. Eden st
6. *Full name of Mother,* Rosa Resnik
7. *Mother's Maiden Name,* Rosa Caplan
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Sam Resnik
10. *Father's Occupation,* tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Bessie Hermatz

Address, 132 S. Eden st.

Remarks,

1910000 1090

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall report the birth as above required, then the owner or agent of the house where such child is born, or the parent of such child, if living in the house at the time of its birth, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-19-57

RETURN OF A BIRTH. A53611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED RECORD FEB -7 1910 EDGLEY M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Name of child, Edward Stephen Robinson
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth January 2nd 1910
5. Place of Birth, (Street and number) 166 S. Gilmor St
6. Full name of Mother, Margaret Robinson
7. Mother's Maiden Name, McAtee
8. Mother's Birthplace, Baltimore
9. Full name of Father, Jos. F. Robinson
10. Father's Occupation, Machinist
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. B. L. Bullitt

Address, 1920 Madison Ave

Remarks,

19100001091

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother to make and transmit a certificate to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 7 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* Infant
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* Jan 31 1910
5. *Place of Birth, (Street and number)* Pen Luc Hospital
6. *Full name of Mother,* Virginia Peterson
7. *Mother's Maiden Name,* Virginia Peterson
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Thomas Myers
10. *Father's Occupation,* Foreman
11. *Father's Birthplace,* Not reported

Name of Medical Attendant, or other person who makes this Return, M. V. Londerald.

Address,

Remarks, 1910000092

Every midwife or other person (except a physician or practitioner in the form of a certificate between the first and tenth days of each month, to the office of Commissioner of Health, in the manner hereinafter provided, a return of every birth which shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother. Immediately upon the birth of any child, it shall become the duty of the person or parents of such child, if any such person or persons who shall be in the manner and within the time prescribed by the Commissioner of Health, in the manner and within the time prescribed by the Commissioner of Health, in the manner and within the time prescribed by the Commissioner of Health,

RETURN OF A BIRTH. A53613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or each person having such attendance upon the mother, immediately thereafter, to make a report of such birth as herein required, and any such person or persons who shall after fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Harry Thomas Barrett Hohman
2. Sex. (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 23, 1910.
6. Place of Birth, (Street and number) 1011 N. Monroe Street
6. Full name of Mother, Katharine Frances Hohman
7. Mother's Maiden Name, " " Sheehan
8. Mother's Birthplace, Halifax, Nova Scotia, Canada
9. Full name of Father, Henry William Hohman
10. Father's Occupation, Clerk
11. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, B. E. Cathey, M.D.

Address, 1404 Linden Ave

Remarks, 19100001093

RECEIVED FOR RECORD FEB 7 1910 JAS. BOOLEY, M.D. BOARD OF HEALTH

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -7 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Carlos Wilson
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* January 26 1910
5. *Place of Birth, (Street and number)* Penna. Hospital
6. *Full name of Mother,* Nannie Wilson
7. *Mother's Maiden Name,* Nannie Williams
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Wilson Wilson
10. *Father's Occupation,* Contractor
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Vondenwald.

Address,

Remarks, 1910000109 4

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the occurrence of such birth, and a certificate of such birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month following the occurrence of such birth. If no physician or midwife was in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified, and a like duty shall devolve upon the householder or the manager of the institution where any child is born. Any person who shall violate any of the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

453615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -7 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth Feb 1 1910
5. Place of Birth, (Street and number) E East West st
6. Full name of Mother, Mary Weber
7. Mother's Maiden Name, Kaler
8. Mother's Birthplace, Balto
9. Full name of Father, Frank Weber
10. Father's Occupation, Labor
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, Mrs Katie Lea

1910 07 01 B 295 d 1

Any person who shall neglect for the space of ten days after the birth of any child to report the birth of such child to the Commissioner of Health, or who shall refuse or neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -7 1910
JAS. BOOLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth Jan 28 1910
5. Place of Birth, (Street and number) 125 E. Barney st
6. Full name of Mother, Sophia Grant
7. Mother's Maiden Name, Cheesman
8. Mother's Birthplace, West Virginia
9. Full name of Father, James Grant
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, Mrs Katie Lee

1910 / 1810 Bond st

of a certificate between the first and third days of each and every month, by the practitioner in the form hereinafter prescribed, shall, on or before the fifth day of the month next ensuing, report the same to the Health Commissioner of Baltimore City, and any physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above prescribed, and any person or persons so offending shall be subjected to a fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -7 1910
WM. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth Jan 23 1910
5. Place of Birth, (Street and number) 515 East Cross st
6. Full name of Mother, Minnie Hartlosen
7. Mother's Maiden Name, Sepub
8. Mother's Birthplace, Germany
9. Full name of Father, George Hartlosen
10. Father's Occupation, Laborer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Midwife

Address,

Remarks, Mrs Katie Lee

1910 Dec 30 Dy 217 st

of a certificate between the first and third day of each and every month to the office of Commissioner of Health, and shall receive for each certificate so returned the sum of twenty-five cents from the Commissioner of Health. In the manner and within the period above required, and by such person or persons who shall neglect or refuse to make such return, he, she or they shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -7 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of child, Arnold Mead McKay
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth January 19th 1910
5. Place of Birth, (Street and number) 1602 East Baltimore St
6. Full name of Mother, Annie Elizabeth McKay
7. Mother's Maiden Name, Mead
8. Mother's Birthplace, Getty
9. Full name of Father, John Ebenezer McKay
10. Father's Occupation, Barber
11. Father's Birthplace, Barber

Name of Medical Attendant, or other person who makes this Return, Alfred A Bendick M.D.
Address, 1806 E. Baltimore St
Remarks,

1910 0001098

of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in case that no birth shall occur without the attendance of a physician or practitioner of midwifery, a report to that effect shall be made by the parent or parents, guardian or other person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Name of child,* Evern Lewis Butler
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Color
4. *Date of Birth* 25 day of January 1910
5. *Place of Birth, (Street and number)* 514 Baker st Balto city md
6. *Full name of Mother,* Rebbecca Butler
7. *Mother's Maiden Name,* Rebecca Smith
8. *Mother's Birthplace,* Balto city md
9. *Full name of Father,* William Butler
10. *Father's Occupation,* Sailor
11. *Father's Birthplace,* St Mary Co md

Name of Medical Attendant, or other person who makes this Return, Mary Gibson

Address, 507 Oxford st

Remarks,

1910 0001099

RECEIVED FOR RECORD FEB -5 1910

JAS. EDSALL M.D. COMR OF HEALTH

Every midwife, or other person who shall be retained duly revered by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents having charge of such child, to report the birth to the Board of Health in a manner and form as above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1896.

RETURN OF A BIRTH. A53620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOGLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Ethel Gumby
2. *Sex,* (state whether male or female) Female
3. *Race or color,* (if not of the White Race) Black
4. *Date of Birth* February 7th 1910
5. *Place of Birth,* (Street and number) 116 East Franklin St.
6. *Full name of Mother,* Ethel B. Gumby
7. *Mother's Maiden Name,* Ethel Brookhill
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full name of Father,* William Gumby
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Edgar Shirley Perkins M.D.

Address, Rochambeau. Franklin & Eutaw Sts.

Remarks, Primary birth, 0 0 1 1 0 0

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or parents of such child to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of Child,* Martha W. Whitehead
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 24th 1910
6. *Place of Birth, (Street and number)* St. Paul Apts. Mt Royal Ave & St Paul
6. *Full name of Mother,* Elizabeth J. T. Ewing
7. *Mother's Maiden Name,* Elizabeth J. Tate
8. *Mother's Birthplace,* Pittsburg Pa.
9. *Full name of Father,* Richard Ewing
10. *Father's Occupation,* Life Insurance
11. *Father's Birthplace,* Atlanta Ga.

Name of Medical Attendant, or other person who makes this Return, Thos. F. McCormick

Address, 1421 Eutaw Place

Remarks,

1910 0001101

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOSLEY M.D.
SOL'R OF HEALTH

said Order of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any person or parents neglecting to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 10/11/72

RETURN OF A BIRTH. A53622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, NAOMI CATHERINE Butler
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 30-1910
5. Place of Birth, (Street and number) 1536 N. Washington st
6. Full name of Mother, Mary Butler
7. Mother's Maiden Name, Mary Napier
8. Mother's Birthplace, Balto.
9. Full name of Father, George Butler
10. Father's Occupation, Oyster
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, John J. Avery, Jr, M.D.

Address, 1823 E. Broadway

Remarks,

1910000102

RECEIVED FOR RECORD FEB -8 1910 JAS. BOGLEY M.D. COMR OF HEALTH

Date and place of birth; and the said schedule shall be delivered, duly applied by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in the manner prescribed by the Commissioner of Health. In case any midwife, nurse or other person shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall knowingly make any false statement in the premises, or who shall neglect or refuse to comply with the requirements of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOSLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 st

1. Name of child, Emma Elizabeth Baker
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Nov 20/09
5. Place of Birth, (Street and number) 2023 Smallwood St.
6. Full name of Mother, Henrietta Lillian Baker.
7. Mother's Maiden Name, Henrietta Lillian Buck
8. Mother's Birthplace, Md.
9. Full name of Father, Frederick Harry Baker
10. Father's Occupation, Day Laborer
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr. Ethelbert Wheeler

Address, 2129 W Fayette Ave

Remarks,

1910000111 03

...shall be delivered, duly signed by the practitioner in the form ... each and every month to the office of Commissioner of ... Physician or Practitioner of ... mother of such child to report its birth to the Commissioner of ... section shall any such person or persons who shall ... ten (10) dollars ... forfeitures are recoverable.

RETURN OF A BIRTH. A53624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Annie Marie Arrington
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 15/10
5. Place of Birth, (Street and number) 1530 Kennett pl.
6. Full name of Mother, Laura Marie Arrington
7. Mother's Maiden Name, Laura Marie Fischer
8. Mother's Birthplace, Md.
9. Full name of Father, Benjamin Arrington
10. Father's Occupation, Day Laborer
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr E Miles Wheeler

Address, 2129 W North ave City

Remarks,

1910000 1104

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

All fees of Midwives and Physicians shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and tenth day of each and every month to the Office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of Medicine, or should no other person be in attendance upon the mother, it shall be the duty of the Midwife, Nurse or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* not yet named
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 22-10
5. *Place of Birth, (Street and number)* 1209 W. Baltimore st.
6. *Full name of Mother,* Kate Perna.
7. *Mother's Maiden Name,* Kate Dewar.
8. *Mother's Birthplace,* Greece.
9. *Full name of Father,* Gregory Perna.
10. *Father's Occupation,* Candy Merchant
11. *Father's Birthplace,* Greece.

Name of Medical Attendant, or other person who makes this Return, Allan C. Beckham.

Address, Twin Arch.

Remarks, Franklin Square Hospital

19 10 00001105

of a certificate between the first and third day of each and every month to the office of Commissioner of Health, and if any midwife or other person, not a physician or practitioner of medicine, or surgeon, by the practitioner is the form of midwifery, or should no other person be in attendance upon the birth, the parent or parents of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such return as aforesaid, shall be guilty of a misdemeanor, and subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Name of child,* Mildred Evelyn Sachs.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* white.
4. *Date of Birth* February 4-10
5. *Place of Birth, (Street and number)* 409 Green St.
6. *Full name of Mother,* Pearl Sachs
7. *Mother's Maiden Name,* Pearl Ames.
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full name of Father,* William D. Sachs
10. *Father's Occupation,* Pipe fitter.
11. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Allen C. Bernstein

Address, Franklin Square Hospital

Remarks, 1910000106

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, then it shall be the duty of the person or persons in charge of the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RESERVED FOR RECORDS
FEB -3 1910
JAS. EOSLEY, M.D.
COM'R OF HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance required to report such birth, it shall be the duty of the father, or in case of his absence, the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,* Cassie Dichman
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Hebrew
4. *Date of Birth,* January 7, 1909
6. *Place of Birth, (Street and number)* 1123 N. Eutaw St
6. *Full name of Mother,* Rose Dichman
7. *Mother's Maiden Name,* Rose Columbus
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Isidor Dichman
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Hetta Feldman

Address, 135 N. Exeter St.

Remarks, 1 9 1 0 0 0 0 1 1 0 7

RETURN OF A BIRTH. A53628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Name of child, Margaret Burns
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth January 28, 1910.
5. Place of Birth, (Street and number) 1550 N. Parrish St.
6. Full name of Mother, Catherine Burns
7. Mother's Maiden Name, " Brennan
8. Mother's Birthplace, Ireland (County Kilkenny)
9. Full name of Father, Luke Joseph Burns
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, John D. Quinn, M.D.

Address, 1521 N. Fulton Ave.

Remarks, 1910000108

Every physician, midwife, or other person who shall be in attendance upon any birth, shall, within ten days thereafter, make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, on a blank to be furnished by the Registrar for that purpose, and shall sign his or her name to such return. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent, if able, to make such return and sign the same. Any person who shall neglect or refuse to make such return, as required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 8 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of child, Addie Virginia Ward
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth January 29th. 1910
5. Place of Birth, (Street and number) 1930 W. Lexington St.
6. Full name of Mother, Addie Ward
7. Mother's Maiden Name, " Burkman
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Lee Ward
10. Father's Occupation, Dairyman
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, John D. Quinn, M.D.

Address, 1521 W. Fayette Ave.

Remarks,

1910000109

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the form of a certificate between the first and third day of each and every month to the Office of Commissioner of Health, in case there shall be no practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons so offending hereafter shall, on conviction thereof, be fined not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,* John Fellbaum
2. *Sex,* (state whether male or female) Male
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth* Jan 17/10
5. *Place of Birth,* (Street and number) 918 Ridgewood Ave.
6. *Full name of Mother,* Lena Miller Fellbaum
7. *Mother's Maiden Name,* Lena Miller
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Louis Fellbaum
10. *Father's Occupation,* Day Laborer
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Charles Weber

Address, 2129 N. Monroe Ave

Remarks, file

1 9 1 0 U 0 0 6 1 1 1 0

date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 5th days of each and every month to the office of Commissioner of Health. In case the birth of any child occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the mother herself, if able, and if not able, then any person present at the birth, shall report the same to the Commissioner of Health, in the manner and within the time specified in this section. And such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1936.

RETURN OF A BIRTH. A53631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. Name of child, John H. Gildenfenny
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth February 3rd 1910
5. Place of Birth, (Street and number) No 2425 York Road
6. Full name of Mother, Jennie M. Gildenfenny
7. Mother's Maiden Name, Jennie M. Anderson
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, John H. Gildenfenny
10. Father's Occupation, Plumber
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Thos. A. Milliman M.D

Address, No 2449 York Road

Remarks, Premature birth. Between 7th and 8th month Child apparently healthy. Have it at Md. University placed in an incubator.

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the mother of such child to cause the same to be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 28th - 1910 -
4. *Place of Birth, (Street and Number)* 9 Liberty Heights ave. Forest Park
5. *Full Name of Mother,* Carrie B. Gault
6. *Mother's Maiden Name,* Carrie B. Young.
7. *Mother's Birthplace,* Hughesville, Md.
8. *Full Name of Father,* Herbert Matthew Gault
9. *Father's Occupation,* Stone, Marble Mantels & Tiles
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, William J Todd

Address, Washington, D.C. Maryland

Remarks, Name of infant - William Andrew Gault

said shall be delivered, duly signed by the practitioner in the form of a certificate as to the birth of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A53633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, or other person authorized to receive the same, and if any midwife, nurse or other person, except a practicing physician, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Name of Child, James Walter Edward Stuard.
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Race
4. Date of Birth, 4th of Feb.
6. Place of Birth, (Street and number) 1514 N. Chapel St.
6. Full name of Mother, Grace E. F. Stuard.
7. Mother's Maiden Name, Grace - - Dannels.
8. Mother's Birthplace, Fredricton -
9. Full name of Father, James N. Stuard
10. Father's Occupation, Maschinist
11. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Midwife Helen Hale

Address, 1326 N. Washington St.

Remarks,

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

19100001113

RETURN OF A BIRTH.

A53634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Name of child,* not yet named
2. *Sex, (state whether male or female)* male.
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* Jan. 22-10
5. *Place of Birth, (Street and number)* 1209 N. Baltimore st.
6. *Full name of Mother,* Kate Pneras.
7. *Mother's Maiden Name,* Kate Dukas.
8. *Mother's Birthplace,* Greece
9. *Full name of Father,* Gregory Pneras.
10. *Father's Occupation,* Candy merchant
11. *Father's Birthplace,* Greece

Name of Medical Attendant, or other person who makes this Return, Adam Pneraki.

Address, 6 Lexington Street

Remarks, Franklin Square Hospital

19100001114

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or other person who shall be required by this section to report the same, the parent or parents of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A53635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -8 1910
GEO. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Name of Child, Frank Harriel
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Christian
4. Date of Birth, January 24
6. Place of Birth, (Street and number) 3290 Bond St
6. Full name of Mother, Phadget Harriel
7. Mother's Maiden Name, Phadget Harriel
8. Mother's Birthplace, Russia Poland
9. Full name of Father, Georgi Harriel
10. Father's Occupation, Farmer
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Etta Feldman

Address, ~~29~~ 133 N. Exeter St.

Remarks,

1 9 1 0 0 0 0 1 1 1 5

moral, an [illegible] act [illegible] as the same can be ascertained by the full name of the child, the date and place of birth, and the full name, color, and residence of the parents. Duplicate certificates of births and deaths shall have been conferred upon [illegible] and [illegible] by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the parent or parents of such child shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOSLEY M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, ~~2d, 3d, etc.~~) 1st.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth. Feb. 2 - 1910 -
4. Place of Birth, (Street and Number) 308 N. Green St.
5. Full Name of Mother, Jennie C. Ridinger.
6. Mother's Maiden Name, Jennie C. Carroll.
7. Mother's Birthplace, Columbia, Pa.
8. Full Name of Father, Harry Ridinger.
9. Father's Occupation Portrait artist, (Agent) —
10. Father's Birthplace, Carroll Co.

Name of Medical Attendant, or other person who makes this Return, J. Boardman Steiner M.D.

Address, 1910 0000 1114 W. North ave.

Remarks, name of child Harry Ridinger.

conferred; its sex, color, the full name and occupation of its parents, the date of its birth and the number of the street and house in which it was born. A certificate between the first and 7th day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician, midwife or nurse, the parent, or in case of his death, the householder in which the birth occurs, or the person in charge of the premises on which such birth occurs, shall become liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FOR RECORD
FEB -8 1910
S. SOSLEY, M.D.
COMMISSIONER OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Name of child, Joaquale
2. Sex, (state whether male or female) White
3. Race or color, (if not of the White Race) Jan 27th 1910
4. Date of Birth
5. Place of Birth, (Street and number) 818 S Streeper St Balto.
6. Full name of Mother, Josefa Roubal
7. Mother's Maiden Name, Josefa Novotny
8. Mother's Birthplace, Baltimore
9. Full name of Father, Michael Roubal
10. Father's Occupation, Laborer
11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor
Address, 611 S. Patterson Park Ave Balto.
Remarks,

19100001118

Every person who shall neglect or refuse to report the birth of a child, as required by this ordinance, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photagraphed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 33
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. A53637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB -8 1910
H. S. EOGLEY M.D.
HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 27th 1910
5. *Place of Birth, (Street and number)* 818 S Streeper St Balto.
6. *Full name of Mother,* Jeanette Roubal
7. *Mother's Maiden Name,* Jakubowski Novotny
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Michael Roubal
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who make this Return, Mrs Mary M. Taylor

Address, 611 S. Patterson Pk Ave Balto.

Remarks,

1910000111

The Physician, Midwife or other person required to make a return of birth, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, between the hours of nine o'clock A. M. and four o'clock P. M. Any physician, midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, householder or other person who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to make such report, shall forfeit and pay the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED -3/5/75

RETURN OF A BIRTH. A53638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

date and place of birth and the name, age, sex, color, the full name and occupation of the parents, the of a certificate between the first day of each and every month, to the Office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or regular midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period of time above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, VIOLA AMELIA MATZEN

2. Sex, (state whether male or female) Female

3. Race or color, (if not of the White Race) White

4. Date of Birth Jan 23rd 1910

5. Place of Birth, (Street and number) 820 S Milton Ave

6. Full name of Mother, Amelia Matzen

7. Mother's Maiden Name, Amelia Jo

8. Mother's Birthplace, New Jersey

9. Full name of Father, Henry H. Matzen.

10. Father's Occupation, Laborer

11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M Taylor

Address, 611 S. Patterson Park Ave Balto

Remarks,

1910 000 1118

RESERVED FOR RECORD
FEB -8 1910
JAS. FOGLEY, M.D.
HEALTH COMMISSIONER

RETURN OF A BIRTH.

A53639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB - 8 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Name of child, Jennie
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 16th 1910
5. Place of Birth, (Street and number) 1802 Eastern Ave
6. Full name of Mother, Alice E. Gornoff.
7. Mother's Maiden Name, Alice E. Dykuszen
8. Mother's Birthplace, Balto.
9. Full name of Father, Alex Gornoff.
10. Father's Occupation, Laborer.
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Hayes.

Address, 611 S. Patterson Pk Ave Balto.

Remarks,

19100001119

The sex and color of each child born alive shall be stated in the certificate of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate of birth, to the parent or parents of such child, or to the person in charge of the lying-in house in which the birth occurs, within ten days after the birth, and every ninth day thereafter, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a practitioner of midwifery, or should no other person be in attendance upon the mother, the parent or parents of such child shall report its birth to the Commissioner of Health. In case the duty of the person or parents of such child to report its birth to the Commissioner of Health shall be neglected, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORDED
FEB -8 1910
JAS. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,*
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 11th 1910.
5. *Place of Birth, (Street and number)* 110 N. Bond St Balto
6. *Full name of Mother,* Mary Lefevre
7. *Mother's Maiden Name,* Mary Borgman
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Adam Lefevre
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor

Address, 611 S. Patterson Park Ave

Remarks,

1 9 1 0 0 0 0 1 1 2 0

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto, to the Registrar of Vital Statistics of the City of Baltimore or Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and the person so reporting shall be entitled to receive from the Commissioner of Health fifty cents for each certificate. Hereafter failure to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White.
4. *Date of Birth*	Jan 9th 1910
5. *Place of Birth, (Street and number)*	528 Lakewood Ave Balto
6. *Full name of Mother,*	Mary Tiemann.
7. *Mother's Maiden Name,*	Mary Pierce
8. *Mother's Birthplace,*	Balto
9. *Full name of Father,*	Nicholas Tiemann.
10. *Father's Occupation,*	Laborer
11. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary M. Taylor.
Address,	611 Patterson Pk Ave Balto.
Remarks,	

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOSLEY M.D.
COMMR OF HEALTH

1910000121

date and place of birth, and the full name, color, the full name and occupation of its parents, the date of a certificate received by the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate received by the said midwife, to the Board of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the time above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than fifty (50) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
F 3 — 8 1910
EUGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* Jan 6th 1910
5. *Place of Birth, (Street and number)* 113 N. Chester St. Balto.
6. *Full name of Mother,* Louisa Emmell.
7. *Mother's Maiden Name,* Louisa Remsinger
8. *Mother's Birthplace,* Hoboken, New Jersey.
9. *Full name of Father,* Chas. Emmell.
10. *Father's Occupation,* Clerk.
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, 411 S. Patterson Park Ave. Balto

Remarks,

1910000122

date and place of birth and the said midwife shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each month by the person in charge of the office of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father or mother of such child, or in case of the absence or inability of both parents, then the occupier of the house in which such birth shall occur, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Name of child,*
2. *Sex, (state whether male or female)*
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 24th 1910
5. *Place of Birth, (Street and number)* 504 S. Wolfe St. Balto.
6. *Full name of Mother,* Catherine Mueller.
7. *Mother's Maiden Name,* Catherine Mahlstedt
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* John Mueller.
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor.

Address, 611 S. Patterson Pk Ave Balto.

Remarks,

19100001123

Date and place of birth, and the said certificate shall be delivered, duly signed by the Physician in the form of a certificate hereinafter provided, or the same may be delivered by the Physician or midwife to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the form and manner aforesaid, and any person or parents neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -8 1910
JAS. BOSLEY, M.D.
REGISTRAR OF VITAL STATISTICS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 30th 1910
5. *Place of Birth, (Street and number)* 233 S Molton St Balto.
6. *Full name of Mother,* Elizabeth Pfaff.
7. *Mother's Maiden Name,* Elizabeth Pfaff.
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Fredy Pfaff.
10. *Father's Occupation,* Farmer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor

Address, 611 S. Patterson Ave City Balto

Remarks,

1910000124

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the said Registrar of Births and Deaths, or left at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, upon the blank herein provided, and a failure to report as aforesaid, or to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Name of child, [illegible]
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 18th 1910
5. Place of Birth, (Street and number) 2305 Cambridge St Balto.
6. Full name of Mother, Nettie Cohen
7. Mother's Maiden Name, Nettie Rosenberg
8. Mother's Birthplace, Germany
9. Full name of Father, Wm. Cohen
10. Father's Occupation, Laborer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E. Taylor

Address, 611 S. Patterson Ave Balto

Remarks,

1910000112 5

RECORD
FEB -8 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

...of each child born alive after the passage of this act, and every person who shall fail to report such birth within the time above specified, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 13th 1910
5. *Place of Birth, (Street and number)* 603 S. Bradford St Balto
6. *Full name of Mother,* Augusta Roselbach
7. *Mother's Maiden Name,* Annie Vogelsang
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Andrew Roselbach
10. *Father's Occupation,* Fireman
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor

Address, 611 S. Patterson Pk Ave Balto.

Remarks,

1910000126

RECEIVED FEB -8 1910 REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH

date and hour of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate hereinafter prescribed, to the Registrar of Vital Statistics of the district in which the birth shall occur within the said ten days, or to such person as he may appoint for the purpose. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time aforesaid. Any physician, midwife, person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FOR RECORD
FEB -8 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 31st 1910
5. Place of Birth, (Street and number) 813 Fulton Ave Balto.
6. Full name of Mother, Sophia Voelker
7. Mother's Maiden Name, Sophia Fahn
8. Mother's Birthplace, Balto.
9. Full name of Father, John Voelker
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor

Address, 611 S. Patterson Pk Balto.

Remarks,

19100001127

Place of birth: and the said schedule shall be delivered, duly signed by the person making the same, to the Registrar of the district in which the birth occurred, within ten days after the birth, and the Registrar shall thereupon issue a certificate of such delivery. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person having charge of the mother, to report the case to the Registrar of the district, within the period above required, and it shall become the duty of the person so reporting to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

COPY FOR RECORD
FEB -8 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 10 th 1910
5. Place of Birth, (Street and number) 2424 Clinton Ave Balto.
6. Full name of Mother, Margaret Bauner
7. Mother's Maiden Name, Margaret Long
8. Mother's Birthplace, Balto
9. Full name of Father, Gerhardy Bauner
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary M Taylor.

Address, 611 S. Patterson Ave Balto

Remarks,

1910000112 8

Every child born within the City of Baltimore shall be registered, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Births, within thirty days after the birth, and every Sunday in the office of Commissioner of Health, the certificate of the birth of every child born during the preceding week, whether in attendance upon the mother, Immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, or to the Registrar of Births, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB -8 1910
JAS. BOGLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child,
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White.
4. Date of Birth Jan 9th 1910
5. Place of Birth, (Street and number) 2214 Druid Pk Balto.
6. Full name of Mother, Editha Weiss.
7. Mother's Maiden Name, Editha Mascert.
8. Mother's Birthplace, Balto.
9. Full name of Father, John Weiss
10. Father's Occupation, Engineer.
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor

Address, 611 S. Patterson Pk Ave Balto

Remarks,

1910000129

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein provided, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur where no physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A53650

RECEIVED FOR RECORD
FEB -8 1910
JAS. EOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 3rd 1910
5. *Place of Birth, (Street and number)* 3 N. W. Jones Falls Bltr
6. *Full name of Mother,* Margaret Gilbert
7. *Mother's Maiden Name,* Margaret Brown
8. *Mother's Birthplace,* Baltx
9. *Full name of Father,* Charles Gilbert
10. *Father's Occupation,* Grocer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Brown

Address, 611 S. Patterson Pk Ave Balto

Remarks,

1910001130

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the officer or commissioner of Health. To each true birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or the householder, and within the period above prescribed, to report his birth to the Commissioner of Health, in the manner and within the period above prescribed, and in default thereof such parent or householder hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -9 1916
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Jennie Goodman
2. *Sex,* (state whether male or female) Female
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth* Jan. 7, 16.
5. *Place of Birth,* (Street and number) 1507 N. Stricker st.
6. *Full name of Mother,* Mollie V. Goodman
7. *Mother's Maiden Name,* " " Callahan
8. *Mother's Birthplace,* Balto. city
9. *Full name of Father,* George Goodman
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E. Stricker Fisher

Address, 1050 Fulton Ave.

Remarks, 1910000131

date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of Central Office of Health. In case the birth of any child shall occur without the presence or attendance of a physician or midwife, or about or upon the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall knowingly fail to comply with the provisions of this section, such person or persons shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -9 1910
WM. S. BOGLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of child, Elizabeth Marie Vontagel
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth 1/13/10
5. Place of Birth, (Street and number) 1808 N. Mount st
6. Full name of Mother, Marie Vontagel
7. Mother's Maiden Name, " Van Lyewick
8. Mother's Birthplace, maryland
9. Full name of Father, Charles Vontagel
10. Father's Occupation, Clerk
11. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, B. Stoneciphes

Address, 1808 N Fulton ave

Remarks, 1910000132

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -9 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Name of child,* Nellie Gilbert
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 12 1910
5. *Place of Birth, (Street and number)* 996 W. Lexington
6. *Full name of Mother,* Georgie Etta Gilbert
7. *Mother's Maiden Name,* Clark
8. *Mother's Birthplace,* City
9. *Full name of Father,* Harry Roland Gilbert
10. *Father's Occupation,* Candy maker
11. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Hood

Address, 604 N. Calvert St.

Remarks, 1910000133

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the person in charge of such child is not a resident of the house in which it was born, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A53654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 3 1910
JAS. BOGLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 17 1909
5. *Place of Birth, (Street and number)* 1302 W. Franklin St.
6. *Full name of Mother,* Martha Lyda Hammett.
7. *Mother's Maiden Name,* "Lyda"
8. *Mother's Birthplace,* Calvert Co. Md.
9. *Full name of Father,* Samuel B. Hammett.
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return, mr Lord

Address, 604 N. Gilmor St

Remarks, 1910U001134

date and place of Birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate prescribed by the Board of Health, to the first and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the mother or the person who is next present at the birth of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Am
4. *Date of Birth* Feb. 8/10
5. *Place of Birth, (Street and number)* 25 1/2 Mother St
6. *Full name of Mother,* Mollie Cook
7. *Mother's Maiden Name,* Wantz
8. *Mother's Birthplace,* Md
9. *Full name of Father,* Max O. Cook.
10. *Father's Occupation,* Collector
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Gilman P. Evans.

Address, 833 N. Fulton Ave

Remarks, 19100001135

Any physician, midwife or other person who shall neglect or refuse to make return of any birth at which he or she was present or attended, as required by this section, shall forfeit and pay for every such offense the sum of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -9 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of Child, Elva Marie Davis
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, June 28, 1910
6. Place of Birth, (Street and number) 120 7 Bradford St
6. Full name of Mother, Lillie M. Davis
7. Mother's Maiden Name, Lillie M. Keating
8. Mother's Birthplace, Virginia
9. Full name of Father, Charles E. Davis
10. Father's Occupation, machinist
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J. S. Gorman

Address, 1187 N. Monroe

Remarks, 1910000113 5

Every midwife or person other than a physician or surgeon who shall attend upon any birth, shall cause the same to be registered in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, in case the birth of any child shall occur within the city, or to the nearest register of births in the county, in case the birth shall occur within a county; and every physician or surgeon who shall attend upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53657

GIVEN NAME ADDED 9/25/73

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of Child, MARY ANGELA McHALE
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth, January 14 1910
6. Place of Birth, (Street and number) 1618 E. Clement pl.
6. Full name of Mother, Mary A McHale
7. Mother's Maiden Name, Mary J. Flynn
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, William A McHale
10. Father's Occupation, Engineer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Robt. C. Schmidt M.D.

Address, 1318 N. Charles St.

Remarks,

19100001137

The parent or parents of every child born in this State, and the medical attendant, midwife, or other person in attendance upon the mother at the birth, shall severally make a return of such birth to the office of the Registrar of Vital Statistics, Board of Health, Baltimore, Md., within ten days after the birth, and if the birth occurs without the attendance of a physician or professional nurse, then it shall become the duty of the person or parents of such child to report the birth as herein required. Every return of birth shall be made upon a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or professional nurse, then it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -3 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13te Child

1. Name of child, Helene Wirth
2. Sex, (state whether male or female) Girl
3. Race or color, (if not of the White Race) weises
4. Date of Birth 6 February 1910
5. Place of Birth, (Street and number) 1132 Hull St
6. Full name of Mother, Ilka Kanoy.
7. Mother's Maiden Name, Married
8. Mother's Birthplace, Csakova, T. C.
9. Full name of Father, Johan Wirth
10. Father's Occupation, Cooper
11. Father's Birthplace, Johannesfeld T. C.

Name of Medical Attendant, or other person who makes this Return, Margret Fany

Address, Hanbert St 1133 S. Paint

Remarks, City

1 9 1 0 0 0 0 1 3 8

Name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -9 1910
JAS. BOGLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, Charles Glenn Cromwell
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) white
4. Date of Birth, Feb. 3rd 1910
6. Place of Birth, (Street and number) 2318 Edmondson Ave
6. Full name of Mother, Frank B. Cromwell
7. Mother's Maiden Name, Frank B. Merritt
8. Mother's Birthplace, Md
9. Full name of Father, Sidney T. Cromwell
10. Father's Occupation, Comm. Merchant
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. G. M. Lehnige M.D.

Address, 127 E. Fayette St

Remarks, Full name of Child added by [illegible] - Reg

5-9104-0011399 (Mrs) Frank B. M. Cromwell Mother. Reg 6-1938

said schedule shall be delivered duly signed by the practitioner in such form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall make such return, then the father, mother or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected, to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -9 1910
THOS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Hazel Parker
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb 1st 1910
6. Place of Birth, (Street and number) 1436 N. Fulton Ave
6. Full name of Mother, Ida Parker
7. Mother's Maiden Name, Ida Burns
8. Mother's Birthplace, Md
9. Full name of Father, John Parker
10. Father's Occupation, U.R.A. Conductor
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, J. M. Litsinger M.D.
Address, 1272 E. North Ave
Remarks, 1910001140.

If any person required to register the birth of any child shall neglect to do so within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -9 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Name of child, Francis Wells
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth January 25th 1910
5. Place of Birth, (Street and number) 533 South Paca St. 2nd floor rear
6. Full name of Mother, Sarah Francis Wells
7. Mother's Maiden Name, " " Bassett
8. Mother's Birthplace, Va
9. Full name of Father, Samuel W Ellis
10. Father's Occupation, Clerk in furniture house.
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, B. F. French M.D.

Address, #1514 Hollins St.

Remarks, Birth took place at 4.30 A.M.

Child normal: Weight 6 0 8½ lbs.

date and place of birth; and the said schedule shall be delivered, duly signed by the person or persons making the same, to the Registrar of the district in which the birth occurred, within the first ten days of the month next after the birth; and a certificate between the first and third day of each and every month to the office of Commissioner of Health,

RETURN OF A BIRTH.

A53662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -9 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Name of child,*	
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	February 8th 1910
5. *Place of Birth, (Street and number)*	905 N. Mulberry st.
6. *Full name of Mother,*	Mary C. Parkhurst
7. *Mother's Maiden Name,*	Mary C. Sharp
8. *Mother's Birthplace,*	Baltimore City
9. *Full name of Father,*	Lemon B. Parkhurst
10. *Father's Occupation,*	Driver - Wagon
11. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Robert J. Murray M.D.
Address,	570 W. Fremont Ave
Remarks,	

19100001142

date and place of birth, and the said schedule shall be delivered duly signed by the attendant or the parent as the case may require, to the Registrar of Vital Statistics, Board of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father or mother of such child, or in case of the death or absence of both father and mother, the householder or owner of the premises where such birth occurs, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person neglecting or hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -9 1910
JAS. BOOLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Roger Kenly Sowder
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 1, 10
5. *Place of Birth, (Street and number)* 608 Reservoir
6. *Full name of Mother,* Mary Sowder
7. *Mother's Maiden Name,* " Kenly
8. *Mother's Birthplace,* Baltimore city
9. *Full name of Father,* Roger Sowder
10. *Father's Occupation,* Salesman
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, L. Stonesifer

Address, 1018 Fulton ave.

Remarks,

19100001143

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the father, mother or other person having charge of such child, within ten days after the birth, and by him or her delivered to the Commissioner of Health. In case the birth of any child shall occur without the presence of a practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

153664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -9 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Name of child,* Frank Clark
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 10, 10
5. *Place of Birth, (Street and number)* 1723 N. Colburn
6. *Full name of Mother,* Catharine Clark
7. *Mother's Maiden Name,* " Smoot
8. *Mother's Birthplace,* Md.
9. *Full name of Father,* Horace Clark
10. *Father's Occupation,* Plumber
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Claude Stonesifer

Address, 1611 Fulton ave.

Remarks,

1910 0001144

the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) sex, color, the full name and occupation of the parents, the date of birth, and the residence where such birth occurred. Such list shall be delivered, duly signed by the practitioner in the form of a sworn statement, to the said Registrar of Vital Statistics within ten days after the expiration of the month. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the midwife, nurse or other person who may be present at the birth, or of the parents of such child, immediately thereafter to report the birth to the Commissioner of Health. In the manner and within the period above required. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -9 1910
WM. BOSLEY M.D.
DIR'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 3 1910
5. *Place of Birth, (Street and number)* 10 S. Monroe
6. *Full name of Mother,* Edna F. Meil
7. *Mother's Maiden Name,* "Fowler"
8. *Mother's Birthplace,* City
9. *Full name of Father,* William A. Meil
10. *Father's Occupation,* Steel Engraver
11. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mr. Wood

Address, 6011 W. Belvidere St

Remarks,

1910 0001145

Every midwife, or other person in attendance upon the mother, shall report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the midwife shall become the informant, and shall report to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) race, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, by the father or mother, in the form. It shall be the duty of each and every midwife, physician or other person who shall become in attendance upon any case of birth, within the City of Baltimore, to report the same to the office of the Commissioner of Health, within the first, second and third day of each and every month, in the form. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within ten days after the birth, if no midwife, physician or other person in attendance, and any such person or persons who shall neglect or refuse to comply with this provision of this ordinance, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD FEB -9 1910 JAS. BOSLEY M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Name of child,*	Joseph Schaaf
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Jan 22/10 1910
5. *Place of Birth, (Street and number)*	1140 W Lombard
6. *Full name of Mother,*	Margaret Schaaf
7. *Mother's Maiden Name,*	J. Korn
8. *Mother's Birthplace,*	Balto
9. *Full name of Father,*	Rolf H Schaaf
10. *Father's Occupation,*	Ins Agent
11. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Annie Haines
Address,	1221 W Lexington
Remarks,	

1910 0001146

RETURN OF A BIRTH.

53667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -9 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb. 5/10
6. *Place of Birth, (Street and number)* 1823 Penna. Ave.
6. *Full name of Mother,* Margaret Elizabeth Fleming
7. *Mother's Maiden Name,* Healey.
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full name of Father,* Herbert Lewis Fleming.
10. *Father's Occupation,* Tinner.
11. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Olive E. Miller M.D.

Address, 2239 Penna. Ave.

Remarks,

1910000147

Said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics for the City of Baltimore, and in default thereof, or if no such practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons failing to comply with the requirements of this section shall be subject to a penalty, and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10/3/74

RETURN OF A BIRTH.

53668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, by the officer of Commissioner of Health, in the manner and within the period above required, and for every neglect or refusal to comply with the requirements of this section, the person in attendance upon the mother, immediately thereafter; it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons neglecting or refusing to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
FEB -9 1910
JAS. BOOLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Eugene Ernest Zimmerman
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb. 9/10
6. Place of Birth, (Street and number) 1564 N. Fremont Ave.
6. Full name of Mother, Elizabeth Edith Zimmerman
7. Mother's Maiden Name, Hulsenbeck
8. Mother's Birthplace, Baltimore, Md.
9. Full name of Father, Richard E. Zimmerman
10. Father's Occupation, Clerk
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. E. Miller, M.D.

Address, 2239 Fenna, Ave.

Remarks, Filed 2/9/10

19100001148

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the father or mother of such child, each within ten days after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -3 1910
J. BOSLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of Child,* John Lewis
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 1-22-1910
6. *Place of Birth, (Street and number)* 135 N. Cross St.
6. *Full name of Mother,* Annie Lewis
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Balt.
9. *Full name of Father,* John Lewis
10. *Father's Occupation,* Saloon Keeper
11. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return. Mary Cook Willis

Address, 810 Hanover St.

Remarks, 1910000149

RETURN OF A BIRTH. A53670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance on the mother at the birth, then the mother herself shall have the period above required, and child or mother is able, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child, James Hubert Horseburger
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 1-23-10
6. Place of Birth, (Street and number) 195 Charles St.
6. Full name of Mother, Minnie Horseburger
7. Mother's Maiden Name, Meyers
8. Mother's Birthplace, Balt.
9. Full name of Father, Harry Jefferson Horseburger
10. Father's Occupation, R.R. Yard-man
11. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Henry Cook Willis M.D.

Address, 810 Hanover St.

Remarks,

19100001150

RECEIVED FOR RECORD
FEB -9 1910
S. BOSLEY M.D.
COMMISSIONER OF HEALTH

RETURN OF A BIRTH. A53671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -9 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of Child,* Anna Landrey Wheeler
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* October 20, 1909
6. *Place of Birth, (Street and number)* Baltimore 224 E Hamburg St
6. *Full name of Mother,* Helen Gertrude Wheeler
7. *Mother's Maiden Name,* Helen Gertrude Kissane
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Walter Henry Wheeler
10. *Father's Occupation,* Bricklayer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Effie Mary Cook Willis M.D.

Address, 8100 Harford Rd

Remarks, 1910000151

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the householder or other person residing in the house where such birth occurs shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Name of Child, Mary Lucilla Hawkins
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Feb. 1/10
6. Place of Birth, (Street and number) 529 N. Dallas St
6. Full name of Mother, Emma Hawkins
7. Mother's Maiden Name, Emma Distance
8. Mother's Birthplace, Balto Md
9. Full name of Father, William E. Hawkins
10. Father's Occupation, Porter
11. Father's Birthplace, Balto, Md

Name of Medical Attendant, or other person who makes this Return. Mary L. Stafford

Address, 318 Colvin St

Remarks, Healthy Child

1 9 1 0 0 0 1 1 5 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. And should the birth of any child not occur where the mother is attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned; and any such person or persons shall neglect or refuse to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 7

1. Name of child,
2. Sex, (state whether male or female) Male or female
3. Race or color, (if not of the White Race) White
4. Date of Birth 2 January 1910
5. Place of Birth, (Street and number) 1813 Hanlen ave
6. Full name of Mother, Hanna Harrington
7. Mother's Maiden Name, Hanna Witonshy
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Daniel Harrington
10. Father's Occupation, Labor
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks, Twins

1910000153

RECEIVED FOR RECORD
FEB 19 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

Every midwife and every physician or other person who shall be in attendance upon the mother, immediately thereafter shall make a certificate, stating the time and place of birth, the sex and color of the child, the full name and occupation of the parents, the date and place of birth; and the said schedules shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, as aforesaid, and every midwife or physician or other person who shall be in attendance upon the mother, immediately thereafter, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall knowingly fail to make such report, or who shall make any false report, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 24 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 26 January 1910
5. *Place of Birth, (Street and number)* 1715 Aliceanna St
6. *Full name of Mother,* Maggie Miller
7. *Mother's Maiden Name,* Maggie Chowaski
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Jan Chowaski
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

1910000154

of each child, of any shall have been conferred) its sex, color, the full name and occupation of the father, the full name and maiden name of the mother, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, then it shall be the duty of the person in charge of the house in which such birth occurs, or if it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 4/7/70

RETURN OF A BIRTH. A53675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 24 1910
JAS. DUDLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* ELIZABETH WHITE
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 4 January 1910
5. *Place of Birth, (Street and number)* 415 Callington Av
6. *Full name of Mother,* Agnes ~~White~~ WHITE
7. *Mother's Maiden Name,* Agnes Wolf
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* ~~James White~~ JAMES A. WHITE
10. *Father's Occupation,* Stimfitter
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Edna Smith

Address, 504 S Washington St

Remarks,

1910000155

Any and all persons have been conferred) its sex, color, the full name and occupation of its father, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in the said city; and the said Commissioner, the Attending physician or practitioner of midwifery, or should no other person be in attendance then the father or mother of such child, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 19 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Ba

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 11 January 1910
5. Place of Birth, (Street and number) 2116 Bank St
6. Full name of Mother, Agnes Lang
7. Mother's Maiden Name, Agnes Brode
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Albert Lang
10. Father's Occupation, Plumber
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

1910000115

If any midwife, or other person in attendance upon the mother at a birth, or practitioner of medicine or surgery, or other person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* December 18 1909 7 15 A M
6. *Place of Birth, (Street and number)* 513 S Fulton Ave.
6. *Full name of Mother,* Nellie Hardingham
7. *Mother's Maiden Name,* Tregast
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* John A. Hardingham
10. *Father's Occupation,* Car-Inspector
11. *Father's Birthplace,* Richmond Va.

Name of Medical Attendant, or other person who makes this Return, Mrs Barb. Ludwig

Address, 174 W Lanvburg St

Remarks, Balto Md

1910000157

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health. In case there has been no birth to report, or if such attendance shall occur without this attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall forfeit and pay for each neglect to comply with the requirements of this section the sum of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Name of Child, Selma M. Eisenzopf
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth, December 9 1920 Dec 9 1909
6. Place of Birth, (Street and number) Gilbert St Balto County
6. Full name of Mother, Minnie Eisenzopf
7. Mother's Maiden Name, Reck
8. Mother's Birthplace, Schwargenau in Preussen Germany
9. Full name of Father, Robert Eisenzopf
10. Father's Occupation, Locksmith
11. Father's Birthplace, Temeswar Hungaria

Name of Medical Attendant, or other person who makes this Return, Mrs Bart Ludwig

Address, 774 W. Hamburg St.

Remarks, Balto Md

1910000 1158

said child to shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother; immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above named; and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 14 1910
JAS. BURLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Name of Child, Evelyn E Schaub
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth, November 27 1909 2.45 P.M.
6. Place of Birth, (Street and number) Lakeland Balto County
6. Full name of Mother, Emma L Schaub
7. Mother's Maiden Name, " " Lester
8. Mother's Birthplace, Balto
9. Full name of Father, William H Schaub
10. Father's Occupation, Laborer
11. Father's Birthplace, Lancaster Pa

Name of Medical Attendant, or other person who makes this Return, Mrs. Barb. Ludwig

Address, 774 W. Hamburg St

Remarks, Balto Md

1910 0001159

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the said schedule shall be filled out as far as practicable; and any person or persons failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the officer of Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the time above specified, and such person or parents so failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BUSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* November 22 1909 1 a. m.
6. *Place of Birth, (Street and number)* 730 W Cross St Balto
6. *Full name of Mother,* Blanch R Hasse Eggar
7. *Mother's Maiden Name,* Harvey
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* William L Eggar
10. *Father's Occupation,* Plumber
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Barb Ludwig

Address, 774 W Hamburg St

Remarks, Balto Md

19100001160

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third days of each month, to the officer of Communicable Diseases of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who shall thereupon cause the said schedule to be delivered and signed by the person reporting the birth, and to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Name of Child,* Florence Carina
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* November 18 1909 10 a. m.
6. *Place of Birth, (Street and number)* 1112 Carroll St. Balto.
6. *Full name of Mother,* Sophia Carina
7. *Mother's Maiden Name,* " Kraft
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* William N. Carina
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Barb Ludwig

Address, 174 N. Bamburg St

Remarks, Balto Md.

1910000116 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month next succeeding the birth, to the officer of Commissioner of Health. In case a birth occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall furnish the information required by this section. Any person or parents so neglecting shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 19 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 cd.

1. *Name of Child,*
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* November 2, 1909 6 P.M. Balto
6. *Place of Birth, (Street and number)* 323 Bentalou St
6. *Full name of Mother,* Margaret Guibert
7. *Mother's Maiden Name,* Linsler
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* George M. Guibert
10. *Father's Occupation,* Candy-maker
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Barb Ludwig
Address, 774 N. Fountain St.
Remarks, Balto Md

1910000162

GIVEN NAME ADDED 5/19/72

RETURN OF A BIRTH. A53683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Name of Child,* FLORENCE MATILDA BENSON
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* December 31, 1909 7 P.M.
6. *Place of Birth, (Street and number)* 123 Hamburg St
6. *Full name of Mother,* Matilda N. Benson
7. *Mother's Maiden Name,* Wetenhall
8. *Mother's Birthplace,* Water Balto
9. *Full name of Father,* Howard H.
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Barb. Ludwig

Address, 774 S. Hamburg St

Remarks, Balto Md.

19100001163

been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the officer of Health, from whom the said schedule was received; and a similar report shall be made to said officer of Health, in the manner and within the period above required, in any such case in which the mother, immediately thereafter, shall become the duty of the person or persons who shall have attended her, to report its birth to the Commissioner of Health, in the manner and within the period above required, and subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 2 1 10 1910
5. Place of Birth, (Street and number) 2117 E. Fairmount Av
6. Full name of Mother, Lydia Lynch
7. Mother's Maiden Name, Lydia Lynch
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Eddie Lynch
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr. E. Lecompte

Address, 1404 N. Chester

Remarks,

RECEIVED FOR RECORD FEB 14 1910 JAS. BAILEY M.D. REGISTRAR OF HEALTH

1910000164

born conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A53685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. Name of Child, Clara E Quandt
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race)
4. Date of Birth, January 20 1910 7:20 P.M.
6. Place of Birth, (Street and number) 136 Hanover St
6. Full name of Mother, Clara L Quandt
7. Mother's Maiden Name, Fingel
8. Mother's Birthplace, Balto
9. Full name of Father, Rudolph Quandt
10. Father's Occupation, Police Officer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Barb Ludwig
Address, 774 W Lombard St
Remarks, Balto Md

1910000165

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, for the city or county in which the birth occurs; and every person who shall hereafter fail to comply with the requirements of this section, when in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1-20-65

GIVEN NAME ADDED

RETURN OF A BIRTH. A53686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

FILED FOR RECORD
FEB 19 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. *Name of Child,* Madeline Clark Rivers
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* January 25, 1910 9:45 P.M.
6. *Place of Birth, (Street and number)* 926 Columbia ave
6. *Full name of Mother,* Lilian R. Rivers
7. *Mother's Maiden Name,* Gould
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Gustav T. Rivers
10. *Father's Occupation,* Brass-Finisher
11. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Mrs. Bertie Ludwig

Address, 774 W Hamburg St

Remarks, Balto Md

19100001166

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in this form, to the Commissioner of Health within ten days after the birth occurs. If no physician or midwife was in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form as provided in this section; and any person who shall refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third days of each and every month to the Commissioner of Health. In case the birth occurs when no physician or midwife shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the time above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) child

1. *Name of Child,* Carrie E. Pulgen
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* December 1, 1909 2.15 P.M. Balto
6. *Place of Birth, (Street and number)* 830 Marigold St.
6. *Full name of Mother,* Marie E. Pulgen
7. *Mother's Maiden Name,* " " Preitzer
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Jacob A. Pulgen
10. *Father's Occupation,* Box-maker
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Barb. Ludwig

Address, 774 N. Hamburg St.

Remarks, Balto. Md.

19100001167

RETURN OF A BIRTH. A53688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Name of Child,* Elisabetta A. Sibert
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* November 13, 1909 7.45 A. M.
6. *Place of Birth, (Street and number)* 1026 Druids St
6. *Full name of Mother,* Rebecka M. Sibert
7. *Mother's Maiden Name,* " " Stone
8. *Mother's Birthplace,* Culpeper Va.
9. *Full name of Father,* John E. Sibert
10. *Father's Occupation,* Car-Conductor
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Barb. Ludwig

Address, 774 W. Hamburg St.

Remarks, Balto. Md.

19100001168

Said schedule shall be delivered, duly signed by the practitioner in charge, to the person or parents of such child at the time of making such return to the officer or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health who shall furnish the proper blanks for that purpose; and any such person or parents failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Of each child of parents who have been married, the sex, color, the full names and occupation of the parents, the date of birth of each child, and the number of children born to the present mother, including the present child, shall be returned to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the attendant upon the mother immediately thereafter to make such return. If there be no attendant, then the mother himself (if able) shall become liable to make such return, and to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 10 January 1910
5. *Place of Birth, (Street and number)* 2021 Hospital
6. *Full name of Mother,* Frenseb Nelsen
7. *Mother's Maiden Name,* Frenseb Chrisb
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Agust Nelsen
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

1910000 1169

ACCEPTED FOR RECORD
FEB 10 1910
JAS. BOBLEY M.D.
COMR OF HEALTH

RETURN OF A BIRTH. A53690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RESERVED FOR RECORD
FEB 19 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth 21 January 1910
5. Place of Birth, (Street and number) 2631 Fail ave
6. Full name of Mother, Hagi Kelly
7. Mother's Maiden Name, Hagi Melon
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Lois Kelly
10. Father's Occupation, Labor
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

1910000 1170

of each child, if any still, have been correctly stated, color, the full name and occupation of the father, the date and place of birth, and the full maiden name of the mother, so far as the same can be ascertained the full name of the attending physician or midwife, if any, and if there be none, the householder in whose house the birth occurred, within five days and third day of each and every month to the office or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person occupying the house in which the birth occurs, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB 10 1910
JAS. FOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 26 January 1910
5. *Place of Birth, (Street and number)* 3703 Brooke St Hamilton
6. *Full name of Mother,* Ellen Krone
7. *Mother's Maiden Name,* Ellen Orr
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Ernest Krone
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 304 E Washington St

Remarks, 1910001171

Every physician or midwife in attendance upon a birth shall report the same to the Registrar of Vital Statistics within ten days after the birth, and shall ascertain the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the parent or person in charge of each case, at the time of the last visit after the birth of any child shall occur; without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form of a certificate, as above provided, and any person neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth 16 January 1910
5. Place of Birth, (Street and number) 204 Hanover av
6. Full name of Mother, Warnah Sadorski
7. Mother's Maiden Name, Warnah Hottel
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, John Sadorski
10. Father's Occupation, Laber
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

1910000172

Every person who shall neglect or refuse to register the birth of any child, or to furnish the information required by this act, shall be fined not less than five dollars nor more than twenty dollars for each offense. The parent, guardian or other person having the control of any child, or in whose house or premises it was born, shall report the birth of such child to the Commissioner of Health within ten days after the same shall have occurred, and every midwife or other person who shall be in attendance upon the mother, immediately thereafter is hereby required to make a report of such birth to the Commissioner of Health, and for every neglect or refusal to make such report, and to furnish the information required by this act, such midwife or other person shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 4 January 1910
5. *Place of Birth, (Street and number)* 1915 Kanawha
6. *Full name of Mother,* Halena Limpert
7. *Mother's Maiden Name,* Halena Hebert
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Carls Limpert
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

1910000117 3

RECEIVED FOR RECORD FEB 10 1910 JOS. S. BUSLEY M.D. COMR. OF HEALTH

...of each child, if any shall have been conferred) its sex, color, the full name and occupation of the father, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as aforesaid, to the Commissioner of Health. In case the birth of any child shall not be reported as aforesaid within ten days of such birth, the name of such child shall be entered in the schedule by the midwife, or should no other person be in attendance upon the mother, the physician or midwife shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be guilty of a breach of the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11/25/74

RETURN OF A BIRTH. A53694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD FEB 10 1910 JAS. BOGLEY, M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Name of child,*	John Michael Stern
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Jan 2nd 1910
5. *Place of Birth, (Street and number)*	515 S. Bloadway Balto
6. *Full name of Mother,*	Bertha Stern
7. *Mother's Maiden Name,*	Bertha Roth
8. *Mother's Birthplace,*	Balto.
9. *Full name of Father,*	August Stern
10. *Father's Occupation,*	Laborer
11. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs. Mary M. Taylor
Address,	611 S. Patterson Pk Ave Balto
Remarks,	Filed 2/10/10

19100001174

Every birth which shall occur within the limits of Baltimore City shall be registered as herein provided, and the said certificate of birth shall contain as far as the same can be ascertained the full name of each child (if any shall have been conferred), sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or Commissioner of Health, by the physician or midwife in attendance upon the mother, or if there be no physician or midwife, or should no other person be in attendance upon the mother, the father of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, by whom a certificate shall be issued without charge, and any such person or persons who shall refuse or neglect to comply with this provision within the period above required, and any such person or persons who shall refuse to furnish all the information in his or her power required by this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53695

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 19 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Name of Child,* Carl August
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* December 9 10.45 A Dec 1909
6. *Place of Birth, (Street and number)* 107 Sterrett Al
6. *Full name of Mother,* Katharine E. Hellmann
7. *Mother's Maiden Name,* Engel
8. *Mother's Birthplace,* Bayern Germany
9. *Full name of Father,* William F. Hellman
10. *Father's Occupation,* Cutter
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Barb. Ludwig

Address, 774 W. Hamburg St.

Remarks, Balto Md

1910000175

been conf... its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the first and third day of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Col.

1. *Name of Child,* James Ludwig
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* November 29 1909 3.15 a.m.
6. *Place of Birth, (Street and number)* 2129 Fayette St
6. *Full name of Mother,* Magdalena Ludwig
7. *Mother's Maiden Name,* " Fiss
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Joseph Ludwig
10. *Father's Occupation,* Cabinet-maker
11. *Father's Birthplace,* Neuenau Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Barb Ludwig

Address, 744 W Ludwig

Remarks, Balto Md

19100001176

boon conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form aforesaid, to the parent or parents of such child, or in case of the absence of both parents, to the person having charge of the child at the time of the birth of the child. And every person who shall assist at the birth of any child otherwise than in the regular practice of his profession, or who shall act without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter (shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who shall cause the same to be registered in the manner aforesaid. And every person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOOLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Name of Child, William L. Puppert
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, November 19. 1909 1245 P.M. Balto
6. Place of Birth, (Street and number) 766 N. Hamburg St.
6. Full name of Mother, Marie M. Puppert
7. Mother's Maiden Name, Ulrich
8. Mother's Birthplace, Balto
9. Full name of Father, William L. Puppert
10. Father's Occupation, Bead-worker
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Barb. Ludwig
Address, 774 N. Hamburg St.
Remarks, Balto Md.

1910000177

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full date of each and every marriage to the undersigned, or other person authorized by law, and in said schedule shall be delivered, duly signed by the person giving the information, to the Registrar of Vital Statistics of the City of Baltimore, or to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the neglect or refusal to report such birth as aforesaid, or to furnish the information required by this section, shall be punished by a fine of not less than ten (10) dollars nor more than fifty (50) dollars for each offense, and the person or persons so offending shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 19 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Name of Child,* William E. Gunder
2. *Sex,* (state whether male or female) male
3. *Race or color,* (if not of the White Race)
4. *Date of Birth,* February 2 1910 2 o'c Pm
6. *Place of Birth,* (Street and number) 932 Riddle St.
6. *Full name of Mother,* Johanna Gunder
7. *Mother's Maiden Name,* Kusz
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Arthur T. Gunder
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Wm Barb Ludwig

Address, 714 W Hamburg St

Remarks, Balto Md

1910 0 0 0 1 1 7 8

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the full name and occupation of its parents, the date and place of birth, and the full name and address of the physician or midwife in attendance, if any, and shall have printed thereon a schedule to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case no other person shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Name of Child,* William A Schaefer
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* December 5 1909 15-45 A. M.
6. *Place of Birth, (Street and number)* 173 Hanfiscoke St
6. *Full name of Mother,* Margaret E. Schaefer
7. *Mother's Maiden Name,* Cussen
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* William H. Schafer
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Barb Ludwig
Address, 774 W. Lexington St
Remarks, Balto Md

1910000179

(Every birth occurring after the first day of January, 1875, and every still birth after the first day of January, 1880, in the City of Baltimore, shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore, Md., within ten days after the occurrence, by the attending physician or midwife, and in default of such report by either of them, then by the householder or owner of the premises where the birth occurred, and in default of such report by any of them, then by the undertaker who shall bury the body of such child, which report shall state the name, sex, color, date and place of birth, and the name, residence and occupation of its parents; the date and place of birth; and the name, residence and occupation of the attendant in case of stillbirth. It shall be the duty of the undertaker to file a certificate of burial with the Registrar of Vital Statistics, Board of Health, Baltimore, Md., and to deliver a copy thereof to the person who shall bury the body of such child, and said undertaker shall not bury the body of such child until he has received said certificate of burial, or a permit from the Registrar of Vital Statistics, Board of Health, Baltimore, Md., authorizing the burial of such child. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Registrar of Vital Statistics, Board of Health, Baltimore, Md., and to furnish such information as may be required by law, and the said Registrar shall prepare a certificate of birth and file the same. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 10 1910
WM. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, Girl Gilbert
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 1st 1910
5. Place of Birth, (Street and number) 1504 E. Lombard st.
6. Full name of Mother, Beckie Gilbert
7. Mother's Maiden Name, Beckie Deutch
8. Mother's Birthplace, Russia
9. Full name of Father, Beril Gilbert
10. Father's Occupation, Taylor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, M. S. Kopfelman M.D.

Address, 1617 E. Baltimore st.

Remarks, 19100001180

his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born) the sex, color, date of birth, and the name and surname of the parents, in the form and manner required by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required to report its birth to the Commissioner of Health, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-12-19

1910 - 15

RETURN OF A BIRTH. A53701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2

1. Name of Child, CLIFTON CHARLES COOK
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb 4 1910
6. Place of Birth, (Street and number) 203 E Baltimore St
6. Full name of Mother, RECEIVED FOR RECORD Upper Bare
7. Mother's Maiden Name, FEB 10 1910 Bare
8. Mother's Birthplace, JAS. BOSLEY M.D. COMR. OF HEALTH
9. Full name of Father,
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. Lester

Address, 1402 E Lexington St

Remarks, 1910000118 1

(Form 0000) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb 1 1910
5. *Place of Birth, (Street and number)* 1227 N Bond St
6. *Full name of Mother,* Louise Smith
7. *Mother's Maiden Name,* Louise Smith
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Joel Smith
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1709 N Bond St

Remarks, 1910000182

RECEIVED FOR RECORD FEB 19 1910 JAS. EDSALL, M.D. COMM'R OF HEALTH

Section 2. [illegible] its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* February 2 1910 6 o'c P. M.
6. *Place of Birth, (Street and number)* 737 St. Peter St.
6. *Full name of Mother,* Rebecka I. Myers
7. *Mother's Maiden Name,* Stumberg
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Jessi Myers
10. *Father's Occupation,* Boiler-maker
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Barb. Ludwig

Address, 774 W. Hamburg St.

Remarks, Balto Dup 0 F 1 8 3

Sec. 133. [illegible] set forth as far as the same can be ascertained the full name of each child, the sex, color, the full name and occupation of its father, of every birth that have occurred under his or her care during the [illegible] and the particulars required to be stated in the form of a certificate between the first and said schedule shall be delivered, duly signed by the [illegible] of Health. In case the birth of any child third day of each month the [illegible] of the city of Baltimore or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no one of the parents of such child report its birth to the Commissioner of Health, it shall become the duty of the person in attendance upon the mother, immediately thereafter, to make such report, and within the period above required, and any such person who shall neglect or refuse to make such report, or after fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 103704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1916
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* January 24 1916 2.45 P.M.
6. *Place of Birth, (Street and number)* 128 Columbia Ave.
6. *Full name of Mother,* Ida M. Sullivan
7. *Mother's Maiden Name,* Mentell
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Raymond Sullivan
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Barb Ludwig

Address, 774 W. Hamburg St.

Remarks, Balto 1 0 0 0 0 1 1 8 4

Within [illegible] days after the birth that have occurred under his or her care during the [illegible] days next preceding the date of birth, and within [illegible] days after the birth of each child born subsequently to the first, a certificate between the first and said schedule shall be delivered, duly signed by the person required to make the return, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the [illegible] to report its birth to the Commissioner of Health within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* February 1 1910 6 P.M.
6. *Place of Birth, (Street and number)* Lakeland Balto. County
6. *Full name of Mother,* Lottie Burkhardt
7. *Mother's Maiden Name,* Scheib
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* George J. Burkhardt
10. *Father's Occupation,* Glass-Blower
11. *Father's Birthplace,* Pittsburg Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs. Barb. Ludwig

Address, 174 W. Hamburg St

Remarks, Balto. 1910 0 0 1 1 8 5

Every child born within the State of Maryland after the first day of June, 1898, shall be registered, and the certificate of birth shall contain as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and residence of its parents, and the date of birth, and every physician, midwife or other person in attendance upon the mother at a birth or the nearest relative present in case there be no physician, midwife or other person in attendance, shall within the period above required, and in the manner and with the information above specified, make a return of said birth to the office of the Commissioner of Health, and shall sign a certificate setting forth the facts required to be returned under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur when there is no physician or practitioner or midwife, or should no other person be in attendance with the mother at the birth, then the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Name of Child, Williams E Kuhn
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth, January 18 1910, 5.45 P.M.
6. Place of Birth, (Street and number) 1138 Ridgely St.
6. Full name of Mother, Lottie M Kuhn
7. Mother's Maiden Name, Hirsch
8. Mother's Birthplace, Balto
9. Full name of Father, William A Kuhn
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Miss Bard Ludwig

Address, 774 W Hamburg St.

Remarks, Balto 1 0 0 0 0 1 1 8 6

Every birth as far as the same can be ascertained, that shall occur under his or her care during the first ten days after such birth, and every child born in a house where there is no physician, within ten days after such birth, shall be reported by the person who shall be present at the birth, or who shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur when the mother is not attended by a physician or midwife, then it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 17 1910
JAS. BOSLEY, M.D.
REG'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Name of Child,* Joseph C. Norris
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* January 17, 1910 1 P.M.
6. *Place of Birth, (Street and number)* 122 Hamburg St.
6. *Full name of Mother,* Katherine M. Norris
7. *Mother's Maiden Name,* Boyden
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* William C. Norris
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Barb Ludwig

Address, 724 W. Hamburg St.

Remarks, Balto Md

1 0 0 0 0 1 1 8 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 153708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
J.A.S. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Name of Child,* William P Pettitt
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* January 15, 1910 11,45 A. M.
6. *Place of Birth, (Street and number)* 1106 Hamburg St.
6. *Full name of Mother,* Jesse M. Pettitt
7. *Mother's Maiden Name,* Muldon
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Elmer H Pettitt
10. *Father's Occupation,* Fore-man
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Barb Ludwig

Address, 174 W Hamburg St.

Remarks, Balto 1 0 0 0 0 1 1 8 8

been conferred) its sex, color, the full name and occupation of its parents, the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter provided, and the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner at childbirth, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-13-73

RETURN OF A BIRTH. A53709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Name of Child,* LE ROY NATHANIEL BURKHEAD
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* January 13 1910 8.35 P.M.
6. *Place of Birth (Street and number)* 1328 Sargeant St
6. *Full name of Mother,* Helen G Burkhead
7. *Mother's Maiden Name,* Collison
8. *Mother's Birthplace,* Boston Mass
9. *Full name of Father,* John Burkhead
10. *Father's Occupation,* Car repairer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Bart Ludwig

Address, 774 W. Hamburg St.

Remarks, Balto Md 0 0 1 1 8 9

FILED: FEB 10 1910

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the office of Commissioner of Health, and the name and occupation of its parents; the date and place of birth; and the name of each child of such mother, and the number of such child, in case of a birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 19 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 child

1. *Name of Child,* Thomas M. Souder
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* January 11, 1910 .45 P.M.
6. *Place of Birth, (Street and number)* 916 Ryan St.
6. *Full name of Mother,* Maggie Souder
7. *Mother's Maiden Name,* Wagner
8. *Mother's Birthplace,* Carroll County Md
9. *Full name of Father,* Charles J. Souder
10. *Father's Occupation,* Ironworker
11. *Father's Birthplace,* Franklintown Md.

Name of Medical Attendant, or other person who makes this Return, Wm Earl Sudler

Address, 774 N. Hamburg St.

Remarks, Baltor Md 0 0 0 1 1 9 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health, a like certificate of the birth of any child whose birth occurs without the attendance of a physician or practitioner of midwifery, or should no other certificate of attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall be liable to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* January 7 1910 7.30 P.M.
6. *Place of Birth, (Street and number)* 832 Woodyard St.
6. *Full name of Mother,* Mabel M. Schillinberg
7. *Mother's Maiden Name,* Maisdestar
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Howard L. Schillinberg
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Barb Ludwig

Address, 774 N. Hamburg St.

Remarks, Balto 1 Ward 0 0 1 6 1 9 1

said sched ule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the fifth day after the birth, to the office of Commissioner of Health, and a like certificate shall be in like manner delivered, duly signed by the midwife, of all births occurring in her practice at which she shall attend without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53712

CITY OF BALTIMORE (No. 33 S Washington St.; Ward)

(2) FULL NAME OF CHILD John Gerard Pardoehl — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 26, 1910

FATHER		MOTHER	
(8) FULL NAME	Paul J Pardoehl	(14) FULL MAIDEN NAME	Thomie Mersditargon
(9) RESIDENCE	33 S Washington St	(15) RESIDENCE	33 S Washington St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	34
(12) BIRTHPLACE	France	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Worker Master	(19) OCCUPATION	H.W.
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 P M., on the date above stated

19100001192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53713

(1) PLACE OF BIRTH

CITY OF BALTIMORE (No. 1503 Bradford St.; 8 Ward)

(2) FULL NAME OF CHILD William Freebourne Schollen

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 20 1910

FATHER		MOTHER	
(8) FULL NAME	Fred John Schollen	(14) FULL MAIDEN NAME	Rose Tracy
(9) RESIDENCE	1503 Bradford St	(15) RESIDENCE	1503 Bradford St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	24
(12) BIRTHPLACE	Balto Md	(18) BIRTHPLACE	Carroll Co Md
(13) OCCUPATION	Mechanic	(19) OCCUPATION	H.W.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.45 A. M., on the date above stated.

1910000193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Walbrook Grey, Md. Registered No. B. A53714

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Roslyn Grey, Walbrook City. [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Feb. 4 1910

FATHER	MOTHER
(8) FULL NAME Walter Albert Grey	(14) FULL MAIDEN NAME Helen Elizabeth Grey
(9) RESIDENCE Roslyn Ave, Walbrook	(15) RESIDENCE Roslyn Ave, Walbrook
(10) COLOR White (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Baltimore, Md.	(18) BIRTHPLACE Philadelphia, Pa.
(13) OCCUPATION Wholesale Grocer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:15 A. M., on the date above stated.

(23) Signature Milton Bosley M.D. (Physician or Midwife)

Address 2020 N Charles St.

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

1 8 1 0 0 0 1 1 9 4

(24) Given name added from a supplemental report FEB 27 1910, 19

RECEIVED FOR RECORD

JAS. BOSLEY, M.D. COM'R OF HEALTH Registrar

Filed , 19 . Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A53715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECORD
FEB 19 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 27

1. Name of Child, Ethel
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 26 1910
6. Place of Birth, (Street and number) 205 S. Caroline St.
6. Full name of Mother, Beri Cohon
7. Mother's Maiden Name, Beri Plitt
8. Mother's Birthplace, Russia
9. Full name of Father, Air Cohon
10. Father's Occupation, Busines man
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Midwife S. Mathewson
Address, 316 S. High St.
Remarks, 1910000195

(Continued) his sex; color; the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in default thereof, each and every person required to report as aforesaid, shall be severally liable and subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

REGISTRATION RECORD
FEB 10 1910
JAS. BOGLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Name of Child,* Sali
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* January 30 1910
6. *Place of Birth, (Street and number)* 910 Stiel st.
6. *Full name of Mother,* Anna Finkelstein
7. *Mother's Maiden Name,* Gradman
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Will Finkelstein
10. *Father's Occupation,* Business man
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mid. L. Mushkevich

Address, 1st 316 S. Hugh st.

Remarks, 1 9 1 0 0 0 0 1 1 9 6

said schedule shall be delivered, duly signed by the attendant, to the parents, the date and place of birth, and the name and sex of the child, and the number of children born to the mother, including the present birth, and the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, [illegible] shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 163717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth February 6. 1910
5. Place of Birth, (Street and number) 1732 Jackson st
6. Full name of Mother, Minnie Edwards
7. Mother's Maiden Name, Hyand
8. Mother's Birthplace, America
9. Full name of Father, Harry Edwards
10. Father's Occupation, Laborer
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Darling Edmunds
Address, 434 E. Fort ave.

Remarks, 1910000011 97

Every person who shall refuse or neglect to furnish the information required by the foregoing schedule, or who shall knowingly furnish any false information as to the facts and circumstances of the births which have occurred under his observation, or which he is required to ascertain, or who shall refuse or neglect to furnish any information required by the Commissioner of Health, or who shall refuse or neglect to report to the Commissioner of Health, in the manner and within the time required, any birth which may occur after the date and place of which he shall have been interrogated by the Commissioner of Health, shall be guilty of a misdemeanor, and for each offense, on conviction thereof, shall be fined not less than five dollars nor more than ten dollars, and in default of payment of such fine shall be committed to the House of Correction for a period not exceeding thirty days.

Every physician or midwife who shall attend upon any case of birth occurring after the passage of this ordinance shall, within ten days after the occurrence of such birth, deliver to the parent or parents, or to the head of the family in which such birth occurs, a blank certificate of birth, as provided by the Commissioner of Health, and shall request the parent or parents, or head of the family, to fill out and sign the same; and it shall be the duty of such physician or midwife to fill out the said certificate of birth, and to sign the same as the person in attendance upon such birth, and to deliver the said certificate of birth, duly signed by the parent or parents, or head of the family, to the Commissioner of Health. In case the birth of any child shall occur when there is no physician or midwife in attendance, it shall be the duty of the parent or parents, or head of the family in which such birth occurs, within ten days after the occurrence of such birth, to report the same to the Commissioner of Health, and to procure a certificate of birth, as provided by the Commissioner of Health, and to fill out and sign the same. Any physician or midwife who shall neglect or refuse to deliver a certificate of birth, as required, or any person or persons who shall neglect or refuse to report any birth, as required, or who shall neglect or refuse to fill out and sign a certificate of birth, as required, shall be guilty of a misdemeanor, and for each offense, on conviction thereof, shall be fined not less than five dollars nor more than ten dollars for each offense, to be recovered as other fines and forfeitures are recovered, etc.

Form 1230.

RETURN OF A BIRTH. 53718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 14 1910
THOS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Name of child,*	Baby Hickey
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	the 7th day of Feb
5. *Place of Birth, (Street and number)*	No 1135 Light St
6. *Full name of Mother,*	Rosa M Hickey
7. *Mother's Maiden Name,*	Rosa M Huber
8. *Mother's Birthplace,*	Baltimore Md
9. *Full name of Father,*	Leo G Hickey
10. *Father's Occupation,*	Optician
11. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Henrietta M Auer
Address,	No 1135 Light St
Remarks,	1 9 1 0 0 0 0 1 1 9 8

...date and place of birth, and the name, residence and occupation of the person in the form of a certificate to...Health, to the manner and within the period of time...shall become the duty of...hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of Child,* Lill Garfield 2 Dupy Diggs
2. *Sex, (state whether male or female)* Female 2 Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 25 - 19
6. *Place of Birth, (Street and number)* 416 Fields Alley
6. *Full name of Mother,* Mary Diggs
7. *Mother's Maiden Name,* Lill Williams
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Lill Diggs
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Cumberland Md

RECEIVED BY RECORD FEB 12 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000119

been conferred) in sex, color, the full name and occupation of its parents, the date and place of birth; and the full name and residence of the attendant or informant, and the same as far as can be ascertained the full name of each child, (if any shall have died before) and the time and place of its birth, and the date of the death of each and every such child, and the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health within the time and in the manner above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 17 1910
JAS BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 1

1. *Name of Child,* Rita Mann
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Feb 1-10
6. *Place of Birth, (Street and number)* 926 N Pine St
6. *Full name of Mother,* Ethel Mann
7. *Mother's Maiden Name,* Bagley
8. *Mother's Birthplace,* Balto. Md.
9. *Full name of Father,* Albert Mann
10. *Father's Occupation,* Cutter - Carney
11. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1910000120 0

...o full name of each child, (if any shall have ...ed,) the full name and occupation of its parents, the date and place of birth, and the ...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...such person or persons who shall neglect or refuse to comply with the provisions of this section shall be ...subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are ...recoverable.

RETURN OF A BIRTH. A53721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
HAS. BOSLEY, M.D.
COMMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, Alice Hayes
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth, 15 Dec 09
5. Place of Birth, (Street and number) 1 Linn Hayes
6. Full name of Mother, Lydia
7. Mother's Maiden Name, Ballo Md.
8. Mother's Birthplace, John Hayes
9. Full name of Father, Salesman
10. Father's Occupation, Ballo. Md.
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1 9 1 0 U 0 0 1 2 0 1

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the officer of Registration of Births for the district in which the birth occurred. In the absence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect to so comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A58722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, Maria Brown
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Feb 6 - 10
6. Place of Birth, (Street and number) 2 Eutaw Ave
6. Full name of Mother, Stella Brown
7. Mother's Maiden Name, Banks
8. Mother's Birthplace, West Point Va
9. Full name of Father, Chas Brown
10. Father's Occupation, Waiter
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott.
Address, Mercy Hospital
Remarks, 1910000120 (3)

Every child born in this State, the sex, color, the full name and occupation of its parents, the date of birth, and the number of such child, if any shall have been previously born to the mother, shall be recorded in the office of the Registrar of Vital Statistics of the district in which the birth occurs, and a certificate of such birth, with the particulars required by said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, or should no other person be in attendance during the period above required, it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Sally Richardson
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan. 5 - 10
6. *Place of Birth, (Street and number)* Maternity
6. *Full name of Mother,* Mary Richardson
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Bald. Co. Md
9. *Full name of Father,* Garfield Brown
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000001203

Each conferred, its sex, color, the full name and occupation of its parent, the date and place of birth; and the name and address of the physician or practitioner in attendance at the birth, if any there shall be; and every child born alive within the limits of this State shall be reported to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, if able, to report the birth to the Commissioner of Health, within ten days thereafter; and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

COMPTROLLER'S RECORD
FEB 12 1910
JAS. BOOLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Name of Child,* Vivian Lynn
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 2 - 10
6. *Place of Birth, (Street and number)* 2103 Clayton Place
6. *Full name of Mother,* Lena Lynn -
7. *Mother's Maiden Name,* Cook -
8. *Mother's Birthplace,* Balto -
9. *Full name of Father,* George Lynn -
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Anne Arundel Co Md

Name of Medical Attendant, or other person who makes this Return. H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000120 4

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother or father shall have the same so registered within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A58725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BIGLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,* Jamie Blight -
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 15 - 10
6. *Place of Birth, (Street and number)* 1422 Blight Alley
6. *Full name of Mother,* Mrs Blight -
7. *Mother's Maiden Name,* Lake
8. *Mother's Birthplace,* Roanoke Va -
9. *Full name of Father,* Daniel Stewart
10. *Father's Occupation,* Teamster
11. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, W. H. Talbott

Address, Mercy Hospital

Remarks, 1910 00 01205

...conferred by law, ... same can be ascertained the full name of each child, (if any shall have been born alive,) sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered duly signed by the person or midwife making the same, to the Registrar of Vital Statistics, in the form of a certificate between the first and third day of each and every month; the person or midwife neglecting to make such return as aforesaid shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, if able to do so, to make such return as aforesaid, to the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,* Maria Kilgore
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan. 11 - 10
6. *Place of Birth, (Street and number)* 105 E. Argyle Ave
6. *Full name of Mother,* Maria Kilgore
7. *Mother's Maiden Name,* " Fulcher
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* John Kilgore
10. *Father's Occupation,* Butler
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, B. F. Talbott, M.D.

Address, Mercy Hospital

Remarks, 1910000120

Every child born in this city, color, the full name and occupation of the parents, the date of birth, and the name of each child, if any shall have been previously born to the mother, shall be reported to the Commissioner of Health within ten days after the birth, on a certificate to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance required to report the birth, then it shall be the duty of the father or mother of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, Baby Lee
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Jan. 1 3-00
6. Place of Birth, (Street and number) 215 Bleat-coat Al
6. Full name of Mother, Ellis Lee.
7. Mother's Maiden Name, Ground.
8. Mother's Birthplace, Harford Co. Md.
9. Full name of Father, Sandus Lee.
10. Father's Occupation, Laborer
11. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott
Address, Mercy Hospital
Remarks, 1910000120 7

The sex, color, the full name and occupation of the father, and the full name of each child, (if any shall have been born previously) of the mother shall be ascertained. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the period above required, the mother of such child shall herself make return of the particulars required in said schedule to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the period above required, the mother of such child shall herself make return of the particulars required in said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the period above required, the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of Child,* Grace Long
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 13th 10.
6. *Place of Birth, (Street and number)* 1026 Leadenhall St
6. *Full name of Mother,* Gertrude Long
7. *Mother's Maiden Name,* Pretlow
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* Eugene Long
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, H W Talbott

Address, Mercy Hospital

Remarks, 1910 0001208

The sex, color, the full name and occupation of the parents, the address of each, and the full name of each child, (if any shall have been born before), and the number of children now living of such mother, and the number born dead; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance required to report such birth, it shall be the duty of the owner or agent of the house or tenement where such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of Child,* Mary Bruce
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 23 1910.
6. *Place of Birth, (Street and number)* 1522 Fairmount Ave.
6. *Full name of Mother,* Ida Bruce
7. *Mother's Maiden Name,* Bagley
8. *Mother's Birthplace,* Bells Md
9. *Full name of Father,* Jas. Bruce
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Petersburg Va.

Name of Medical Attendant, or other person who makes this Return, H. K. Talbott

Address, Mercy Hospital

Remarks, 1 9 1 0 U 0 0 1 2 0 9

...ame can be ascertained the full name of each child, (if any shall have ...ddress and occupation of its parents, the date and place of birth, and the ...ch schedule shall be delivered duly filled out to the officer, or person, ...ficer of Commissioner of Health. In case the birth of any child ...ccur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report to the Registrar of Vital Statistics, the particulars required to be reported in the case of births in which a physician or midwife was in attendance. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...n conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ...

CERTIFICATE AMENDED - 8/28/10

RETURN OF A BIRTH. A53730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JOS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, ~~ELIZABETH~~ PEARL ~~Fox~~ Fox
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Jan. 22 - 10
6. Place of Birth, (Street and number) 511 Hargrove Alley
6. Full name of Mother, Lena Fox
7. Mother's Maiden Name, Lipsman
8. Mother's Birthplace, Balto. Md
9. Full name of Father, John Fuller
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, H. H. Talbott
Address, Mercy Hospital
Remarks, 1910000121 0

said school, the sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of such child as shall be delivered. It shall be the duty of the person or parents of each child born in this State to cause the birth of such child to be registered prior to the same being removed from the county in which it was born, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in writing the particulars required by this section to the Commissioner of Health within ten days after the birth. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child, Pauline Mary Turner
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black.
4. Date of Birth, Jan. 27-10
6. Place of Birth, (Street and number) 5 Bryer St
6. Full name of Mother, Pauline Turner
7. Mother's Maiden Name,
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Jack Turner
10. Father's Occupation, Laborer
11. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott
Address, Mercy Hospital
Remarks, 1910000121 f

Sec. 4. That the name and occupation of its parents; the date and place of birth; and the full name of each child, if any, born alive during the third day of each and every month, to the office of Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or in case of the absence or neglect of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RESERVED FOR RECORD
FEB 12 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Mary Louise Williams
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan. 29-10
6. *Place of Birth, (Street and number)* 719 Bruce St
6. *Full name of Mother,* Margaret Williams
7. *Mother's Maiden Name,* Taylor
8. *Mother's Birthplace,* Balto Md
9. *Full name of Futher,* Bill Williams
10. *Father's Occupation,* Fireman
11. *Futher's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910 0001216

Each schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person in charge of the house in which such birth occurs, or the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOOLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, Goldie Estelle Johnson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Dec 31 - 09
6. Place of Birth, (Street and number) Baltimore
6. Full name of Mother, Della Gaines
7. Mother's Maiden Name,
8. Mother's Birthplace, Charles Co. Md
9. Full name of Father, Andrew Johnson
10. Father's Occupation, Laborer
11. Father's Birthplace, Harford Co. Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott
Address, Mercy Hospital
Remarks, 1910000123

and (she/he) shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or if delivery of a child be attended by a midwife, it shall become the duty of the person in charge of the house where the child is born to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOGLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of Child,* Margaret Davis
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 15 - 10.
6. *Place of Birth, (Street and number)* 25 E. Preat St
6. *Full name of Mother,* Ann Hackett
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* Bill Davis
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1 9 1 0 0 0 0 1 2 1 6

...as schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge who is required to report its birth, it shall be the duty of the mother to cause such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A38735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
J.S. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of Child,* Elizabeth Coughlin
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 15 - 10
6. *Place of Birth, (Street and number)* Baltimore
6. *Full name of Mother,* Ida Coughlin
7. *Mother's Maiden Name,* Lynn
8. *Mother's Birthplace,* Md
9. *Full name of Father,* Ed Coughlin
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000215

said child to shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter provided, and the child or any of the attendance upon the mother, immediately thereafter if it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Emma Frances Gibson
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* colored
4. *Date of Birth* September 30, 1909
5. *Place of Birth, (Street and number)* 533 Dolphin St.
6. *Full name of Mother,* Edith A. Gibson
7. *Mother's Maiden Name,* Edith A. Smith
8. *Mother's Birthplace,* Baltimore, Md
9. *Full name of Father,* George J. A. Gibson
10. *Father's Occupation,* Porter
11. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Nettie Cotance Burk

Address, 569 W. Preston St.

Remarks, 1910000121 6

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

...same can be ascertained but full name and ... under ... of a certificate between the first and tenth days of each month by the practitioner in the form ... Health. In case the birth of any child shall occur without the attendance of a physician or ... midwifery, or should no other person be in attendance upon the mother, immediately thereafter it ... Health, in the manner and within the time above required, the parent or parents of such child ... hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars ... for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 12 1910
WM. SOGLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,* Elsie R. Wheatley
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* colored
4. *Date of Birth* January 25, 1910
5. *Place of Birth, (Street and number)* 954 Saratoga St
6. *Full name of Mother,* Lena W. Wheatley
7. *Mother's Maiden Name,* " Fiorenza
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* William R. Wheatley
10. *Father's Occupation,* Porter
11. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Nester Catumbela Jr.

Address, 9 W. Preston St

Remarks, 1910001217

Section 2. And be it further enacted, That it shall be the duty of the Commissioner of Health to furnish a list of the Births which are to be furnished by each midwife, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and occupation of its parents, the date of birth, and the street and number where such birth occurred. Under no circumstances shall a certificate be delivered, duly signed by the practitioner to the form of a certificate between the first and third days of each month, and shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of each person who may be present at the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period of time above specified. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of five (5) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 10 1910
H.S. FOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Name of child,
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) colored
4. Date of Birth February 6, 1910
5. Place of Birth, (Street and number) 512 W. Preston Street
6. Full name of Mother, Lulu Wilson
7. Mother's Maiden Name, Lulu Doran
8. Mother's Birthplace, Baltimore, Maryland
9. Full name of Father, Charles Wilson
10. Father's Occupation, Waiter
11. Father's Birthplace, Germantown, Maryland

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1910000128

Every physician, midwife, or other person who shall attend upon any birth, shall, within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this Section shall be subjected to a fine of ten (10) dollars for each offense, to be prevented as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, Joseph Nelson
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Jan. 21 — 10
6. Place of Birth, (Street and number) 1 Whitewood
6. Full name of Mother, Mary Nelson
7. Mother's Maiden Name, Mary Linder
8. Mother's Birthplace, Va
9. Full name of Father, Wm Nelson
10. Father's Occupation, Laborer
11. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, H H Talbott
Address, Mercy Hospital
Remarks, 1910000219

The name and occupation of its parents; the date and place of birth; and the name of each child of which the mother has been delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and a similar report shall immediately thereafter (it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of Child,* Arthur Davis
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 3 - 10
6. *Place of Birth, (Street and number)* Baltimore -
6. *Full name of Mother,* Laura Lansky
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Queen Anne Co. Md
9. *Full name of Father,* Arthur Davis
10. *Father's Occupation,* Cabinet
11. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000220

Each schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each calendar month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such report shall be accompanied by a certificate of the reason for the absence of such attendance. Any person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A66741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. *Name of Child,* Henry Crosier
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Feb 5 1910
6. *Place of Birth, (Street and number)* 9 Hollins
6. *Full name of Mother,* Fanny Crosier
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Va
9. *Full name of Father,* John Henry Crosier
10. *Father's Occupation,* Coachman
11. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital.

Remarks, 1 9 1 0 U U 0 0 1 2 2 0

...ascertained the full name of each child. (If any shall have ...sex, color, the full name and occupation of its parents; the date and place of birth; and the ...said schedule shall be delivered, duly signed by the person attending at such birth or by the father ...child or of such mother, to the Register or Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health within the time above mentioned, and ...such parents or person shall neglect or refuse to comply with the provisions of this section shall be ...subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of Child,* Herbert Hughes
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 19 10
6. *Place of Birth, (Street and number)* 1703 St. Matthew St
6. *Full name of Mother,* Eliza J. Hughes
7. *Mother's Maiden Name,* [illegible] Bolton
8. *Mother's Birthplace,* Chas. Co. Md
9. *Full name of Father,* John Hughes
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott M.D.

Address, Mercy Hospital

Remarks, 1910000122

Said schedule shall be delivered, duly filled out by such person, to the undertaker having charge of the interment of the dead body, or to the officer or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time hereinbefore provided; and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A58743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS BOSLEY, M.D.
SUPT OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Baby Hopkins
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 17-10
6. *Place of Birth, (Street and number)* 1437 Mount St
6. *Full name of Mother,* Anne J. Hopkins
7. *Mother's Maiden Name,* Adams
8. *Mother's Birthplace,* Randolph Co Va
9. *Full name of Father,* Johnson
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, H H Talbott

Address, Mercy Hospital

Remarks, 1 9 1 0 0 0 0 1 2 2 3

said child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each physician or midwife in attendance at the birth of such child. (If any shall have been delivered without the attendance of a physician or midwife, a written statement of that fact shall be delivered, by the person in charge of such child or mother, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the same manner as herein required of physicians and midwives; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A53744

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of Child, John Bulley
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Jan 12 - 10
6. Place of Birth, (Street and number) 5 5 Stone St
6. Full name of Mother, Lillian Bulley
7. Mother's Maiden Name, Gantly
8. Mother's Birthplace, Brooklyn, Md.
9. Full name of Father, Frank Bulley
10. Father's Occupation, Laborer
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott
Address, Mercy Hospital
Remarks, 1910000122 4

The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, if able, and if not able, then the nurse or other person present shall report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* William
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 14 - 10
5. *Place of Birth, (Street and number)* 724 Courtney St
6. *Full name of Mother,* Anna Daugerfield
7. *Mother's Maiden Name,* Blue
8. *Mother's Birthplace,* Va
9. *Full name of Father,* John Daugerfield
10. *Father's Occupation,* Truck - Dealer
11. *Father's Birthplace,* Wash. D. C.

Name of Medical Attendant, or other person who makes this Return, H. W. Fullgett

Address, Mercy Hospital

Remarks, 1910000 1225

Occupation of its parents, the date and place of birth, if any shall have shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required by law to report such birth, the father or mother of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

REGISTERED RECORD
FEB 12 1910
JAS BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, William Forman
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Jan 21 1910
6. Place of Birth, (Street and number) 6 Bells End
6. Full name of Mother, Georgiana Forman
7. Mother's Maiden Name,
8. Mother's Birthplace, Bells End
9. Full name of Father, James Forman
10. Father's Occupation, Laborer
11. Father's Birthplace, Bells End

Name of Medical Attendant, or other person who makes this Return, H. H Talbott

Address, Mercy Hospital

Remarks, 1910000122

occupation of its parents. The date and place of birth and the name and occupation of its parents. The above information must be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in charge, the parent, parents, guardian or person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected, to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Anthony Coulter
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 16 - 10
5. *Place of Birth, (Street and number)* 1513 Biggs Ave
6. *Full name of Mother,* Bertha Coulter
7. *Mother's Maiden Name,* " Tolly
8. *Mother's Birthplace,* St. Mary's Co. Md
9. *Full name of Father,* Edward Coulter
10. *Father's Occupation,* Salesman
11. *Father's Birthplace,* St. Mary's Co. Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000122 7

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said schedule shall be delivered, duly filled by the attendant or the person required to make return, to the Registrar of the district in which the birth occurred, within the first ten days of each and every month; and every such attendant or person who shall neglect or refuse to deliver such schedule, duly filled, as herein required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of Child,* Jack Johnson
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 22 - 10
6. *Place of Birth, (Street and number)* Baltimore
6. *Full name of Mother,* Bessie Johnson
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Md
9. *Full name of Father,* Will Jones
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000122

The full name and occupation of the parents, the date and place of birth and the full name of each child, if any, shall be given to the officer or person registering the same; and said officer or person shall deliver, on or before the fifteenth day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and time herein required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Name of Child,* John Byrne
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan. 29 10
6. *Place of Birth, (Street and number)* 947 Rear Alley
6. *Full name of Mother,* Benjamin Byrne
7. *Mother's Maiden Name,* Dent
8. *Mother's Birthplace,* Balto. Md
9. *Full name of Father,* John Byrne
10. *Father's Occupation,* Cattle Driver
11. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return. H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000122

and schools shall be delivered. (If any child is born in a house, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the parents of each child, (if any) shall have been previously returned, the name of such child shall be reported to the office of Commissioner of Health within the period above mentioned.) Every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
J. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of Child,* Harrison Logan.
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan. 15 - 10
6. *Place of Birth, (Street and number)* 1911 Dutt. St
6. *Full name of Mother,* Mary Logan.
7. *Mother's Maiden Name,* Glymn
8. *Mother's Birthplace,* Va.
9. *Full name of Father,* Harrison Logan
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott.

Address, Mercy Hospital.

Remarks, 1910000123

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said schedule shall be delivered, duly signed by the attendant or the father, mother or other person in the first, second or third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, the parent or parents of such child shall forthwith cause the same to be registered as herein required, and within the period above named. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 03 1910
J.S. ASHLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Name of child,* Charles Lawrence Hammond
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* colored
4. *Date of Birth* Dec. 20, 1909
5. *Place of Birth, (Street and number)* 709 Pierce Street
6. *Full name of Mother,* Emma Eliza Hammond
7. *Mother's Maiden Name,* Emma E. Johnson
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full name of Father,* James Edward Hammond
10. *Father's Occupation,* Florist
11. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Hester C. Lance Scott

Address, 509 W. Preston St.

Remarks, 1910000 1231

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of a certificate between the first and third day of each and every month to the office of Commissioner of Health, City, stating the birth of any child born without the attendance of a physician or practitioner of medicine, and the said schedule shall be delivered, duly signed by the practitioner in the form shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. A53752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD FEB 12 1910 JAS BOGLEY, M.D. COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,* (J) Butler — Clarence Milton
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* colored
4. *Date of Birth* January 28 1910
5. *Place of Birth, (Street and number)* 598 W. Preston St
6. *Full name of Mother,* Rosa Ann Butler
7. *Mother's Maiden Name,* Rosa Cooley
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full name of Father,* James J. Butler
10. *Father's Occupation,* Porter
11. *Father's Birthplace,* Richmond, Va.

Name of Medical Attendant, or other person who makes this Return, Nestor Colvin Dent

Address, 509 W Preston St

Remarks, 1910000 1232

Every birth, and the said schedule shall be delivered, duly signed by the person required by the preceding section to report the birth, to the Registrar of Vital Statistics, Board of Health, at the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 12 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,* Roscoe Johnson
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* October 16, 1909.
5. *Place of Birth, (Street and number)* 1119 Etting Street
6. *Full name of Mother,* Martha Johnson
7. *Mother's Maiden Name,* Martha Pegrer
8. *Mother's Birthplace,* Baltimore, Maryland
9. *Full name of Father,* Robert Johnson
10. *Father's Occupation,* Porter
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Hester Corance Scott

Address, 509 W. Preston Street

Remarks, 1910000123

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of the Healing Art, then it shall be the duty of the person in charge of the mother after the birth, to report the particulars of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 12 1910
JAS. EOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of child,* James Williams
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* colored
4. *Date of Birth* January 24 1910
5. *Place of Birth, (Street and number)* 13
6. *Full name of Mother,* Mary Jane Williams
7. *Mother's Maiden Name,* Mary Jane Watts
8. *Mother's Birthplace,* Baltimore Maryland
9. *Full name of Father,* John Randolph Williams
10. *Father's Occupation,* Porter
11. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Nester C. Lane Scott

Address, 519 W. Preston St

Remarks,

1 9 1 0 0 0 0 1 2 3 4

...ascertained the full name ... delivered. Duly filled in ... of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine or midwife, the parent, or person upon the mother, immediately thereafter it shall become the duty of the parent, or person having charge of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Anna Maria Peter
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb. 12 10
6. *Place of Birth, (Street and number)* 45 E. Biddle Alley
6. *Full name of Mother,* Mary A. Peter
7. *Mother's Maiden Name,* Mary Lange
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Ludwig Peter
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, W. H. Talbott

Address, Mercy Hospital

Remarks, 1910000123 5

The full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, within ten days after the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form above prescribed, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Louis Farber
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 3-10
6. *Place of Birth, (Street and number)* 25 E. Lafayette St
6. *Full name of Mother,* Rose Farber
7. *Mother's Maiden Name,* Perman
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Louis Farber
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000123 6

...each child, (if any shall be ... occupation of its parents, the date and place of birth, and the ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall become the duty of the person in whose house or tenement such child is born, or the parent, if he shall become the duty of the person in whose house or tenement such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Odella Smith.
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Jan. 5 - 10
6. *Place of Birth, (Street and number)* Baltimore
6. *Full name of Mother,* Dorothy Smith
7. *Mother's Maiden Name,* Dawson
8. *Mother's Birthplace,* Centreville Md.
9. *Full name of Father,* John Smith
10. *Father's Occupation,* Farmer
11. *Father's Birthplace,* Victoria Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1 9 1 0 U 0 0 1 2 3 7

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required by this section to report the birth of such child, the mother of such child shall herself report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

453758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, Delia Johnson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Feb 12-10
6. Place of Birth, (Street and number) 621 2½ Penn St.
6. Full name of Mother, Delia Johnson
7. Mother's Maiden Name, Kane
8. Mother's Birthplace, Maryland
9. Full name of Father, Chas Johnson
10. Father's Occupation, Moulder
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910 00 01238

be delivered, duly signed by the practitioner in the form of a certificate between the first and
occupation of its parents; the date and place of birth; and the
third day of each and every month, to the office of Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the
father or mother, or in case of the absence or death of both father and mother, the person having charge of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be
subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are
recoverable.

RETURN OF A BIRTH.

A53759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOGLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of Child,* Dora Lazarus
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan. 22. 1910
6. *Place of Birth, (Street and number)* 628 N. High St
6. *Full name of Mother,* Dora Lazarus
7. *Mother's Maiden Name,* Blumberg
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Frank Lazarus
10. *Father's Occupation,* Express Man
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, J. H. Talbott

Address, Mercy Hospital

Remarks, 1910000123 9

Each physician or midwife in attendance upon a birth shall, within ten days after the birth, report to the Commissioner of Health the full name of each child, (if any shall have been delivered), during his or her attendance, the date and place of birth, and the full name and residence of the parents, and the name and post-office address of the person reporting the birth, on a form to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required of physicians and midwives. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Name of Child, Anna
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. 16. 1910
6. Place of Birth, (Street and number) 1412½ E. Fayette St.
6. Full name of Mother, Bessie Silverstein
7. Mother's Maiden Name, Bessie Bressler
8. Mother's Birthplace, Russia
9. Full name of Father, Sam Silverstein
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Sherman

Address, 42 Albemarle St

Remarks, 1910000001240 Balto Md.

be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

occupation of its parents; the date and place of birth; and the

RETURN OF A BIRTH. A53761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Name of Child,* Helen
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* January 8. 1910
6. *Place of Birth, (Street and number)* 822 W. Balto St.
6. *Full name of Mother,* Lucy Eisenstein
7. *Mother's Maiden Name,* Lucy Bambergen
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Charles L Eisenstein
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Scherman

Address, 42 Albemarle Balto Md

Remarks, 1910000 1241

Every person having charge of a new born child, or the parent of such child, shall report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and the name of the child, if it shall have been named, and the date and place of birth, and the name, residence and occupation of its parents; the date and place of birth, and the name, residence and occupation of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect, fail or refuse to comply with the requirements of this section, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A53762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. *Name of Child,* Ida
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 1. 1910
6. *Place of Birth, (Street and number)* 223 Hanover St.
6. *Full name of Mother,* Bessie Comenatsky
7. *Mother's Maiden Name,* Bessie Lubovitz
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Lewis Comenatsky
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Scherman

Address, 42 Albemarle St Balto Md

Remarks, 1910000 1242

Every child born within the limits of Baltimore City, if any shall have been born within ten days next preceding the delivery of such certificate, shall be registered, and a certificate of such birth delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, and the name, residence and occupation of its parents; the date and place of birth; and the name, residence and occupation of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. If any such person or persons shall refuse or neglect to make such report, he, she or they shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53763

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1438 Richardson St.; 24 Ward)

(2) FULL NAME OF CHILD: Anna Wendling (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
girl	white	3d		3 Feber 1910

FATHER	MOTHER
(8) FULL NAME: Peter Wendling	(14) FULL MAIDEN NAME: Anna Jost
(9) RESIDENCE: 1438 Richardson st	(15) RESIDENCE: 1438 Richardson st
(10) COLOR: white (11) AGE AT LAST BIRTHDAY: 30 (Years)	(16) COLOR: white (17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Hungaria	(18) BIRTHPLACE: Hungaria
(13) OCCUPATION	(19) OCCUPATION

(20) Number of children born to this mother, including present birth: 3 de. (21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., the date above stated.

1910 (23) Signature: 1243 H Wambach (Physician or Midwife)

Address 1305 Richardson St

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

(24) Give name added from a supplemental report, 19

RECEIVED FOR RECORD FEB 12 1910 JAS. BOSLEY M.D. Registrar COMR OF HEALTH

Filed , 19 . Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53764

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1247 Haubert St.; 24 Ward)

(2) FULL NAME OF CHILD Katharina Mandey — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl	nk the	3 d.		2 Febr 1910

FATHER

(8) FULL NAME: Rudolf Mandey

(9) RESIDENCE: 1247 Haubert st.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 29 (Years)

(12) BIRTHPLACE: Germany

(13) OCCUPATION:

MOTHER

(14) FULL MAIDEN NAME: Elisabet Friobrich

(15) RESIDENCE: 1247 Haubert st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 16 (Years)

(18) BIRTHPLACE: Hungaria

(19) OCCUPATION: no

(20) Number of children born to this mother, including present birth: 3 dc.

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

1 9 1 0

(23) Signature 1 2 4 4

(Physician or Midwife)

Address K. H. 1305 Richardson st

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

(24) Given name added from a supplemental report ____, 19 ____

RECORD FEB 12 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A53765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, Abraham Boltzman
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb. 1 - 10
6. Place of Birth, (Street and number) 1547 Granby St
6. Full name of Mother, Bertie Boltzman
7. Mother's Maiden Name, " Bozuk
8. Mother's Birthplace, Russia
9. Full name of Father, Eli Boltzman
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott
Address, Mercy Hospital
Remarks, 1910000124 5

...be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, the occupier of the house in which such birth shall occur shall cause notice thereof to be given to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Vivian Waller -
2. *Sex, (state whether male or female)* Male -
3. *Race or color, (if not of the White Race)* Colored -
4. *Date of Birth,* Jan 5 - 10
6. *Place of Birth, (Street and number)* 1112 Albemarle St
6. *Full name of Mother,* Sarah Waller -
7. *Mother's Maiden Name,* Peace -
8. *Mother's Birthplace,* Virginia -
9. *Full name of Father,* Irvin Waller -
10. *Father's Occupation,* Laborer -
11. *Father's Birthplace,* Virginia -

Name of Medical Attendant, or other person who makes this Return. H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000124

Occupation of its parents; the date and place of birth; and the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and a similar report to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child, Rose Elizabeth -
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Jan. 5 - 10
6. Place of Birth, (Street and number) 522 E. Preall St
6. Full name of Mother, Rose Ellen -
7. Mother's Maiden Name, [illegible]
8. Mother's Birthplace, Maryland
9. Full name of Father, Alexander Grosha
10. Father's Occupation, Tailor
11. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott
Address, Mercy Hospital
Remarks, 1 9 1 0 0 0 0 1 2 4 7

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occupation of its parents, the date and place of birth of such child, if any shall have been born alive, and the sex and color of such child, and also the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of such child, then it shall be the duty of the owner or occupier of the dwelling or tenement in which such birth occurs to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Name of Child,* Abraham Levin
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan. 9- 1910.
6. *Place of Birth, (Street and number)* 246 Granby St.
6. *Full name of Mother,* Zetta Levin
7. *Mother's Maiden Name,* Zick.
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Louis J. Levin
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital.

Remarks, 1910000012488

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required by this section to report such birth, it shall be the duty of the owner or agent of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...Occupation of its parents; the date and place of birth; and have

RETURN OF A BIRTH. A53769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOGLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. *Name of Child,* David Cohen
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan. 20 - 1910
5. *Place of Birth, (Street and number)* 128 S. High St
6. *Full name of Mother,* Bessie Cohen
7. *Mother's Maiden Name,* Yanovsky
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Isaac Cohen
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000124 9

said midwife shall be known, the full name and occupation of its parents, the date and place of birth; and the full name of each child, if any shall have been born previously to the same parents, and the third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and the neglect of any person or parents so to do, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 153770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JOS. S. ROSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Name of Child,* Thomas Dorsett
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan. 17-10.
6. *Place of Birth, (Street and number)* 1117 Hanover St.
6. *Full name of Mother,* Thresa Dorsett
7. *Mother's Maiden Name,* " Peart
8. *Mother's Birthplace.* Balto Md
9. *Full name of Father,* Edward J. Dorsett
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, H. B. Talbott

Address, Mercy Hospital

Remarks, 1910 0 0 0 1 2 5 9

The full name and occupation of the parents of each child, (if any shall have been married,) and the residence of the father at the time of the birth of such child, shall be entered by the midwife or person attending at the birth, in a record to be kept by her or him for that purpose, and a certified copy of such record shall be delivered to the parents of the child within the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time hereinbefore required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of Child,* William McE Lee
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth,* Jan 14 - 10.
6. *Place of Birth, (Street and number)* 502 N. Eighth St
6. *Full name of Mother,* Lottie McE Lee
7. *Mother's Maiden Name,* Hopkins
8. *Mother's Birthplace,* Balto. Md
9. *Full name of Father,* Edward McE Lee
10. *Father's Occupation,* Shirt - Maker.
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. A. N. Talbott M.D.

Address, Mercy Hospital Mercy

Remarks, 1910000125 Mercy Hospital

Every child born alive in the City of Baltimore after the first day of January, 1911, shall be registered, and the certificate of birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the assistance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Name of Child,*	Robert Black
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	Black
4. *Date of Birth,*	Jan. 23-10
6. *Place of Birth, (Street and number)*	10 N. Exeter St
6. *Full name of Mother,*	Rosa L. Black
7. *Mother's Maiden Name,*	L. Simmons
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	Robert Black
10. *Father's Occupation,*	Laborer
11. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	H. H. Talbott
Address,	Mercy Hospital
Remarks,	1910000125

and which shall be recorded in a book to be kept for that purpose. The full name of each child, (if any shall have been born since the last preceding return,) the date and place of birth, and the full name and occupation of its parents, shall be returned to the office of Registrar of Vital Statistics, within thirty days after such birth, by the attending physician or midwife, or, in case there be no such attendant, by the father or mother of such child, or the householder of the district in which such birth shall occur; and no other person shall be required to make such return, unless the parents or householder shall be unable to do so, or shall reside out of the city, or unless the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth as above required; and it shall be the duty of every person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Joseph James
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Jan 23 - 10
6. *Place of Birth, (Street and number)* Baltimore
6. *Full name of Mother,* Ellen James
7. *Mother's Maiden Name,* " Fox
8. *Mother's Birthplace,* Va
9. *Full name of Father,* Joseph James
10. *Father's Occupation,* Oyster Opr
11. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000125

...ch shall be delivered, duly signed by the practitioner in the form ... the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall report the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above named; and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of Child,* Louis Shudak
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan - 20 - 10
6. *Place of Birth, (Street and number)* 1123 E. Lombard St
6. *Full name of Mother,* Anna Shudak
7. *Mother's Maiden Name,* Fuic
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Louis Shudak
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, H. L. Talbott

Address, Mercy Hospital

Remarks, 1910000125 4

shall be delivered, duly signed by the practitioner in the form of a certificate hereon, or as near thereto as circumstances will permit, within ten days after the occurrence of its parents, who shall have the duty of causing the birth of each child to be reported, and the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, then it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of Child,* John Andersen
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth,* Jan. 27-10.
6. *Place of Birth, (Street and number)* 531 E. Eager St.
6. *Full name of Mother,* Louise Miller
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Hall Anderson
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000201255

Every birth shall be delivered, duly signed by the occupation of its parents, the date and place of birth, and the sex and color of each child, to the Registrar of Vital Statistics, Board of Health, Baltimore, Md., within the third day of each month, on forms furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any person or parents who shall neglect or refuse to report such birth as herein required, or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child, Joseph Reed
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth, Dec 30 - 09
6. Place of Birth, (Street and number) 2 Gaitzinte -
6. Full name of Mother, Lottie Reed
7. Mother's Maiden Name, " "
8. Mother's Birthplace, Baltimore
9. Full name of Father, Frank Ranze
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, H. H. Talbott
Address, Mercy Hospital
Remarks, 1910 00 0125

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third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the parent or householder in whose house such birth occurs, or in case there be no parent or householder, of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child

1. Name of Child, William
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 27 1910
6. Place of Birth, (Street and number) Orleans St 1305
6. Full name of Mother, Rosia Miller
7. Mother's Maiden Name, Rosia Snyder
8. Mother's Birthplace, Russia
9. Full name of Father, Benjaman Miller
10. Father's Occupation, Book Keeper
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Schermer

Address, 42 Albemarle St Balto Md

Remarks, 1910000001257

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 153778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
SUPT OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Name of Child, Isaac Frank
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 15 1910
6. Place of Birth, (Street and number) 115 High St
6. Full name of Mother, Hetta Levitas
7. Mother's Maiden Name, Hetta Scher
8. Mother's Birthplace, Russia
9. Full name of Father, Samuel Levitas
10. Father's Occupation, Tailor Fire Manufacture
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Scherman

Address, 42 Albemarle St Balto Md

Remarks, 1910000125 8

Third day of each and every month, by the practitioner in the form of a certificate to between the first and third days of each and every month, by physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
H. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Name of Child, Joseph (Clara) Fagadaw
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, December (31) 31 1909
6. Place of Birth, (Street and number) Fayette St near Bridge
6. Full name of Mother, Minnie (~~Barthfeld~~) Fagadaw
7. Mother's Maiden Name, Minnie (~~Barthfeld~~) Barthfeld
8. Mother's Birthplace, Romania
9. Full name of Father, Sam (Fagadall) Fagadaw
10. Father's Occupation, Barber
11. Father's Birthplace, Romania

Name of Medical Attendant, or other person who makes this Return, Mrs Scherman

Address, 42 Albemarle St

Remarks, 1910000259 Balto Md

Act requires that this return shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the officer appointed by the Commissioner of Health, and the attendance upon the mother, immediately thereafter it shall become the duty of this person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Name of Child, Myer
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb 3 1910
6. Place of Birth, (Street and number) Caroline St. 232
6. Full name of Mother, Sarah Feldman
7. Mother's Maiden Name, Sarah Abramowitz
8. Mother's Birthplace, Russia
9. Full name of Father, Israel Feldman
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Schusman

Address, 42 Albemarle St Balto Md

Remarks, 1 9 1 0 U 0 0 1 2 6 0

third day of each and every month, to the office of Registrar of Vital Statistics, Board of Health, Baltimore, Md., a certificate of the birth of such child, which certificate shall be signed by the practitioner in the form of a certificate between the first and third days

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53781

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1240 James St.: 21 Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	one	6th	Yes	Feb. 3 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	John L Kellerman	Ida Mc Cormack
(9) RESIDENCE / (15) RESIDENCE	1240 James St	1240 James St
(10) COLOR / (16) COLOR	Wht	Wht
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	41	31
(12) BIRTHPLACE / (18) BIRTHPLACE	Balto Md	Balto Md
(13) OCCUPATION / (19) OCCUPATION	Iron Moulder	None
(20) Number of children born to this mother, including present birth	6th	(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1240 James St M., on the date above stated.

(23) Signature Edwin Smith M.D.

(Physician or Midwife)

Address

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

(24) Given name added from a supplemental report

, 19

Registrar

Filed , 19 .

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
FEB 12 1910
JAS. COOLEY M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A58782

CITY OF BALTIMORE. (No. 1632 Clarkson St.; 23 Ward)

(2) FULL NAME OF CHILD: F. August Schmalgemeyer (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 30 1910

FATHER	MOTHER
(8) FULL NAME: Charles Schmalgemeyer	(14) FULL MAIDEN NAME: Lucy ~~Schmalgemeyer~~ Hoppe.
(9) RESIDENCE: 1632 Clarkson St.	(15) RESIDENCE: 1632 Clarkson St.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAT (Years): 22	(17) AGE AT LAST BIRTHDAT (Years): 20
(12) BIRTHPLACE: Md	(18) BIRTHPLACE: Md
(13) OCCUPATION: Carpenter	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

RECEIVED
FEB 12 1910
REGISTRAR

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P.M., on the date above stated.

1910 (23) Signature: R. E. Campbell M.D.
(Physician or Midwife)

Address: 1644 Hanover St.

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

(24) Given name added from a supplemental report _____, 19 _____

Registrar

Filed _____, 19 _____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B 53783

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 938 S Eutaw St St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	no			Dec 31, 1910

FATHER	MOTHER
(8) FULL NAME: Johny Scott	(14) FULL MAIDEN NAME: Clara Thompson
(9) RESIDENCE: 938 S. Eutaw St	(15) RESIDENCE: 938 S Eutaw St
(10) COLOR: Colored	(16) COLOR: colored
(11) AGE AT LAST BIRTHDAY: 20 years (Years)	(17) AGE AT LAST BIRTHDAY: 19 years (Years)
(12) BIRTHPLACE: Baltimore Md	(18) BIRTHPLACE: Baltimore Md.
(13) OCCUPATION: Labor	(19) OCCUPATION: Labor
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

RECEIVED FOR RECORD FEB 14 1911
JAS. BUSLER REG'R OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 938 S Eutaw St M., on the date above stated.

Dec 31 1910

(23) Signature: Mary Maker (Physician or Midwife)

Address: 105 W. Hughes St

Filed _____, 19/1. Registrar

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

(24) Given name added from a supplemental report Estella Walker, 1910
105 W. Hughes St
Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53784

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1341 Cookie St., Ward)

(2) FULL NAME OF CHILD Alma E. Ross (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	Son	4	O.K.	2 February, 1910

	FATHER	MOTHER
(8) FULL NAME	Emil J. Ross.	(14) FULL MAIDEN NAME Alma M Harkenrider
(9) RESIDENCE	1341 Cookie st	(15) RESIDENCE 1341 Cookie st
(10) COLOR	white	(16) COLOR white
(11) AGE AT LAST BIRTHDAY	29 (Years)	(17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE	Germany	(18) BIRTHPLACE Baltimore
(13) OCCUPATION	Paperhanger	(19) OCCUPATION Wife
(20) Number of children born to this mother, including present birth	2.	(21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1341 Cookie st M., on the date above stated. 1910 Feb 2

(23) Signature Rose A Mehrow Midwife (Physician or Midwife)

Address 1331 Hull st

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

(24) Given name added from a supplemental report FEB 14 1910 JAS BOSLEY M.D. COMR OF HEALTH 19

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 53785

CITY OF BALTIMORE. (No. 1430 Andree St.; 24 Ward)

(2) FULL NAME OF CHILD Johan Burdeniski. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
male	sin	5.	O.K.	February 19 1910

FATHER		MOTHER	
(8) FULL NAME	Haniolaus Burdeniski	(14) FULL MAIDEN NAME	Haniolava Hoiderska
(9) RESIDENCE	1430 Andree st	(15) RESIDENCE	1430 Andree st
(10) COLOR	white	(11) AGE AT LAST BIRTHDAY (Years)	25
(16) COLOR	white	(17) AGE AT LAST BIRTHDAY (Years)	24
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Laborer	(19) OCCUPATION	Wife
(20) Number of children born to this mother, including present birth	3.	(21) Number of children of this mother now living	3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1430 Andree st M.D. the date above stated.

1910 (23) Signature Katie Mehrsen Mid-wife (Physician or Midwife)

Address 1331 Hull st

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

(24) Given name added from a supplemental report ... , 19 ...

Filed ... , 19 ...

Registrar

(READ THE REVERSE SIDE)

REGISTERED
RECORD
FEB 14 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH
Registrar

RETURN OF A BIRTH.

453786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 11 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of Child,* Katie
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* February 5 1910
6. *Place of Birth, (Street and number)* 1618 Hoffman St
6. *Full name of Mother,* Lida Schmidtman
7. *Mother's Maiden Name,* Lida White
8. *Mother's Birthplace,* Henderpommern Germany
9. *Fult name of Father,* Frank Schmidtman
10. *Father's Occupation,* Woodturner
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs M Marbeck

Address, 1814 N Bethel st

Remarks, 1910000126 6

shall occur without the attendance of a physician or midwife, the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time aforesaid, and any such person or persons who shall neglect or refuse so to do, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of Child,* Margaret Harms
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 30 1910
6. *Place of Birth, (Street and number)* Harford Ave & Eager, 1st W.
6. *Full name of Mother,* Maggie Harms
7. *Mother's Maiden Name,* " Burrier
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Wm H. Harms
10. *Father's Occupation,* Barber
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, N C Knapp M.D.

Address, 1216 E. Pratt St.

Remarks, 1910000012 67

RECEIVED FOR RECORD
FEB 17 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

Section 1. That hereafter it shall be the duty of each and every physician, midwife or other person having charge of any case of birth occurring after the first day of July, 1910, to report to the office of Commissioner of Health, in the city of Baltimore, the date and place of birth; and the name, sex and color of the child, and the name, residence and occupation of the parents, in the form of a certificate between the first and third day of each and every month,

RETURN OF A BIRTH. 153788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 11 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 3-1910
6. Place of Birth, (Street and number) 1269 Maryland Ave.
6. Full name of Mother, Mary E. Thompson
7. Mother's Maiden Name, Lewis
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Wm Lee Thompson
10. Father's Occupation, Tinner
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Joseph Ennalls Muse M.D.
Address, 1520 Hollins St.
Remarks, 1910 00 01268

shall occur without the attendance of a physician, midwife or other person, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 8 1910
J. C. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,* Jeannette Leona Grumbling
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* January 13-1910
6. *Place of Birth, (Street and number)* 868 Lemmon St.
6. *Full name of Mother,* Anna A Grumbling
7. *Mother's Maiden Name,* Carr
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Wm H Grumbling
10. *Father's Occupation,* Schlag Cooper
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph Emmatt Mass MD

Address, 1520 Hollins St.

Remarks, GIVEN NAME ADDED. 06-12-6-53
L M

Every month, to the office of Commissioners of Health, in the form of a certificate between the first and fifteenth days of each month, a return of all births which shall occur without the attendance of a physician or practitioner of mid-wifery, or which shall be reported to him as having occurred without the attendance of a physician or practitioner of mid-wifery, or which shall become the duty of the person or parents of such child to report to said office of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CORRECTION ADDED 12-14-32

RETURN OF A BIRTH. A53790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 14 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Name of Child, Ida Lee Benson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 29 1910
6. Place of Birth, (Street and number) 2309 Madison av
6. Full name of Mother, Elizabeth L Benson
7. Mother's Maiden Name, Tilley
8. Mother's Birthplace, Virginia
9. Full name of Father, John L Benson
10. Father's Occupation, Tobacco Salesman
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Joseph Emmalls Howe MD
Address, 1520 Dolphin St
Remarks, 1910000127 0

Sec. 2. And every month, in the office of Commissioners of Health, a certificate between the first and fifteenth days of each month, of every child born within the city during the preceding month, in the form and containing the information required in the preceding section, and if any child shall die before the return of such certificate is required to be made, the certificate of such death shall be returned at the same time with the certificate of birth; and the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or parents of such child, immediately thereafter, it shall become the duty of the person or parents of such child to report such birth to the Commissioners of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

GIVEN NAME ADDED 9/8/64

RECEIVED FOR RECORD
FEB 14 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Mary Evelyn Hayes
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 29-1910
6. Place of Birth, (Street and number) 331 S Parish A.
6. Full name of Mother, Margaret J. Hayes
7. Mother's Maiden Name, Miles
8. Mother's Birthplace, Baltimore MD
9. Full name of Father, John T. Hayes
10. Father's Occupation, Laborer
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Joseph Ennalls Mouse MD

Address, 1520 Hollins St

Remarks, 1910000127 1

Every Parish, to the officer of Church in the form of a certificate between the first and ... Every physician or practitioner of midwifery, or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 14 1910
JAS. BOGLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 1st

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb-may 1-1910
6. Place of Birth, (Street and number) 241 S Stricker St.
6. Full name of Mother, Caroline Pisina
7. Mother's Maiden Name, Schriefer
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Joseph E. Pisina
10. Father's Occupation, Glass blower
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph Emmalls Howe MD

Address, 1520 Hollins St.

Remarks, 1910000 1272

Every midwife or person other than a physician or practitioner of midwifery, who shall attend upon a birth, shall, within ten days after the birth, report the same in the form of a certificate between the first and tenth day of each month, to the office of Commissioner of Health, in the manner and within the period above required, and if no birth shall occur within the period above mentioned, such midwife shall report the fact to the Commissioner of Health, in the manner and within the period above required, and shall continue to report the fact of no birth occurring within the period above mentioned, until a birth shall occur within the period above mentioned, and for every month's neglect to report as above required, such midwife shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 14 1910
JAS. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* February 5 1910
6. *Place of Birth, (Street and number)* 1256 James Av.
6. *Full name of Mother,* Maggie Saltzmann
7. *Mother's Maiden Name,* " Zollies
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Adam G. Saltzmann
10. *Father's Occupation,* Upholsterer
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph Ennalls Moore M.D.

Address, 1520 Hollins St.

Remarks, 1910000 1273

shall occur without the city limits, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 14 1910
WM. S. BOGLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Name of child,*	Israel Sacks
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	6 February 1910 Bal.
5. *Place of Birth, (Street and number)*	1609 E. Bdl. St.
6. *Full name of Mother,*	Linie Sacks
7. *Mother's Maiden Name,*	Linie Balokoff
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	Himan Sacks
10. *Father's Occupation,*	Salisman
11. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	miss A. Hirst
Address,	1116 E. Fayette St.
Remarks,	1910000012 74

Section 7. The full name and occupation of the parent of the child required by law to report the birth, and the date of birth of each child born alive, shall be delivered, duly signed by the informant, to the Registrar of Vital Statistics within ten days after the birth of each child, and a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the father, mother, householder or owner of the premises where the birth occurs, to report the birth as required by this section; and thereafter it shall become the duty of the person or persons in charge of such child to report the same to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

AMENDED BY COURT ORDER — 7/26/12

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A53795

RECEIVED FOR RECORD
FEB 14 1913
JAS. BOOLEY, M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 LAYTON

1. Name of child, VICTOR ~~Willy~~ ~~Latinsky~~
2. Sex, (state whether male or female) MALE ~~female~~
3. Race or color, (if not of the White Race) White
4. Date of Birth 24 January 1910 Bal.
5. Place of Birth, (Street and number) 1108 E. Fayette St.
6. Full name of Mother, Celia ~~Latinsky~~ LAYTON
7. Mother's Maiden Name, Celia Disman
8. Mother's Birthplace, Russia
9. Full name of Father, Myer ~~Latinsky~~ LAYTON
10. Father's Occupation, Bismisman
11. Father's Birthplace, Russia

, Name of Medical Attendant, or other person who makes this Return, Mrs A Jones

Address, 1116 E. Fayette St.

Remarks, 1910000127 5

of a certificate between the first and third day of each and every month to the Office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, then it shall be the duty of the father, mother, householder, or other person present at the birth, to cause the same to be registered as above required, and any such person who shall neglect the duty of the person or persons hereby charged to cause the same to be registered as above required, shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 14 1910
WM S BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Name of child, Fridie Chaket
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth 28 January 1910 Bal.
5. Place of Birth, (Street and number). 333 S. Broad St.
6. Full name of Mother, Brandel Chaket
7. Mother's Maiden Name, Brandel Penluck
8. Mother's Birthplace, Russia
9. Full name of Father, Iyes Chaket
10. Father's Occupation, prasar
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this return, miss A. Hirsh

Address, 1116 E. Fayette St.

Remarks, 1910000127

Every midwife or person other than a physician or practitioner of medicine who shall attend upon any birth shall, immediately thereafter, report the same to the Commissioner of Health, and shall obtain from the parent or parents of such child, or from some other person cognizant of the facts, the full name and occupation of its parents, the date and place of birth of such child, and shall ascertain

RETURN OF A BIRTH.

A53797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of child,* Rose Sacks
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 6 January 1910
5. *Place of Birth, (Street and number)* 900 N. Eden St.
6. *Full name of Mother,* annie Sacks
7. *Mother's Maiden Name,* annie kerzbach
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Abraham Sacks
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, miss A. Huss

Address, 1116 E. Fayette St

Remarks, 1910 00 01277

FILED FOR RECORD
FEB 14 1910
JAS BOSLEY M.D.
COMR OF HEALTH

of a certificate setting forth the full name, color, the full name and occupation of the parents, the Health. In case the birth of any child shall occur in the absence of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, the mother herself shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Name of child, Lucia Nardone

2. Sex, (state whether male or female) female

3. Race or color, (if not of the White Race) white

4. Date of Birth Feb 10 — 1910

5. Place of Birth, (Street and number) 2127 E North ave

6. Full name of Mother, Antonetta Nardone

7. Mother's Maiden Name, Antonetta Frampetteri

8. Mother's Birthplace, Italy

9. Full name of Father, Leonardo Nardone

10. Father's Occupation, Laborer

11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, W. Kimmeller M. D.

Address, 846 E Pratt ST.

Remarks, 1910000128

RECEIVED FOR RECORD FEB 11 1910

J. S. BOSLEY M.D. BD. OF HEALTH

Health. In case the birth of such child shall be not reported, duly signed by the person hereinbefore required to report the same, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), first

1. *Name of Child,* not yet named
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* February 11th 1910 4.15 A.M.
6. *Place of Birth, (Street and number)* No. 2107 N. Eldery St.
6. *Full name of Mother,* Mrs Frida A. Votel
7. *Mother's Maiden Name* Miss Frida A. Senges
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Max W. J. Votel
10. *Father's Occupation,* Grocer
11. *Father's Birthplace,* Pommern, Germany

Name of Medical Attendant, or other person who makes this Return. Fredk A. Conrade jr. M.D.

Address, No. 2424 E. Balt. St. Baltimore, Md.

Remarks,

EXAMINED FOR RECORD
FEB 14 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

...delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance under the provisions of section 2 of this ordinance, the mother of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ASSIGN. 9-18-37

RETURN OF A BIRTH. A53800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 14 1910
JAS. BOSLEY, M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Name of Child,*	Joseph Muse Kelly
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth,*	January 9-1910
6. *Place of Birth, (Street and number)*	1109 Stockholm St.
6. *Full name of Mother,*	Mary E Kelly
7. *Mother's Maiden Name,*	Miller
8. *Mother's Birthplace,*	Baltimore Md
9. *Full name of Father,*	John P Kelly
10. *Father's Occupation,*	Railroad Blacksmith
11. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Joseph Emmalls Muse MD
Address,	1520 Hollins St.
Remarks,	

1910001280

...month, to the office of Commissioner of Health, in the form of a certificate between the first and ...th; and the ...d occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child ...attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons so shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 14 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 26-1910
6. Place of Birth, (Street and number) 325 S Gilmor St.
6. Full name of Mother, Mary F Hovermill
7. Mother's Maiden Name, Sargent
8. Mother's Birthplace, Morgan Co West Virginia
9. Full name of Father, Orville G. Hovermill
10. Father's Occupation, Telegraph Lineman
11. Father's Birthplace, Morgan Co W. Va.

Name of Medical Attendant, or other person who makes this Return, Joseph Ennalls Jones MD
Address, 1520 Hollins St.
Remarks,

T 9 1 0 0 0 0 1 2 8 1

Any and every month, to the undertaker in the form of a certificate between the first and fifth days of the following month, to the office of the Commissioner of Health, the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to make the report above required, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) twins 2nd and final

1. Name of child, George and annie
2. Sex, (state whether male or female) male and female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 17 1910
5. Place of Birth, (Street and number) 823 Hart st.
6. Full name of Mother, Sadie M. H. Johnson
7. Mother's Maiden Name, Sadie M. H Boyd.
8. Mother's Birthplace, Baltimore City
9. Full name of Father, Zachariah Johnson
10. Father's Occupation, Stevedor
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Lemmon

Address, 2406 Eutaw st

Remarks, 1910000001282

RECEIVED FOR RECORD
FEB 14 1910
JAS BOSLEY, M.D.
BOARD OF HEALTH

Every physician or midwife in attendance upon a birth shall report the same to the Commissioner of Health, on the blank form furnished by the Commissioner of Health, and shall deliver the same to the Commissioner of Health, or to the person designated by the Commissioner of Health to receive the same, within ten days after the birth. The full name and occupation of the parents of the child shall be given in the report, if known to the physician or midwife. In case the birth of any child shall occur in the absence of a physician or midwife, the father or mother of such child shall report the birth to the Commissioner of Health, and shall deliver the certificate as above provided. And if the father or mother of such child shall neglect or refuse to report the birth of such child, as herein required, for the space of ten days after the birth, he or she shall be deemed guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore, shall be punished by a fine not exceeding fifty dollars for each offense. It shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, and to procure a certificate of the same, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB 14 1910
JAS BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child, Morris Freed
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth 26 January 1910 Bal.
5. Place of Birth, (Street and number) 1507 E. Lombard St.
6. Full name of Mother, Dinie Freed
7. Mother's Maiden Name, Dinie Whiner
8. Mother's Birthplace, Russia
9. Full name of Father, Esador Freed
10. Father's Occupation, Salesman
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Miss A. Huss

Address, 1116 E. Fayette St.

Remarks, 1910000001283

of a certificate between the first and third day of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, or, should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of each person occupying the house in which such birth occurs to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 153804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 14 1910
WM. B. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Name of Child,*	
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth,*	Feb 12-1910
6. *Place of Birth, (Street and number)*	3506 E Lombard St
6. *Full name of Mother,*	Magdalena Mitchell
7. *Mother's Maiden Name,*	Magdalena Leonard
8. *Mother's Birthplace,*	Baltimore
9. *Full name of Father,*	William Mitchell
10. *Father's Occupation,*	Conductor (Trolley)
11. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	R. P. Carman M.D.
Address,	1701 N Carlton St
Remarks,	1910000128 4

Every midwife, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of such mother, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 33805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Name of Child, Infant child of David & Annie Hoffman.
2. Sex, (state whether male or female) ~~Female~~ Male.
3. Race or color, (if not of the White Race) White
4. Date of Birth, February 13th 1910.
6. Place of Birth, (Street and number) 511 Aisquith St.
6. Full name of Mother, Annie Hoffman.
7. Mother's Maiden Name, Annie Siegel
8. Mother's Birthplace, Russia.
9. Full name of Father, David Hoffman.
10. Father's Occupation, Tailor.
11. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Alfred Whitehead M.D.

Address, 1213. Madison Avenue.

Remarks, Child born Stillborn at Home Dead about 20 minutes

610000101285

RECEIVED FOR RECORD FEB 14 1910 S.S. BOSLEY, M.D. REGISTRAR OF HEALTH

shall occur without the limits of such city, to report the same to the office of Commissioner of Health. In case the birth of any child is not reported as herein required, the physician, midwife or person in attendance shall forfeit and pay the sum of ten (10) dollars, and thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53806

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. The Wallbert : N. Charles St.; Ward)

(2) FULL NAME OF CHILD Calvert McMillan Shenshaw — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 1 1910

FATHER		MOTHER	
(8) FULL NAME	William P Shenshaw Jr	(14) FULL MAIDEN NAME	Louise McMillan
(9) RESIDENCE	The Wallbert	(15) RESIDENCE	The Wallbert
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	New Jersey	(18) BIRTHPLACE	New Orleans La
(13) OCCUPATION		(19) OCCUPATION	

(20) Number of children born to this mother, including present birth One

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.45 A.M., the date above stated.

1 9 1 0

(23) Signature I S Morris Simmons (Physician or Midwife)

Address 23 W. Chase St

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

(24) Given name added from a supplemental report FEB 14 1910 JAS. BOSLEY M.D. COMR OF HEALTH, 19

Registrar

Filed , 19 .

Registrar

(READ THE REVERSE SIDE)

GIVEN NAME ADDED - 2/23/13

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A53807

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1414 Richardson St.; 24. Ward)

(2) FULL NAME OF CHILD GEORGE JUNGMANN

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	Son	3.	O.K	30 January 1910

FATHER

(8) FULL NAME Heinrich Jungmann

(9) RESIDENCE 1414 Richardson St.

(10) COLOR white (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Russia.

(13) OCCUPATION Laborer

MOTHER

(14) FULL MAIDEN NAME K. Elis Blumenstrau

(15) RESIDENCE 1414 Richardson St.

(16) COLOR white (17) AGE AT LAST BIRTHDAY 25. (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION Wife

(20) Number of children born to this mother, including present birth 6.

(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1414 Richardson St. M., on the date above stated.

1 9 1 0 (23) Signature Lottie McKeen

Midwife 331 Hull St

(Physician or Midwife)

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

(24) Given name added from a supplemental report, 19

Address

Filed 2/14, 19 10

Registrar

RECORD FEB 14 1910 JAS BOGLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53808

(1) PLACE OF BIRTH GIVEN NAME ADDED 6-15 62 Registered No. B

CITY OF BALTIMORE. (No. 1323 Andrea St.; 24 Ward)

(2) FULL NAME OF CHILD EMMETT A. McGEE

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	sin	2.	O.K.	29 January 1910

FATHER		MOTHER	
(8) FULL NAME	Francis J. McGee.	(14) FULL MAIDEN NAME	Annie Dornbusch.
(9) RESIDENCE	1323 Andrea St	(15) RESIDENCE	1323 Andrea St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years)	35
(12) BIRTHPLACE	New York.	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Telegraph Operator	(19) OCCUPATION	Wife
(20) Number of children born to this mother, including present birth	3.	(21) Number of children of this mother now living	3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1323 Andrea M., the date above stated.

1 9 1 0 U (23) Signature L. H. Mehren

Midwife (Physician or Midwife)

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

(24) Given name added from a supplemental report RECEIVED FOR RECORD FEB 14 1910, 19

Address 1331 Hull St

Filed , 19 .

JAS. BOSLEY, M.D. COM'R OF HEALTH Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53809

CERTIFICATE CORRECTED 5/31/61

(1) PLACE OF BIRTH — Registered No. B 1.

CITY OF BALTIMORE. (No. 1319. Andrea St.; 24. Ward)

(2) FULL NAME OF CHILD [redacted], FRITZ ANTON (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	Sin	1	O K	January 28 1910

FATHER

(8) FULL NAME: Gustav Rossi.

(9) RESIDENCE: 1319 Andrea St.

(10) COLOR: white

(11) AGE AT LAST BIRTHDAY: 41. (Years)

(12) BIRTHPLACE: Gumany

(13) OCCUPATION: Laberer.

MOTHER

(14) FULL MAIDEN NAME: Martha Rossi.

(15) RESIDENCE: 1319 Andrea st

(16) COLOR: white

(17) AGE AT LAST BIRTHDAY: 35. (Years)

(18) BIRTHPLACE: Germany.

(19) OCCUPATION: Wife

(20) Number of children born to this mother, including present birth: 10

(21) Number of children of this mother now living: ~~4~~ 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1319 Andrea st M.D. the date above stated.

1 9 1 0 (23) Signature I [illegible] Mchren Midwife (Physician or Midwife)

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

(24) Given name added from a supplemental report

RECEIVED FOR RECORD FEB 14 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

Address 1331 Hull st.

Filed , 19 .

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A53810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Child 1st.
1. *Name of child,*	Ida Leinstein Lizington
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Feb 18 1910
5. *Place of Birth, (Street and number)*	604 S. Charles St.
6. *Full name of Mother,*	Freda Lizington Leinstein
7. *Mother's Maiden Name,*	Freda Garfinkel
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	Harry Lizington Leinstein
10. *Father's Occupation,*	Grocery
11. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. Lena Barker
Address,	127 Asquith St.
Remarks,	1910001290

RECORDED FOR RECORD
FEB 18 1910
JAS BOSLEY M.D.
COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should an other person be in attendance upon the mother, then the Commissioner of Health, in such case, is required to obtain the information and report the same to the Commissioner of shall become the duty of the person in charge of the house in which such birth occurs, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 18 1910
H. BOLEY M.D.
HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Child 14th
1. *Name of child,*	Name Kern
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Feb 16/10
5. *Place of Birth, (Street and number)*	129 N. Central
6. *Full name of Mother,*	Katie Kern
7. *Mother's Maiden Name,*	Katie Ross.
8. *Mother's Birthplace,*	Russia
9. *Full name of Father,*	Henry Kern
10. *Father's Occupation,*	Electric Machanic
11. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Mrs. Lena Barker
Address,	127 Augusta Ste
Remarks,	19100001291

Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOGLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Julia E. Brunwell
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* November 1st - 1909.
5. *Place of Birth, (Street and number)* #169 S. Bond ave.
6. *Full name of Mother,* Hettie LeCompte Brunwell
7. *Mother's Maiden Name,* Hettie LeCompte - Brunwell
8. *Mother's Birthplace,* Frederick Co. Md.
9. *Full name of Father,* Upton Scott Brunwell
10. *Father's Occupation,* Fireman
11. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. H. A. Meyer M.D.

Address, #1051 N. Carolina St

Remarks, 1910000012992

A certificate between the first and second shall be delivered, duly signed by the practitioner in the form of Health. In case the birth of any child shall occur without the city, and every midwife, or other person who shall become the duty of the Person or parents of such child to report its birth to the Commissioner of Health, and every midwife, or other person who shall neglect or refuse to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.

RETURN OF A BIRTH.

A53813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of child, Dolly Marie Mc Elton
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth November 12 - 1909
5. Place of Birth, (Street and number) 1822 N. Chester St.
6. Full name of Mother, Mary Mc Elton
7. Mother's Maiden Name, Mary Rahmell
8. Mother's Birthplace, Germany
9. Full name of Father, Joseph F. Mc Elton
10. Father's Occupation, Barber
11. Father's Birthplace, Pocahontas Co. Va.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M.D.

Address, 1805 N. Caroline St.

Remarks, 1910000129 3

RECEIVED FOR RECORD
FEB 17 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

...a certificate between the first and ... be delivered, duly signed by the practitioner in the form ... Health. In case the birth of any child shall occur when there is no physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of ... hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1286.

RETURN OF A BIRTH. A53814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Not named
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 19 - 1910
5. *Place of Birth, (Street and number)* 1111 N. Dallas St.
6. *Full name of Mother,* Anna M. Stewart
7. *Mother's Maiden Name,* Anna M. Stonesifer
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Thos. J. Stewart
10. *Father's Occupation,* Seaman
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return: Walter A. Meyer M.D.

Address, 1111 N. Caroline St.

Remarks, 1910000129 4

RECEIVED FOR RECORD FEB 17 1910
JAS BOSLEY M.D. COMR OF HEALTH

Of a certificate proves that the said schedule shall be delivered, duly signed by the practitioner to the form and occupation of the parent, the Health. In case the birth of any child shall occur in a house in which there is no physician or midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 453815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 17 1910
J. S. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Florence Marie Hausner
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Oct. 4th 1909
5. Place of Birth, (Street and number) #211 E. Preston St.
6. Full name of Mother, Marie Hausner
7. Mother's Maiden Name, Marie Dankmeyer
8. Mother's Birthplace, Germany
9. Full name of Father, Curtis J. Hausner
10. Father's Occupation, Painter
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Wade H. A. Meyer M.D.

Address, #1031 N. Broadway

Remarks, 1910000 1295

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the parent or parents, or in case of the death of both parents, then the duty of the guardian of its parents, the head of the family, the owner of the premises, the physician, midwife, or other person in attendance upon the mother, immediately after the birth of any child, to report in writing to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as herein required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by.

1236.

RETURN OF A BIRTH. A53816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Name of child,* Martin P. Dillman
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec 7th 1909.
5. *Place of Birth, (Street and number)* #1125 Hanover St.
6. *Full name of Mother,* Mary M. Dillman
7. *Mother's Maiden Name,* Mary M. Dwyer
8. *Mother's Birthplace,* Balto. Md.
9. *Full name of Father,* Chas M Dillman
10. *Father's Occupation,* R. R. Conductor
11. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Charles A. Meyer M. D.

Address, #1051 W. Baltimore St.

Remarks, 1910000296

ATTENDITOR RECORD
FEB 17 1910
JAS. BOGLEY M.D.
BOARD OF HEALTH

Health. In case the birth of any child shall occur from and after the expiration of ten days from the date of such birth, it shall be the duty of the person or persons required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1296.

RETURN OF A BIRTH. A53817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 12 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,* Paul W. Eckert
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb. 14 - 1910
5. *Place of Birth, (Street and number)* 1100 E. Lanvale St.
6. *Full name of Mother,* Margaret Eckert
7. *Mother's Maiden Name,* Margaret Roth
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Paul W. Eckert
10. *Father's Occupation,* Ice dealer
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wade H. A. Meyer M. D.

Address, 1031 N. Carrollton Ave

Remarks, 19100001297

Any person who shall refuse or neglect to make the return of a birth required by this ordinance, or shall make a false return, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five (5) dollars nor more than fifty (50) dollars for each offense. The return of each birth shall be delivered, duly signed by the practitioner in the form required by this ordinance, to the Registrar of Vital Statistics, at the office of the Board of Health, within the first and third day of each and every month to the office of Commissioner of Health. In case no practitioner shall be in attendance upon the mother at the birth of a child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or some one of his assistants, within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Not named
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 22 - 1909
5. Place of Birth, (Street and number) #334 N. Front St.
6. Full name of Mother, Leona V. Lane
7. Mother's Maiden Name, Leona V. Lane
8. Mother's Birthplace, Baltimore, Md.
9. Full name of Father, Wm H. Lane
10. Father's Occupation, Sailor
11. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Charles A. Meyer M. D.

Address, 1205 N. Eutaw St.

Remarks, 1910000129 8

RECEIVED FOR RECORD
FEB 17 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

The law requires the date of birth of each child to be delivered, duly signed by the practitioner in the form of a certificate, within ten days after birth, and every month to the office of Commissioner of Health. In case the birth of any child shall occur without such attendance, or if the certificate of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Benjamin Franklin Shipley
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 29 - 1910
5. Place of Birth, (Street and number) #1537 Fallsway Park ave
6. Full name of Mother, Annie V Shipley
7. Mother's Maiden Name, Annie V Bratton
8. Mother's Birthplace, Gloucester Co. Va
9. Full name of Father, Lloyd H Shipley
10. Father's Occupation, Stevedore
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Thos H. A. Meyer M. D.

Address, #1051 N Broadway

Remarks, 1910000129 9

RECORD
FEB 17 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Health. In case the birth of any child shall occur without the knowledge of the Physician or Midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any Physician or Person so shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53820

To the Office of Registrar of Vital Statistics, Board of Health, Ba

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of child, (A53820) Annie Rel

2. Sex, (state whether male or female)

3. Race or color, (if not of the White Race)

4. Date of Birth

5. Place of Birth, (Street and number) 765 Le

6. Full name of Mother, Hester C

7. Mother's Maiden Name, Hester C

8. Mother's Birthplace, Balt

9. Full name of Father, John Ed

10. Father's Occupation, Hard

thplace, Chan

Medical Attendant, or other person who makes this Return, Henrietta H

716 Mulberry St

RECEIVED FOR RECORD FEB 1 1910 JAS. EDSLEY M.D. SCI'Y BOARD OF HEALTH

10 00 0 1 3 0 1

RETURN OF A BIR... A 53821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimo...

RECEIVED RECORD FEB 17 19... JAS. BOSLEY M... COM'R. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) five

1. Name of child, Arthur Carter
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Born on 2 day 7 January 1916
5. Place of Birth, (Street and number) 1206 E Fitzhugh St
6. Full name of Mother, Bessie Amie Carter
7. Mother's Maiden Name, Bessie Amie Hutchins
8. Mother's Birthplace, Baltimore Maryland
9. Full name of Father, Woulfin Thomas Carter
10. Father's Occupation, Labor
11. Father's Birthplace, Prince George County

Name of Medical Attendant, or other person who makes this Return, Mrs Kennetta Mitchell

Address, 716 Mulberry St City

Remarks, 1 9 1 6 0 2 0 0 1 3 0 1

...of each child to the Registrar, immediately thereaf... ...Birth, to be furnished by the Commissioner ... ...shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) d... ...offense, to be recovered as other fines and forfeitures are recoverable.

A 53822

RETURN OF A BIR

To the Office of Registrar of Vital Statistics, Board of Health, , Md.

RECEIVED FOR RECORD
FEB 17 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Name of Child,*
2. *Sex, (state whether male or female)* male.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth,* 16 of February 1910
6. *Place of Birth, (Street and number)* 816 S. Eleven Street.
6. *Full name of Mother,* Franziska Bolowicky.
7. *Mother's Maiden Name,* Timkowsky.
8. *Mother's Birthplace,* Poland.
9. *Full name of Father,* Jan Bolowicky.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Bekman (Weiss)

Address, 1910 0 0 0 0 6 1 3 0 Rose Street.

...ne of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are ... provisions of this section shall be ...

RETURN OF A BIRTH. A53823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED
RECORDED
FEB 17 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* John Bullinger
2. *Sex,* (state whether male or female) male
3. *Race or color,* (if not of the White Race) white
4. *Date of Birth* Feby 11 1910
5. *Place of Birth,* (Street and number) 2538 Wilkens Av.
6. *Full name of Mother,* Florence D. Bullinger
7. *Mother's Maiden Name,* " " Schaffer
8. *Mother's Birthplace,* Balto. City
9. *Full name of Father,* John M. Bullinger
10. *Father's Occupation,* Telegraph operator
11. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, P. Wilson

Address, 2018 WILKENS AVE.

Remarks, 1910000 1303

Health. In case the birth of any child born alive, or dead after the period of gestation shall have been completed, shall occur in any house or place, and every month to the office of Commissioner of shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as above required, within the period above required, and any such person or persons who shall midwifery, or should no other person be in attendance upon the mother, then it shall be the duty of a physician or practitioner of thereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 15 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb 14 10
6. *Place of Birth, (Street and number)* 1814 Hope St
6. *Full name of Mother,* Ida Stiegler
7. *Mother's Maiden Name,* Ida Carter
8. *Mother's Birthplace,* Balto Co Md
9. *Full name of Father,* John I Stiegler
10. *Father's Occupation,* Blacksmith
11. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return, R P Carman

Address, 1701 N. Caroline St

Remarks, 1910000 1304

Every midwife, or other person who shall attend upon the birth of any child, shall, within ten days thereafter, report the same to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, where the same occurs, to report the same and the particulars required to be reported by any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 16 1910
H. BOOLEY M.D.
REGISTRAR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Name of Child,* Baby
2. *Sex, (state whether male or female)* Femal
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 7 of Febuary 1910
6. *Place of Birth, (Street and number)* 437 S Sticker
6. *Full name of Mother,* Bessie M Wiebelking
7. *Mother's Maiden Name,* Thomson
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* William Wiebelking
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Margaret C Waber

Address, 1614 W Baltimore St

Remarks, 1910000001305

shall occur without the city, such return shall be made, a certificate between the first and second months, to the office of Commissioner of Health. In case the birth of any child attendance upon the mother at the birth thereof, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 3/21/72

RETURN OF A BIRTH. A53826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
AUG 16 1910
H. BOOLEY, M.D.
COMMISSIONER OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of Child,* RUTH MAY MALLONEE
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* July 25th 1910
6. *Place of Birth, (Street and number)* 407 Girard Ave.
6. *Full name of Mother,* Edith M. Mallonee
7. *Mother's Maiden Name,* Edith M. Smith
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* John H. Mallonee
10. *Father's Occupation,* Brakeman on Steam R.R.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, William J. Tillotson M.D.

Address, 1801 York Road

Remarks, 1910000013064

Under penalty of a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Every physician or midwife in attendance upon a birth shall report the same to the Commissioner of Health within the period above required, and between the first and tenth day of each month shall report all births occurring during the preceding month. In case the birth of any child should occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required by this section to report such birth, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 16 1910
JAS. BOGLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of Child, MARY LOUISE GOLDRICK
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feby 15th 1910
6. Place of Birth, (Street and number) 2013 Barclay St
6. Full name of Mother, Nannie A. Goldrick
7. Mother's Maiden Name, Nannie A. Zebinsky
8. Mother's Birthplace, Baltimore City
9. Full name of Father, Maurice L. Goldrick
10. Father's Occupation, Book Keeper
11. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, William E. Fellows M.D.

Address, 2801 York Road

Remarks, 1910 GIVEN NAME ADDED 4/11/66 307

The Act of Assembly, Chapter 123, Laws of 1898, requires that a certificate between the first and fifteenth day of each month be made to the office of Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 12/4/95

RETURN OF A BIRTH. A53828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 16 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of Child,* THELMA MAY GUNTZ
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* W
4. *Date of Birth,* Jan 23 1910
5. *Place of Birth, (Street and number)* 1227 E. Monument St
6. *Full name of Mother,* Dorothy Guntz
7. *Mother's Maiden Name,* Irving
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* George Edwin Guntz
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Hurdon M.D.

Address, 81 S. Preston St

Remarks, 1910000130 8

Every midwife, or other person in the form of a certificate between the first and the 5th day of every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the parent, and each and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 16 1910
JAS. BOOLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, Carl Roesel
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) W
4. Date of Birth, Nov 6 - 1909
6. Place of Birth, (Street and number) 2005 E Pratt St
6. Full name of Mother, Helen Margaret Gleisner
7. Mother's Maiden Name, Braun
8. Mother's Birthplace, Baltimore
9. Full name of Father, George Philip Gleisner
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Hanlon

Address, 21 S. Paca St.

Remarks, 1910000 1309

Every person in charge of any institution, or the agent or superintendent thereof, shall cause a return of every birth occurring therein to be made every month, to the office of Commissioner of Health. In case the birth of any child shall occur without such institution, the return shall be made by the parent, if present, or by the nearest relative in attendance upon the mother, immediately thereafter. It shall become the duty of the parent, or other person in charge of any child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 16 1910
DES. BOGLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth Feb. 3rd 1910
4. Place of Birth, (Street and Number) 926 N. Chapel St.
5. Full Name of Mother, Carrie Westance
6. Mother's Maiden Name, Carrie Young
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Samuel Westance
9. Father's Occupation, Waiter
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, Cordelia Jackson

Address, 1901 Druid Hill Ave.

Remarks,

missioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, he shall be there after it shall become his duty to make such return, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 8-4-70

A53831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD FEB 16 1910 JAS. BOSLEY M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Edward FRANCIS COTTER
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, February 15-1910
6. Place of Birth, (Street and number) 2616 Huntington Ave
6. Full name of Mother, Grace Cotter
7. Mother's Maiden Name, Grace Waltman
8. Mother's Birthplace, Maryland
9. Full name of Father, Ed. L. Cotter
10. Father's Occupation, Engineer (P.R.R.)
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. L. A. Richardson, M.D.

Address, 112 W. 25th St.

Remarks, 1910000013 11

Any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53832

RECEIVED FOR RECORD
FEB 10 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of child, Annie Levin
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth 11 February 1910 Bal.
5. Place of Birth, (Street and number) 1633 E Bal. St.
6. Full name of Mother, Aster Levin
7. Mother's Maiden Name, Aster Pogorelsky
8. Mother's Birthplace, Russia
9. Full name of Father, Isick Levin
10. Father's Occupation, printer
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Miss A Louis

Address, 1116 E. Fayette St.

Remarks, 1910000131 2

Every certificate between the first and third day of each and every month to the office of Commissioner of Health, and shall report to said office every case of birth attended by him or her in his or her practice of midwifery, or should no other person be in attendance upon the mother at the birth of a child, the Physician or Midwife shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 16 1910
JAS BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Gisa Daneman
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 28 January 1910 Bal.
5. *Place of Birth, (Street and number)* 801 Rabow St
6. *Full name of Mother,* Mery Daneman
7. *Mother's Maiden Name,* Mery Bedirack
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Dave Daneman
10. *Father's Occupation,* Storkiper ~~Tailor~~
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, miss K Hass

Address, 1116 E Fayette St.

Remarks, 1910000 1313

Any midwife, physician or other person required by the provisions of this Act to report the birth of a child, who shall neglect to make such report within the time above required, and any such person or persons who shall knowingly make any false report of the birth of any child, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Every midwife, physician or other person who shall attend upon the birth of a child, shall deliver to the parent or person having charge of such child, or to the person in attendance upon the mother at the birth of such child, a certificate between the first and third day of each and every month to the effect that he or she has attended upon the birth of such child, and the name of the parent or parents of such child; and if a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of such child, the parent or parents of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in this manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 16 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth* Jan. 31st 1910
4. *Place of Birth, (Street and Number)* 2118 — 8th Dist.
5. *Full Name of Mother* Sarah V. Doyle. —
6. *Mother's Maiden Name* Sarah V. Hodges.
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* James Doyle Jr.
9. *Father's Occupation* Newspaper Artist.
10. *Father's Birthplace* Balto. Md —

Name of Medical Attendant, or other person who makes this Return, J. Erickson,

Address, 1910 0 30 st 33 W. North ave.

Remarks,

Each form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person having such child in charge to report the same to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Bessie Rosie Brightstein
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 8th 10 (Jan. 8th)
5. Place of Birth, (Street and number) 223 S. Bond St.
6. Full name of Mother, Annie Brightstein
7. Mother's Maiden Name, Annie Edk
8. Mother's Birthplace, Russia
9. Full name of Father, Abraham Brightstein
10. Father's Occupation, Ladies Tailor
11. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, A. P. Ries

Address, 213 S. Bond St

Remarks, 1910000315

DEPARTMENT OF RECORD FEB 16 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Health. In case the Birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the parent, householder, or other person in charge of such child, within ten days after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 16 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,* Rosie Stluzo
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 30 - 10
5. *Place of Birth, (Street and number)* 1726 Eastern Ave
6. *Full name of Mother,* Ida Stluzo
7. *Mother's Maiden Name,* Ida Lichfield
8. *Mother's Birthplace,* Poland
9. *Full name of Father,* Solomon Stluzo
10. *Father's Occupation,* Tinner and Plumber
11. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, A. F. Rice

Address, 213 S. Bond St.

Remarks, 1910000131 6

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father and mother of such child, or either of them, to report the same to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 16 1910
J. S. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. Name of Child, Bessie Blechman.
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan. 29 1910.
6. Place of Birth, (Street and number) 305 S. Howard St.
6. Full name of Mother, Ida Blechman.
7. Mother's Maiden Name, Ida Kaplon.
8. Mother's Birthplace, Russia.
9. Full name of Father, Max Blechman.
10. Father's Occupation, Shoemaker.
11. Father's Birthplace, Russia

Name of Medical Attendant, ~~or other person who~~ makes this Return, L. H. Ephraim, M. D.

Address, 218 S. Exeter St.

Remarks, 1910000317

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third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in like manner as required of the physician or midwife in the case next above mentioned; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 16 1910
JAS BOSLEY M.D.
SUPT BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Name of child,*	3 Butchen
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	2/8/10
5. *Place of Birth, (Street and number)*	2652 Greenmount Ave
6. *Full name of Mother,*	Barbara Butchen
7. *Mother's Maiden Name,*	" Boehmlein
8. *Mother's Birthplace,*	Baltimore Md
9. *Full name of Father,*	Geo P. Butchen
10. *Father's Occupation,*	Bartender
11. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Dr Sanders.
Address,	2631 York Rd.
Remarks,	1910000318

Health. In case the birth of any child shall not have been reported as required by law, it shall be the duty of each and every midwife, or other person in attendance upon the mother at such birth, to report the same to the Commissioner of Health, to the manner and within the period above required, and any such person or persons who shall neglect or refuse to report such birth as herein required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53839

CITY OF BALTIMORE. (No. 523 Mosher St.; Ward)

(2) FULL NAME OF CHILD Wm Washington Beckett (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	yes	July 12 1910

	FATHER	MOTHER
(8) FULL NAME	Wm Henry Jackson Beckett	(14) FULL MAIDEN NAME Maude Irene Washington
(9) RESIDENCE	523 Mosher St	(15) RESIDENCE 523 Mosher St
(10) COLOR	Colored	(11) AGE AT LAST BIRTHDAY 27 (Years)
(16) COLOR	Colored	(17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE	Philadelphia Pa.	(18) BIRTHPLACE Baltimore City
(13) OCCUPATION	Teacher - High School	(19) OCCUPATION Housewife — was Sewing Teacher in Public Schools

(20) Number of children born to this mother, including present birth One

(21) Number of children of this mother now living —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 P. M., the date above stated.

(23) Signature Chas. J. Keller

Physician or Midwife 1000 Monument St

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

RECEIVED FOR RECORD

(24) Given name added from a supplemental report FEB 18 1910, 19

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

Address

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A53840

CITY OF BALTIMORE. (No. ____, St.: ____ Ward)

(2) FULL NAME OF CHILD Harry Russell Sharrer — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.			Yes	Jan. 27, 1910

FATHER	MOTHER
(8) FULL NAME: Harry Francis Sharrer	(14) FULL MAIDEN NAME: Marie Virginia Sharrer
(9) RESIDENCE: Mt Washington	(15) RESIDENCE: Mt Washington
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 32 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 29 (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Carpenter	(19) OCCUPATION: Home
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Mt Washington Md the date above stated.

(23) Signature Marie Letitia Ingram M.D

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

U 0001320

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 16 West Mont Ave.

RECEIVED FOR RECORD, 19

FEB 18 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Filed ____, 19 . ____ Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED - 7/3/73

Registered No. B 53841

(1) PLACE OF BIRTH 2205 (No.) CITY OF BALTIMORE. (St.) (Ward)

(2) FULL NAME OF CHILD LAURANCE ALBERT TAYLOR (If child is not yet named, make Supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	2 (Month), Feb (Day) 1910 (Year)
	(To be answered only in event of plural births)			

FATHER

(8) FULL NAME: Albert H. Taylor

(9) RESIDENCE: 2205 Barclay St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 34 (Years)

(12) BIRTHPLACE: Baltimore, Md

(13) OCCUPATION: Postal Clerk

(14) Number of children born to this mother, including present birth: 5th

MOTHER

(14) FULL MAIDEN NAME: Laura M. James

(15) RESIDENCE: 2205 Barclay St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 34 (Years)

(18) BIRTHPLACE: Baltimore, Md

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5:45 P. M., the date above stated.

(23) Signature: Walton Bolgiano M.D. 2025 N. Charles St (Physician or Midwife)

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

(24) Given name added from a supplemental report ____, 19

RECEIVED FOR RECORD FEB 18 1910 J.S. BOLEY, M.D. COM'R OF HEALTH

Registrar

Address

Filed 2/18, 19 10

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1224 Brevard St. Registered No. B. A53842

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Dorothy Sallie Robinson } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	Feb. 4 1910

FATHER

(8) FULL NAME Herbert Robinson

(9) RESIDENCE 1224 Brevard St.

(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Deck-hand

(20) Number of children born to this mother, including present birth 2

MOTHER

(14) FULL MAIDEN NAME Janie Henry Wheeling

(15) RESIDENCE 1224 Brevard St.

(16) COLOR colored (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Cook

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 P.M., the date above stated. 1910

(23) Signature Dr. J. E. Hackaday - Med. Stud. Womans Medical College (Physician or Midwife)

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

RECEIVED FOR RECORD FEB 15 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Registrar

Address

Filed , 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53843

(1) PLACE OF BIRTH 563 Moore St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Delbur Handridge. } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 12, 1909.

FATHER

(8) FULL NAME Dyce Hezzie Handridge.

(9) RESIDENCE 563 Moore St.

(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 27 yrs. (Years)

(12) BIRTHPLACE Tapahonock Va.

(13) OCCUPATION Laborer.

(14) Number of children born to this mother, including present birth 4th.

MOTHER

(14) FULL MAIDEN NAME Elizabeth Parker.

(15) RESIDENCE 563 Moore St.

(16) COLOR Colored. (17) AGE AT LAST BIRTHDAY 24 yrs. (Years)

(18) BIRTHPLACE Caroline Co. Va.

(19) OCCUPATION

(21) Number of children of this mother now living Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5:30 a. M., the date above stated.

1910

(23) Signature Wyatt Smith Med. student & Woman's Med College. (Physician or Midwife)

Address

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

(24) Given name added from a supplemental ... 19 ...

RECEIVED FOR RECORD FEB 15 1910 JAS BOSLEY M.D. COMPTR. ALT.

Registrar

Filed ..., 19 ...

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 567 Orford St. Registered No. B. A53844

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Howard Grant Watkins { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Jan. (Day) 23 (Year) 1910
Male			yes	

FATHER	MOTHER
(8) FULL NAME James Grant Watkins	(14) FULL MAIDEN NAME Vanessa Wilson
(9) RESIDENCE 567 Orford St.	(15) RESIDENCE 567 Orford St
(10) COLOR Colored	(11) AGE AT LAST BIRTHDAY 40 (Years)
(16) COLOR Colored	(17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Clarksville, Va	(18) BIRTHPLACE Texas City, Va
(13) OCCUPATION Laborer	(19) OCCUPATION None -
(20) Number of children born to this mother, including present birth 7th	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

1 9 1 0 (23) Signature 1-3-22 Theodore-Med. Grad. Howard Med. College (Physician or Midwife)

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

RECEIVED FOR REGISTRATION FEB 15 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Address ____

Filed ____, 19 . ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1929 Brunt st. Registered No. B. 453845

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD James Suiter

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) January (Day) 18 (Year) 1910
male			yes	

FATHER		MOTHER	
(8) FULL NAME	James Suiter	(14) FULL MAIDEN NAME	Comora Taylor
(9) RESIDENCE	1929 Brunt st.	(15) RESIDENCE	1929 Brunt st
(10) COLOR	Colored	(16) COLOR	Colored
(11) AGE AT LAST BIRTHDAY (Years)	26	(17) AGE AT LAST BIRTHDAY (Years)	23
(12) BIRTHPLACE	Amherst Co Va	(18) BIRTHPLACE	Richmont V. A.
(13) OCCUPATION	Builder	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	7	(21) Number of children of this mother now living	7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1929 Brunt st M., the date above stated, 1 9 1 0 January 13

(23) Signature I. S. Sumner Woman's Med. Coll. (Physician or Midwife)

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

RECEIVED FOR RECORD FEB 15 1910 JAS. BOGLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Address ____

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 571 Baker St. Registered No. B. A53846

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD William Nicholas Mills { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes.	Jan. 24 1910

	FATHER	MOTHER
(8) FULL NAME	William Mills	(14) FULL MAIDEN NAME Sarah Bassett.
(9) RESIDENCE	571 Baker St.	(15) RESIDENCE 571 Baker St.
(10) COLOR	Colored.	(16) COLOR Colored.
(11) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years) 37
(12) BIRTHPLACE	Harford County, Maryland.	(18) BIRTHPLACE Matter's County, Virginia.
(13) OCCUPATION	Labor work	(19) OCCUPATION House work.

(20) Number of children born to this mother, including present birth Five (21) Number of children of this mother now living Three.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 o' clock A. M., the date above stated.

1910 (23) Signature M3 Bakmina Gatell, Med. Student at Woman's Med. Col.
(Physician or Midwife)

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

BALTIMORE RECORD FEB 15 1910 JAS. BOSLEY M.D. COMMR. OF HEALTH

(24) Given name added from a supplemental ____, 19

Address 1129 Park Ave.

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1206 Etting St. Registered No. B. 153847

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Milton Graves } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				June, 16, 1910

FATHER		MOTHER	
(8) FULL NAME	Austin Clayton	(14) FULL MAIDEN NAME	Blanche Graves
(9) RESIDENCE		(15) RESIDENCE	1206 Etting St
(10) COLOR	Colored	(16) COLOR	Colored
(11) AGE AT LAST BIRTHDAY (Years)	16	(17) AGE AT LAST BIRTHDAY (Years)	15
(12) BIRTHPLACE	City	(18) BIRTHPLACE	City
(13) OCCUPATION	Clerk	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1st	(21) Number of children of this mother now living	1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

June 16 1910 (23) Signature I 3 27 M. D. 115 Mt. Mel. Ave.

(Physician or Midwife)

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

(24) Given name added from a supplemental ____ Address ____

RECEIVED FOR RECORD FEB 15 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar ____, 19 Filed ____, 19 . Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 918 Chester St. St.; Ward)

Registered No. B. 453848

(2) FULL NAME OF CHILD — Mildred Peacock

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	single	3rd.	yes	Feb. 1 (Month) (Day) 1910 (Year)

(4) To be answered only in event of plural births

FATHER	MOTHER
(8) FULL NAME — Samuel M. Peacock	(14) FULL MAIDEN NAME — Mary E. Smith
(9) RESIDENCE — 918 Chester	(15) RESIDENCE — 918 Chester St
(10) COLOR — White	(16) COLOR — White
(11) AGE AT LAST BIRTHDAY — 39 (Years)	(17) AGE AT LAST BIRTHDAY — 22 (Years)
(12) BIRTHPLACE — Balto	(18) BIRTHPLACE — Balto
(13) OCCUPATION — Fish Dealer	(19) OCCUPATION — House Wife
(20) Number of children born to this mother, including present birth — 3	(21) Number of children of this mother now living — 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~8~~ 5 a. M., the date above stated.

1910

(23) Signature — Thomas Fulson (Physician or Midwife)

Address — 1103 N. Fulton Ave

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental ____ 19 ____

Registrar

(READ THE REVERSE SIDE)

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

RECEIVED FEB 15 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1510 Burrough St. Baltimore — Registered No. B. A53849

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD John J. P. Gentry — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 11 1907

FATHER	MOTHER
(8) FULL NAME: Charles C. Gentry	(14) FULL MAIDEN NAME: Mary L. Gentry
(9) RESIDENCE: 1510 Burrough St.	(15) RESIDENCE: 1510 Burrough St.
(10) COLOR: White Colored. (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: White Colored (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Charlottesville Virg	(18) BIRTHPLACE: Baltimore Md,
(13) OCCUPATION: Painter	(19) OCCUPATION

(20) Number of children born to this mother, including present birth Six — (21) Number of children of this mother now living four.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 510 Burrough St Baltimore M.D. the date above stated.

1910 (23) Signature Fred Fuller. Student Med. Womens Med. College. (Physician or Midwife)

Address 1502 W. Fulton + Hoffman

Filed MAR -8 1910, 19 . Registrar

JAS. BOGLEY M.D. COMR OF HEALTH

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

(24) Given name added from a supplemental report FEB 15 1910, 19

JAS BOGLEY M.D. COMR OF HEALTH Registrar

RECEIVED FOR RECORD

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53850

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1912 N. Lexington St.; Ward)

(2) FULL NAME OF CHILD John R. Cromwell — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	—	4th	Yes	Feb. 5, 1910

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: Harry A. Cromwell

(9) RESIDENCE: 1912 N. Lexington St.

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 36 (Years)

(12) BIRTHPLACE: Balto - Md.

(13) OCCUPATION: Engineer

(14) Number of children born to this mother, including present birth: 4

MOTHER

(14) FULL MAIDEN NAME: Sarah C. Benson

(15) RESIDENCE: 1912 N. Lex. St.

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 32 (Years)

(18) BIRTHPLACE: Md.

(19) OCCUPATION:

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Feb 5-10-10.30 A.M., the date above stated.

1910

(23) Signature: J. Wm. Smith M.D. (Physician or Midwife)

Address: 717 W. Carrollton Ave

Filed , 19 — Registrar

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

(24) Given name added from a supplemental report

RECEIVED FOR RECORD FEB 15 1910 , 19

JAS. BOSLEY M.D. COMR OF HEALTH Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53851

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1516 Eutaw Place St.; Ward)

(2) FULL NAME OF CHILD Ellen Sterling

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		—	Yes	May 10 1910

FATHER	MOTHER
(8) FULL NAME Gates Sterling Jr.	(14) FULL MAIDEN NAME Adelaide Egbert.
(9) RESIDENCE U. S. Navy.	(15) RESIDENCE 1516 Eutaw Place
(10) COLOR White (11) AGE AT LAST BIRTHDAY 36. (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE California	(18) BIRTHPLACE New York.
(13) OCCUPATION Naval Officer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 2nd	(21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a. M., the date above stated.

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

RECEIVED MAY 10 1910 H. M. BOOLEY, M.D. COMM'R OF HEALTH

(23) Signature Warren Buckler (Physician or Midwife)

Address 806 Cathedral Street

(24) Given name added from supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53852

CITY OF BALTIMORE. (No. 1702 Johnson St.; 24 Ward)

(2) FULL NAME OF CHILD Rebecca M. McGeachin (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female			Yes	Dec. 1 1910

FATHER

(8) FULL NAME Andrew B. McGeachin

(9) RESIDENCE 1702 Johnson St.

(10) COLOR White

(11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Scotland

(13) OCCUPATION Fireman

(14) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Agnes McGregor

(15) RESIDENCE 1702 Johnson St.

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 28 (Years)

(16) BIRTHPLACE Scotland

(19) OCCUPATION Housework

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE on the date above stated. 9 P M., Dec 1 1910

(23) Signature W. E. Campbell M.D. (Physician or Midwife)

Address 1644 Hanover St.

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

(24) Given name added from supplemental report ____ 19 ____

DEC 16 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

Filed ____, 19 ____

Registrar

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A53853

CITY OF BALTIMORE. (No. 942 W. Lexington St. St.; Ward)

(2) FULL NAME OF CHILD — Not named. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Male			yes	Feb. 6, 1910

FATHER		MOTHER	
(8) FULL NAME	Fred O Kennett	(14) FULL MAIDEN NAME	Mary Baer
(9) RESIDENCE	942 W Lexington St.	(15) RESIDENCE	942 W Lexington St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	26
(12) BIRTHPLACE	Germany	(18) BIRTHPLACE	City
(13) OCCUPATION	Tailor	(19) OCCUPATION	House wife
(20) Number of children born to this mother, including present birth	three	(21) Number of children of this mother now living	Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.10 P. M., the date above stated.

(23) Signature Carlton M. Cook M.D. (Physician or Midwife)

U 0 0 1 3 3 3

Address 1107 W. Lanvale St.

Filed ____, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

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

RECEIVED FOR RECORD FEB 16 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 53854

CITY OF BALTIMORE. (No. 108 W Ramsay St.; 23 Ward)

(2) FULL NAME OF CHILD Charles Jutsoff — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 8 1910

	FATHER	MOTHER
(9) FULL NAME	Charles Jutsoff	(14) FULL MAIDEN NAME Helen Rinp
(8) RESIDENCE	108 W Ramsay	(15) RESIDENCE 108 W Ramsay
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY	45 (Years)	(17) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE	Md	(18) BIRTHPLACE Md
(13) OCCUPATION	Conductor	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	8th	(21) Number of children of this mother now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1-30 P M., the date above stated.

1910 (23) Signature R E L Campbell

(Physician or Midwife)

Address 164 Hanover St

Filed _____, 19 _____ Registrar

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report, _____, 19 _____ Registrar

RECORD FEB 16 1910 JAS. BOGLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53855

CITY OF BALTIMORE. (No. 2026 Light St.; 23 Ward)

(2) FULL NAME OF CHILD William E. Kuspp — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 8 1910

	FATHER	MOTHER
(8) FULL NAME	John F Kuspp	(14) FULL MAIDEN NAME Lucia S. McKeen
(9) RESIDENCE	2026 Light St.	(15) RESIDENCE 2026 Light St.
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	34	(17) AGE AT LAST BIRTHDAY (Years) 29
(12) BIRTHPLACE	Md	(18) BIRTHPLACE Md
(13) OCCUPATION	Tinner	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	5th	(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8-45 A M., the date above stated.

1910 (23) Signature R. E. Campbell M.D. (Physician or Midwife)

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

(24) Given name added from a supplemental report ____, 19

Address 1644 Hanover St

FILED FOR RECORD FEB 16 1910 JAS. BOOLEY M.D. COMR OF HEALTH

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53856

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2020 Boone St.; Ward)

(2) FULL NAME OF CHILD Robert J Miller

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) July (Day) 26 (Year) 1909
Male		3rd		

FATHER

(8) FULL NAME: Henry B Miller

(9) RESIDENCE: 2016 Boone st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Balto Md

(13) OCCUPATION: Life Insurance

(14) Number of children born to this mother, including present birth: 3rd

MOTHER

(14) FULL MAIDEN NAME: Minnie M Miller

(15) RESIDENCE: 2010 Boone st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Richmond Va

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 30 A M., the date above stated.

1910 (23) Signature: Jas Bosley MD

(Physician or Midwife)

Address: 1101 Hollins st

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

RECORD FEB 28 1910

(24) Given name added from a supplemental report 19

JAS BOSLEY M.D. COM'R OF HEALTH

Registrar

Filed , 19 .

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B A53857

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 231, E. Monroe St.; 2 Ward)

(2) FULL NAME OF CHILD Minnie Herman

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 1910 (Year)
Female		2nd	Yes	Feby 2 1910

FATHER

(8) FULL NAME Herman H. Rogge

(9) RESIDENCE 231 E. Monroe

(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE D.C.

(13) OCCUPATION Moulder

(20) Number of children born to this mother, including present birth 2

MOTHER

(14) FULL MAIDEN NAME Agnes Bartolek

(15) RESIDENCE 231 E. Monroe

(16) COLOR White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE D.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Balto. Md. 3 P. M., the date above stated.

(23) Signature Geo. L. McKee

(Physician or Midwife)

Address 6 E. Chase

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

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(24) Given name added from supplemental report, 19

RECORD

FEB 16 1910

JAS. BOSLEY M.D. Registrar
COM'R OF HEALTH

Filed , 19 . Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B 53858

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 128 E. Broadway St.) (3 Ward)

(2) FULL NAME OF CHILD Margaret Pearl Wessel (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female			Yes	Feby.	6	1910

FATHER		MOTHER	
(8) FULL NAME	Frank Robert Wessel	(14) FULL MAIDEN NAME	Anna Bear
(9) RESIDENCE	128 E. Broadway	(15) RESIDENCE	128 E. Broadway
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	29	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	Cincinnati Ohio	(18) BIRTHPLACE	B. C.
(13) OCCUPATION	Clerk	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Balto. Md. 2.30 P. M., the date above stated.

1910 (23) Signature Geo. A. Neilson (Physician or Midwife)

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

RECEIVED FOR RECORD

(24) Given name added from a supplemental report FEB 16 1910, 19

JAS BOSLEY M.D. COM'R OF HEALTH Registrar

Address 6 N. Broadway

Filed , 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A53859

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1709 N. Pegester St.; Ward)

(2) FULL NAME OF CHILD: Baby Chasey

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 11, 1910

FATHER

(8) FULL NAME	George W. Chasey
(9) RESIDENCE	1709 N. Pegester
(10) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	Baltimore
(13) OCCUPATION	Boilermaker

MOTHER

(14) FULL MAIDEN NAME	Mamie Aboub
(15) RESIDENCE	1709 N. Pegester St.
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	26
(18) BIRTHPLACE	Baltimore
(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth: 4

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at [illegible] P. M., the date above stated.

(23) Signature: Conrad Schmitz M.D. (Physician or Midwife)

Address: 1710 E. Monument St.

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

(24) Given name added from a supplemental report FEB 16 1910, 19

Filed ____, 19 .

JAS. BOGLEY M.D. COM'R OF HEALTH — Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A53860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 18 1910
JAS. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 13/10
5. Place of Birth, (Street and number) 1604 Jackson St
6. Full name of Mother, Rose Tomanus
7. Mother's Maiden Name, Gilice
8. Mother's Birthplace, America
9. Full name of Father, Wm Tomanus
10. Father's Occupation, Laborer
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Carolina Schanz

Address, 434 Fait Ave

Remarks, 1910008340

Be it ordained, &c., That a record shall be delivered, duly signed by the physician or midwife in attendance, or by the parent or parents of the child, or by the householder in the case of a birth occurring without the attendance of a physician or midwife, to the Registrar of Vital Statistics of the City of Baltimore, within the first and third day of each and every month, to be entered by him in the Register of Births. In case the birth of any child shall occur without the attendance of a physician or midwife, and no record of such birth shall be delivered to the Registrar of Vital Statistics as aforesaid within ten days after the occurrence of such birth, the householder in whose house or on whose premises such birth shall occur, shall become the duty of the person or persons in attendance upon the mother, immediately thereafter to report to the Registrar of Vital Statistics the particulars required to be recorded in relation to such birth; and every such person who shall neglect or refuse to perform such duty, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 153861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Name of Child, (Mary Veronica) Waldhauser
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Fourth of February
6. Place of Birth, (Street and number) 734 N. Wolfe Street.
6. Full name of Mother, Annie Mary Waldhauser.
7. Mother's Maiden Name, Annie Mary Borgmann.
8. Mother's Birthplace, Baltimore.
9. Full name of Father, Kilian Waldhauser
10. Father's Occupation, Harness maker.
11. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Emil Neuley

Address, 734 N. Wolfe Street 1606

Remarks, Good 1606

1 0 0 0 0 1 3 4 1

RECEIVED FOR RECORD FEB 18 1910 S. BOSLEY M.D. BOARD OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, the record of such birth to be signed and sworn to by such person, who shall be required to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 18 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Elva Laura Heentsch
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* January 23 rd. 1910
6. *Place of Birth, (Street and number)* 1621 East Chase Street
6. *Full name of Mother,* Dola May Heentsch
7. *Mother's Maiden Name,* Dola May Martin
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* John Henry Heentsch
10. *Father's Occupation,* Instructor in Shirt factory
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Martha Heentsch

Address, 1517 E. Preston

Remarks, 1910000 1342

attendance upon the confinement of a physician or practitioner of midwifery, or should no other person in attendance upon such confinement fail to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 18 1910
JAS BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. Name of Child, Mary Lozetta Behrens
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, January 1st 1910 (about 2.35 A.M.)
6. Place of Birth, (Street and number) 1804 N Montford ave (nr Gays)
6. Full name of Mother, Hannah Gertrude Behrens
7. Mother's Maiden Name, Hannah Gertrude Beard
8. Mother's Birthplace, Baltimore City Md
9. Full name of Father, John Behrens
10. Father's Occupation, Conveyancer (now Clerk in Superior Court)
11. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Mrs Emilie Strauss

Address, 1606 N Bradford St Baltimore City Md

Remarks, Mother & child doing nicely 3 of 4 and attended too

Any person without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed by the rules and regulations of the Board of Health, and any such person or persons who shall hereafter fail, refuse or neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 19 1910
JAS BOGLEY M.D.
REG'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Name of Child,* Ruth Brooks
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb. 7th, 1910
6. *Place of Birth, (Street and number)* 1635 N. Gay St.
6. *Full name of Mother,* Emily Brooks
7. *Mother's Maiden Name,* Emma V. Henderson
8. *Mother's Birthplace,* England
9. *Full name of Father,* Samuel Henderson
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Baltimore County, Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Geo. W. Simpson

Address,

Remarks, 1910000134

attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the person so neglecting shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 19 1910
JAS. BOCKLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. *Name of child,* Emma J. Stiffle
2. *Sex,* (*state whether male or female*) Female
3. *Race or color,* (*if not of the White Race*) White
4. *Date of Birth* January 31. 1908.
5. *Place of Birth,* (*Street and number*) corner Wallas and Hilcanna Sts.
6. *Full name of Mother,* Freda Stiffle
7. *Mother's Maiden Name,* Freda A. Noff.
8. *Mother's Birthplace,* Baltimore.
9. *Full name of Father,* Frank Stiffle
10. *Father's Occupation,* Shoemaker.
11. *Father's Birthplace,* Russia. Poland

Name of Medical Attendant, or other person who makes this Return, Julia Bogdanovicz.

Address, Bond Ste. 622

Remarks, Stiffle

1 9 1 0 0 0 1 3 4 5

misdemeanor, and shall on conviction thereof be punished by a fine of not less than ten dollars nor more than fifty dollars, or by imprisonment in the city jail not more than thirty days, or both, in the discretion of the Court; and it shall be the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons so shall neglect or refuse, to report the birth as aforesaid, to cause the offender to be prosecuted to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 19 1910
S. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 15. 1910
4. *Place of Birth, (Street and Number)* 1915 Lanvale St
5. *Full Name of Mother,* Anna Trifillis
6. *Mother's Maiden Name,* Anna Kuroniate
7. *Mother's Birthplace,* Greece
8. *Full Name of Father,* E.P. Trifillis
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Greece

Name of Medical Attendant, or other person who makes this Return, Mr. Kennedy

1910000137

Address, 718 N. Mount St.

Remarks,

Penalties upon the Attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall not be reported as above required, and within the period above required, and by such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 19 1910
J.S. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, Florence Rose Joseph
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race)
4. Date of Birth Feb 1 1910
5. Place of Birth, (Street and number) 124 N. Hart St
6. Full name of Mother, Marie E Joseph
7. Mother's Maiden Name, Marie E Schwartz
8. Mother's Birthplace, Russia
9. Full name of Father, Nathaniel Joseph
10. Father's Occupation, Clothing Cutter
11. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Lenard E Brack M.D.

Address, 857 N Fayette St.

Remarks, 1910006347

Baltimore, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report it's birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, (a) All records and other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 19 1910
A. J. EDSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Ellen Kennedy Bodine
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race)
4. Date of Birth Feb 2nd
5. Place of Birth, (Street and number) 112 N. Calhoun St
6. Full name of Mother, Louisa Wilson Bodine
7. Mother's Maiden Name, Louisa Wilson
8. Mother's Birthplace, Boonsboro Md
9. Full name of Father, Jack Boyd Bodine
10. Father's Occupation, Real estate dealer
11. Father's Birthplace, Prince William Co, Va.

Name of Medical Attendant, or other person who makes this Return. Leonard E Beach M.D.

Address, 837 N Fayette St

Remarks, 1910000134 8

midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

One

RETURN OF A BIRTH. A53869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 19 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four

1. *Name of Child,* Murrell Ellsworth Smith
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan. 24, 1910
6. *Place of Birth, (Street and number)* 1043 W. Broadway
6. *Full name of Mother,* Emma A Smith
7. *Mother's Maiden Name,* Emma A. Jenkins
8. *Mother's Birthplace,* Norfolk Va
9. *Full name of Father,* James E Smith
10. *Father's Occupation,* Paper Box Manufacturer
11. *Father's Birthplace,* Raleigh N. C.

Name of Medical Attendant, or other person who makes this Return, Geo. W. Simpson, M.D.

Address, 1024 W. Broadway.

Remarks, 1910000 1349

attendance upon the mother. Immediately thereafter it shall become the duty of the physician or parent of such child to report in writing to the Registrar of Vital Statistics the particulars required by this section to be reported by him. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 19 1910
J. S. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Name of child,*	John.
2. *Sex, (state whether male or female)*	Male.
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	January 7. 1910.
5. *Place of Birth, (Street and number)*	Holmes St 1617.
6. *Full name of Mother,*	Aleksandra.
7. *Mother's Maiden Name,*	Ksawiera.
8. *Mother's Birthplace,*	Russia. Polen.
9. *Full name of Father,*	Pawal Skuzenski.
10. *Father's Occupation,*	Saloon.
11. *Father's Birthplace,*	Russia. Polen.
Name of Medical Attendant, or other person who makes this Return.	Ivija Bogdanovics
Address,	Holmes St. 1534
Remarks,	1910000135 Wife.

midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, and any person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD FEB 19 1910 JOS. BOGLEY M.D. BD. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,* John. F. Stuebel.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* January 27, 1910.
5. *Place of Birth, (Street and number)* Shakspeare St. 1630.
6. *Full name of Mother,* Freda Stuebel,
7. *Mother's Maiden Name,* Freda C. Wolff.
8. *Mother's Birthplace,* Baltimore,
9. *Full name of Father,* Frank Stuebel.
10. *Father's Occupation,* Shoemaker.
11. *Father's Birthplace,* Russia. Poland.

Name of Medical Attendant, or other person who makes this Return, Julia Bodanowicz.

Address, Thames St. 1534.

Remarks, Midwife.

1910 00 1351

Any person who shall neglect or refuse to make the return required by this section, or who shall make a false return, or who shall neglect or refuse to comply with the provisions of this section in relation to the registration of births, or who shall refuse to furnish the information required by this section, or who shall furnish false information, shall be guilty of a misdemeanor and upon conviction thereof shall be fined not less than ten dollars nor more than fifty dollars for each offense.

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B. A53872

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No.) Hebrew Hospital (St.; Ward)

(2) FULL NAME OF CHILD: Marie Potts

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

(3) Sex of Child: F | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth: Feb. (Month) 10 (Day) 19 10 (Year)

FATHER

(9) FULL NAME: Harry Potts

(10) RESIDENCE: 701 N. Chester St.

(10) COLOR: White | (11) AGE AT LAST BIRTHDAY: 42 (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Store-Keeper

(20) Number of children born to this mother, including present birth: 8

MOTHER

(14) FULL MAIDEN NAME: Lena Hackerman

(15) RESIDENCE: 701 N. Chester St.

(16) COLOR: White | (17) AGE AT LAST BIRTHDAY: 39 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: H. W.

(21) Number of children of this mother now living: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2:15 P. M., the date above stated.

(23) Signature: Wm. Lee Howard Jr. (Physician or Midwife)

Address: 1315 Eutaw Pl.

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

(24) Given name added from a supplemental report, 19

Filed FEB 19 1910, 19

JAC. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 2656 W. North Ave Registered No. B. A53873

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD not named — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
♂			Yes	Jan. 28 1910

	FATHER	MOTHER
(8) FULL NAME	John P White	(14) FULL MAIDEN NAME Marion White
(9) RESIDENCE	2656 W. North Ave	(15) RESIDENCE 2656 W North Ave
(10) COLOR	White	(16) COLOR W.
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE	Md.	(18) BIRTHPLACE Md.
(13) OCCUPATION	Wagon Builder.	(19) OCCUPATION

(20) Number of children born to this mother, including present birth 5th (21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~Born~~ 4 P M., the date above stated.

(23) Signature W. J. Walton M.D. (Physician or Midwife)

Address 1748 Park Ave

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

(24) Given name added from a supplemental report, ____, 19 ____

RECEIVED FOR RECORD FEB 19 1910 J. H. BOSLEY M.D. COMR OF HEALTH

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH ~~CERTIFICATE AMENDED~~ 10/17/1

(1) PLACE OF BIRTH — Registered No. B. A53874

CITY OF BALTIMORE (No. 229 E Heath St.; 24 Ward)

(2) FULL NAME OF CHILD DOROTHEA ELIZABETH SEIPELL (If name is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(8) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 9 1910

	FATHER	MOTHER
(9) FULL NAME / (14) FULL MAIDEN NAME	Charles ~~Seipell~~ SEIPELL	Mary Rensing
(10) RESIDENCE / (15) RESIDENCE	229 E Heath St.	229 E Heath St.
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	28	35
(12) BIRTHPLACE / (18) BIRTHPLACE	Md	Md
(13) OCCUPATION / (19) OCCUPATION	Ship Carpenter	Housewife
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11-10 A M., the date above stated.

1910 U (23) Signature R L Campbell MD (Physician or Midwife)

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

RECEIVED FOR RECORD FEB 19 1910 JAS. BOGLEY M.D. COMR OF HEALTH Registrar

(24) Given name added from a supplemental report, 19

Address 1644 Hanover St.

Filed 2/19, 1910 Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53875

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Carroll Brown. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: male | (4) Twin, triplet, or other? single (To be answered only in event of plural births) | (5) Number in order of birth: 1st | (6) Legitimate? Yes | (7) Date of Birth: Feb. 16, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME: Carl Walter Brown

(9) RESIDENCE: ~~Kent~~ Co. Md.

(10) COLOR: colored. (11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: Wilmington Del.

(13) OCCUPATION: Laborer.

MOTHER

(14) FULL MAIDEN NAME: Sedonia Hawkins

(15) RESIDENCE: 810 Hampsen Street.

(16) COLOR: colored. (17) AGE AT LAST BIRTHDAY: 19 (Years)

(18) BIRTHPLACE: Kent Co. md.

(19) OCCUPATION: Domestic s.

(20) Number of children born to this mother, including present birth: 1st. (21) Number of children of this mother now living: 1st.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 810 Hampsen St M., the date above stated.

1910 (23) Signature: Caroline Murray. (Physician or Midwife)

Address: 838 N. Howard Street.

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

(24) Given name added from a supplemental report ____, 19

Filed Feb. 19, 1910.

RECORD FEB 19 1910 JAS. BOOLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53876

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 844 W. Lexington St.; Ward)

(2) FULL NAME OF CHILD James Frederick Legg

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1	Yes	Feb 12 1910

FATHER	MOTHER
(8) FULL NAME Jas Fred. Legg	(14) FULL MAIDEN NAME Clara L. Peart
RESIDENCE 844 W Lexington	(15) RESIDENCE 844 W Lexington
(9) COLOR Wht. (11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR Wht. (17) AGE AT LAST BIRTHDAY 28 (Years)
(10) BIRTHPLACE Balto.	(18) BIRTHPLACE Balto
(12) OCCUPATION Balto City Fire Dept	(19) OCCUPATION Houston
(13) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 15 A M., the date above stated.

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

(23) Signature R Hollowood M.D.

(24) Given name added from a supplemental

Address 934 W Fayette St

RECEIVED FOR FEB 19 1910, 19

JAS. BOGLEY M.D. COMR OF HEALTH Registrar

Filed , 19 Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 3-16-70

A53877

(1) PLACE OF BIRTH CITY OF BALTIMORE. (No. Hebrew Hospital St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD Seth LeRoy Barton

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 13 19 70

FATHER	MOTHER
(8) FULL NAME Seth Wuttle Barton	(14) FULL MAIDEN NAME Grace Lillian Ewalt
(9) RESIDENCE 1732 N. Caroline St	(15) RESIDENCE
(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Waiter	(19) OCCUPATION Housewife
Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 M., the date above stated.

(23) Signature [signature] (Physician or Midwife)

Address 357 [illegible]

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

(24) Given name added from a supplemental

RECEIVED FOR FEB 19 1970, 19

Filed , 19

JAS. BOSLEY M.D. COM'R OF HEALTH Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53878

(1) PLACE OF BIRTH Balto. Md. Registered No. B

CITY OF BALTIMORE. (No. 605 East Ave. St.; Ward)

(2) FULL NAME OF CHILD William Perry Krohmann. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				Feb. 21 1910

FATHER		MOTHER	
(8) FULL NAME	Wm Perry Krohmann	(14) FULL MAIDEN NAME	Mrs Pearl Krohmann.
(9) RESIDENCE	605 East Ave.	(15) RESIDENCE	605 East Ave.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	Baltimore Md	(18) BIRTHPLACE	Oxford Md.
(13) OCCUPATION	Assistant Shipping Clerk.	(19) OCCUPATION	Housekeeper.
(20) Number of children born to this mother, including present birth	First	(21) Number of children of this mother now living	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 605 East Ave M., the date above stated.

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

(23) Signature Mrs Margaret Myers. Midwife (Physician or Midwife)

(24) Given name added from a supplemental report , 19

Address 2119 Pulaski Street.

Filed FEB 21 1910 , 19

RECEIVED FOR RECORD FEB 21 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53879

(1) PLACE OF BIRTH 1218 W. Fayette St.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD ~~(Baby)~~ Leech, BRUCE STEELE

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				Feb 6 1910

FATHER	MOTHER
(8) FULL NAME Herbert B. Leech	(14) FULL MAIDEN NAME Florence Lenig Lorenz
(9) RESIDENCE 1218 W. Fayette St	(15) RESIDENCE Balto 1218 Fayette St
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 35 (Years)	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Virginia	(18) BIRTHPLACE Balto
(13) OCCUPATION Commercial Illustrator	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1218 W. Fayette St M., the date above stated.

2-10-10

(23) Signature A C Pole

(Physician or Midwife)

Address 2038 Madison Av

Filed FEB 21 1910 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

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

RECORD

JAS. BOOLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53880

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 403 N. Madeira St.; N. Ward)

(2) FULL NAME OF CHILD Hermann Albert Dellinger

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	Twin	2	Yes	N. 17 1910

FATHER		MOTHER	
(8) FULL NAME	Johann Andreas Dellinger	(14) FULL MAIDEN NAME	Bertha Pieper
RESIDENCE	403 N Madeira St	(15) RESIDENCE	403 N Madeira St.
(9) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	51	(17) AGE AT LAST BIRTHDAY (Years)	40
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Germany
(13) OCCUPATION	Dairyman	(19) OCCUPATION	—
Number of children born to this mother, including present birth	6	(21) Number of children of this mother now living	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at N. 17. 10 11.30 A M., the date above stated.

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

(23) Signature A. H. A. Mayer M. D.

(Physician or Midwife)

(24) Given name added from a supplemental ____, 19

Address 1618 Madison Ave.

Registrar

RECEIVED FOR RECORD FEB Filed 1910, 19

Registrar

WM. H. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

CERTIFICATE AMENDED 12/9/71

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53881

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1840 W. Lanvale St.; Ward)

(2) FULL NAME OF CHILD Frederick E. BAUKHAGES (III) (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Male | (4) Twin, triplet, or other? | (5) Number in order of birth 3rd | (6) Legitimate? yes | (7) Date of Birth Feb 1, (Month) 6 (Day) 1940 (Year)

(To be answered only in event of plural birth)

FATHER	MOTHER
(9) FULL NAME Frederick E. [redacted], Jr.	(14) FULL MAIDEN NAME Elizabeth Darkowski
(10) RESIDENCE 1840 W Lafayette St.	(15) RESIDENCE 1840 W Lafayette St.
(11) COLOR White	(16) COLOR White
(12) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY (Years)
(13) BIRTHPLACE Maryland	(18) BIRTHPLACE Georgetown D. C.
(19) OCCUPATION Real estate Broker	(19) OCCUPATION Home Wife
Number of children born to this mother, including present birth 3rd	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9:30 A.M., the date above stated.

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

(23) Signature L. M. Lumpkin (Physician or Midwife)

(24) Given name added from a supplemental ____, 19

Address 60 Paca St.

Filed FEB 21 1940 19

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JAS. BOSLEY
COM'R OF [illegible]

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53882

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2127 Fedral St.; Ward)

(2) FULL NAME OF CHILD — Leroy Rollins Adams (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Jan. (Day) 4th, 19 10 (Year)
M			Yes	

	FATHER	MOTHER
(8) FULL NAME	Jno. Adams	(14) FULL MAIDEN NAME Carrie L. Rollins
(9) RESIDENCE	2127 Fedral St	(15) RESIDENCE 2127 Federal St.
(10) COLOR	W.	(16) COLOR W
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years) 24
(12) BIRTHPLACE	Calvert	(18) BIRTHPLACE Germany
(13) OCCUPATION	Bookkeeper Drug	(19) OCCUPATION

(20) Number of children born to this mother, including present birth 1st — (21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at [illegible] St., M., the date above stated.

(22) Signature [illegible] (Physician or Midwife)

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

(24) Given name added from a supplemental report ____, 19

Address [illegible]

Registrar

Filed ____, 19

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10 0 0 1 3 6 2
RECORD
FEB 21 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF Balto

CERTIFICATE OF BIRTH

A53883

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. 919 (925) Madeira St.; Ward)

(2) FULL NAME OF CHILD — Thomas Millard (Lewis) Jones. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Jan 25 (Day) 19 (Year)
M.			Y	

FATHER

(8) FULL NAME: Roy C. Jones

(9) RESIDENCE: 1922 No Edna

(10) COLOR: W. (11) AGE AT LAST BIRTHDAY: 29 (Years)

(12) BIRTHPLACE: Balto.

(13) OCCUPATION: Car Packer

MOTHER

(14) FULL MAIDEN NAME: Estella Rhodes

(15) RESIDENCE: 925 No Edna

(16) COLOR: W (17) AGE AT LAST BIRTHDAY: 27 (Years)

(18) BIRTHPLACE: Dorchester Co.

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at [illegible] P. M., the date above stated.

(23) Signature: E. Pritchard (Physician or Midwife)

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

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(24) Given name added from a supplemental report ____, 19__

Address [illegible] 19__

Filed JAS. BOSLEY, M.D. COM'R OF HEALTH 19__

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53884

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1422 West ... St.; ... Ward)

(2) FULL NAME OF CHILD Baby Brooks

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
M.			Yes	Jan 29, 19

(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	James Brooks	(14) FULL MAIDEN NAME	Mary M. Ray.
(9) RESIDENCE	142 Jefferson St	(15) RESIDENCE	142 Jefferson St.
(10) COLOR	W	(16) COLOR	W
(11) AGE AT LAST BIRTHDAY (Years)	28	(17) AGE AT LAST BIRTHDAY (Years)	26
(12) BIRTHPLACE	Salisbury Md.	(18) BIRTHPLACE	Balto.
(13) OCCUPATION	Molder	(19) OCCUPATION	
Number of children born to this mother, including present birth	8	(21) Number of children of this mother now living	8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.00 M., the date above stated.

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

(23) Signature C. C. Fleming M.D.

(Physician or Midwife)

Address 1422 W. Fayette St.

(24) Given name added from a supplemental report ..., 19

Filed ..., 19

Registrar

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RECORDED
FEB 3 1910
JAS BOSLEY M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53885

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1337 Mount Royal Ave; 14th Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	yes	Feb. 11 1910

	FATHER	MOTHER
(8) FULL NAME	Albert Keidel	(14) FULL MAIDEN NAME — Janet Gordon Carmichael Van Smith.
(9) RESIDENCE	Baltimore	(15) RESIDENCE — Baltimore
(10) COLOR	White	(16) COLOR — White
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years) — 27
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE — Maryland
(13) OCCUPATION	Physician	(19) OCCUPATION — None

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.15 P. M., the date above stated.

(23) Signature: J. Morris Slemons (Physician or Midwife)

Address 23 W. Chase St

Filed FEB 22 1910, 19 .

Registrar

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

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RECORD

JAS. BOGLEY M.D. REGISTRAR

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53886

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 630 W Saratoga St. ; Ward)

(2) FULL NAME OF CHILD Joseph Bixby Marlin

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legiti. mate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	1	Yes	Feb 9th 1910

FATHER

FULL NAME	Mr Murray L Marlin
RESIDENCE	630 W Saratoga
COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Baltimore Co.
OCCUPATION	Salesman

MOTHER

(14) FULL MAIDEN NAME	Margaret M. Bixby
(15) RESIDENCE	630 W Saratoga St
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	22 yrs
(18) BIRTHPLACE	Balto Md
(19) OCCUPATION	Domestic

Number of children born to this mother, including present birth None

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at Feb 9th 1910, 10.30 P.M. the date above stated.

(23) Signature August Horn M.D.

(Physician or Midwife) 753 N Eutaw

Address

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

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Filed FEB 22 1910, 19

JAS. BOSLEY M.D. COMR. OF HEALTH

Registrar

(If) Given name added from a supplemental report, , 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53887

(1) PLACE OF BIRTH — GIVEN NAME ADDED 5-25-66 — Registered No. B

CITY OF BALTIMORE. (No. 400, N. Kenwood ave St.; Ward)

(2) FULL NAME OF CHILD — Not Known Edwin L. Koerber (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	Feb 12, 1910

FATHER	MOTHER
(8) FULL NAME: Philip Koerber	(14) FULL MAIDEN NAME: Amelia Schmidt
(9) RESIDENCE: 400 N. Kenwood ave.	(15) RESIDENCE: 400 N. Kenwood ave.
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 43 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 39 (Years)
(12) BIRTHPLACE: Balto Md.	(18) BIRTHPLACE: Balto Md.
(13) OCCUPATION: Cutter	(19) OCCUPATION: Home wife
(20) Number of children born to this mother, including present birth: 10	(21) Number of children of this mother now living: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5:20 A. M., the date above stated.

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

19100801367

(23) Signature: G. F. Mayer M. D. (Physician or Midwife)

(24) Given name added from a supplemental ____, 19

Address: 400 N. Kenwood ave

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Filed FEB 22 1910, 19

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JAS. BOSLEY M.D. COM'R OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53888

CITY OF BALTIMORE. (No. 702 Newington Av. St.; Ward)

(2) FULL NAME OF CHILD Julius Sealer. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M			Yes	June 22 1910

FATHER	MOTHER
(8) FULL NAME Earl L. Sealer.	(14) FULL MAIDEN NAME Ethel Sealer Lyden
(9) RESIDENCE 702 Newington Ave.	(15) RESIDENCE 702 Newington Av.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Chicago	(18) BIRTHPLACE Lynn Co. Pa.
OCCUPATION Salesman	(19) OCCUPATION Housewife
Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 a. M., the date above stated.

1910 (23) Signature Irving Miller

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

105 Eutaw Av. (Physician or Midwife)

(24) Given name added from a supplemental ____, 19

Address

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Registrar

Filed ____, 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A53889

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1139 E. Lombard St. St.; Ward)

(2) FULL NAME OF CHILD Colman Koppelman

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				February 14 1910

FATHER

(8) FULL NAME Samuel Koppelman

(9) RESIDENCE 1139 E. Lombard

(10) COLOR White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Peddler

(20) Number of children born to this mother, including present birth 3rd

MOTHER

(14) FULL MAIDEN NAME Fannie Buchman

(15) RESIDENCE 1139 E Lombard St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1139 E Lombard M., the date above stated.

1910 (23) Signature Elbie Wyles

Midwife. (Physician or Midwife)

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

(24) Given name added from a supplemental report on Feb 21, 1914, 19

Address 29 S. Caroline St.

RECEIVED FOR RECORD FEB 22 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed , 19

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53890

CITY OF BALTIMORE. (No. 510 W Lanvay St. St.; Ward)

(2) FULL NAME OF CHILD Norman Lee, Ethel Edmund & Warsman (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child (2) Female + one Male | (4) Twin, triplet, or other? Triplet (To be answered only in event of plural births) | (5) Number in order of birth 4th | (6) Legitimate? yes | (7) Date of Birth Dec (Month), 10 (Day) 1909 (Year)

FATHER

(8) FULL NAME Oran C. Warsman

(9) RESIDENCE 510 W Lanvay

(10) COLOR White | (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Delaware

(13) OCCUPATION Clerk

(14) Number of children born to this mother, including present birth 7

MOTHER

(14) FULL MAIDEN NAME Lavinia O. Baily

(15) RESIDENCE 510 W Lanvay St.

(16) COLOR White | (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION Home Wife

(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at about 4 A.M., the date above stated.

1910 (23) Signature W. J. McLumpsire (Physician or Midwife)

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

(24) Given name added from a supplemental report, 19

Address 602 S. Paca St.

Filed FEB 21 1910, 19

Registrar

JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

153891

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 429 Hanover St.; Ward)

(2) FULL NAME OF CHILD Ida DeAlba

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
	(To be answered only in event of plural births)			Feb. 6, 1910

FATHER	MOTHER
(8) FULL NAME Louis DeAlba	(14) FULL MAIDEN NAME Matilda Baker
(9) RESIDENCE 429 Hanover St	(15) RESIDENCE 429 Hanover St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Batto Co.,	(18) BIRTHPLACE City
(13) OCCUPATION Clerk	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 P. M., the date above stated.

1910 (23) Signature J. H. Fair

Physician (Physician or Midwife)

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

(24) Given name added from a supplemental ____ , 19

Address 428 E. 25th St.

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Filed FEB 21, 1910.

RECEIVED FOR RECORD FEB 21 1910 JAS BOSLEY, M.D. COM'R OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B 453892

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No.) 1205 McCulloh St.; Ward)

(2) FULL NAME OF CHILD — Roberta Hoffman Snyder

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
	(To be answered only in event of plural births)			Jan (Month) 23 (Day) 1913 (Year)

FATHER	MOTHER
(8) FULL NAME: John Ernest Snyder	(14) FULL MAIDEN NAME: Leonnie Hoffman
(9) RESIDENCE: 1205 McCulloh St.	(15) RESIDENCE: 1205 McCulloh St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 29 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Carroll Co.	(18) BIRTHPLACE: Carroll Co.,
(13) OCCUPATION: Dairy Man	(19) OCCUPATION: House Wife
(20) Number of children born to this mother, including present birth: 1.	(21) Number of children of this mother now living: 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11-30 a M., the date above stated.

1910 (23) Signature: Dr. H. L. Fair

(Physician or Midwife)

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

(24) Given name added from a supplemental report ____, 19

Address: 1205 McCulloh St

Filed: FEB 21 1910 19

Registrar

JAS BOSLEY M.D. COM'R OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53893

PLACE OF BIRTH

CITY OF BALTIMORE. (No.) 1300 Wilcox St.; Ward)

FULL NAME OF CHILD Laura Viola Mosco

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

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	one	First	Yes	2, 14, 1910

FATHER

FULL NAME: Joseph Mosco

RESIDENCE: 1300 Wilcox St

COLOR: White (11) AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Italy

OCCUPATION: Barber

Number of children born to this mother, including present birth: one

MOTHER

(14) FULL MAIDEN NAME: Laura Viola Johnson

(15) RESIDENCE: 1300 Wilcox

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 16 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: none

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.50 P. M., the date above stated.

(23) Signature: W M Boring Physician (Physician or Midwife)

Address 834 N. Broadway

Filed FEB 21 1910, 19 .

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

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

(24) Given name added from a supplemental report, _____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53894

(1) PLACE OF BIRTH 2222. Eagle St. Registered No. B

CITY OF BALTIMORE. (No. 2222., Eagle St.; XX Ward)

(3) FULL NAME OF CHILD Helen Sommers jr. (If child is not yet named, make supplemental report, as directed)

(2) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	February 17 1910

	FATHER	MOTHER
(8) FULL NAME	Winfield, Vale Sommers	(14) FULL MAIDEN NAME Helen Marburger
RESIDENCE	2222. Eagle St	(15) RESIDENCE 2222. Eagle St.
(9) COLOR	white	(16) COLOR white
(11) AGE AT LAST BIRTHDAY	24 (Years)	(17) AGE AT LAST BIRTHDAY 20 years (Years)
(10) BIRTHPLACE	Baltimore, Md.	(18) BIRTHPLACE Baltimore, Md.
OCCUPATION	Picture-Frame-Moulder	(19) OCCUPATION Housewife
Number of children born to this mother, including present birth	two	(21) Number of children of this mother now living two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 15 a. M., the date above stated.

1910 (23) Signature Geo. Aldrich

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

attending Physician (Physician or Midwife)

(24) Given name added from a supplemental report, _____, 19

Address 2151 Division Ave

Filed FEB 21 1910 .

Registrar

Registrar

RECORDED

JAS. BOSLEY, M.D. COMMISSIONER OF HEALTH

(READ THE REVERSE SIDE)

4/27/69

CERTIFICATE AMENDED

DEPARTMENT OF HEALTH OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 4/27/69

(1) PLACE OF BIRTH CITY OF BALTIMORE. (No. 651 W. Lee St.; Ward)

Registered No. B. A53895

(2) FULL NAME OF CHILD MALE - FRANCIS WARREN FEMALE - GRACE VIRGINIA TAUBER

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male & Female	Twins	2nd	yes	June 10 1910

FATHER	MOTHER
(9) FULL NAME: ~~TAUBER~~ Francis J. Tauber	(14) FULL MAIDEN NAME: Bessie Lee Woods
(10) RESIDENCE: 651 W. Lee St.	(15) RESIDENCE: 651 W Lee St.
(11) COLOR: White; AGE AT LAST BIRTHDAY (Years):	(16) COLOR: White; (17) AGE AT LAST BIRTHDAY (Years):
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Virginia
(13) OCCUPATION: Box Maker	(19) OCCUPATION: House Wife
Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at about 8 a M., the date above stated.

(23) Signature L. M. Lumpkin (Physician or Midwife)

Address 602 S. Paca St.

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

(24) Given name added from a supplemental ~~birth~~ report 19

Registrar

RECEIVED FOR RECORD ..... 19 .

FEB 21 1910

JAS. BOGLEY M.D.

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53896

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1804 Bethel St.; Ward)

(2) FULL NAME OF CHILD Frances Eliz. Hunter

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.	(To be answered only in event of plural births)		Yes	Jan. 29 1910

	FATHER	MOTHER
(8) FULL NAME	Francis Hunter Jr.	(14) FULL MAIDEN NAME Eliz. Frommer
(9) RESIDENCE	1804 Bethel St.	(15) RESIDENCE 1804 Bethel St.
(10) COLOR	W. (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR W. (17) AGE AT LAST BIRTHDAY 30. (Years)
(12) BIRTHPLACE	Balto.	(18) BIRTHPLACE Balto
(13) OCCUPATION	Steam fitter.	(19) OCCUPATION

Number of children born to this mother, including present birth 3 (21) Number of children of this mother now living 3

1804 Bethel

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at [redacted] M., the date above stated.

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

8 1 0 0 0 1 3 7 6

(23) Signature [redacted] (Physician or Midwife)

(24) Given name added from a supplemental report, 19

Address 1804 E Eager St.

Filed FEB 21 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53897

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 20 Monument St; Ward)

(2) FULL NAME OF CHILD Maria Fuellgraf

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
F.			Yes	Jan 2 1910

FATHER		MOTHER	
(8) FULL NAME	Nicholas Fuellgraf.	(14) FULL MAIDEN NAME	Elis. Kiefer
(9) RESIDENCE	20 Monument St	(15) RESIDENCE	20 Monument St.
(10) COLOR	W. (11) AGE AT LAST BIRTHDAY 38 (Years)	(16) COLOR	W. (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE	Baltimore.	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Plumber.	(19) OCCUPATION	
(20) Number of children born to this mother, including present birth	1st	(21) Number of children of this mother now living	1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 20 Monument St 4 P.M., the date above stated.

(23) Signature [illegible]

Address 419 E Eager St

(Physician or Midwife)

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

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RECEIVED FEB RECORD

FEB 21 1910

JAS BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53898

CITY OF BALTIMORE. (No. 1104 Broadway, St.; Ward)

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

(2) FULL NAME OF CHILD Cecelia Waterworth.

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
F.			Yes.	Jan. 11 (Month) (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: James. Waterworth Jr.	(14) FULL MAIDEN NAME: Cecelia Cassidy
(9) RESIDENCE: "	(15) RESIDENCE: 1104 Broadway.
(10) COLOR: W. (11) AGE AT LAST BIRTHDAY: 21 (Years)	(16) COLOR: W. (17) AGE AT LAST BIRTHDAY: 19 (Years)
(12) BIRTHPLACE: City.	(18) BIRTHPLACE: Md.
(13) OCCUPATION: Machinist.	(19) OCCUPATION: Seamstress.

(20) Number of children born to this mother, including present birth 1 — (21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1104 Broadway 11½ M. on the date above stated.

(22) Signature Stanley E. Clement (Physician or Midwife)

Address 1104 Broadway

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

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RECEIVED BY REGISTRY OF RECORD FEB 21 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 — Filed ____, 19 .

Registrar — Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53899

CITY OF BALTIMORE. (No. 1010 N. Fremont Ave. St.; Ward)

(2) FULL NAME OF CHILD Margaret Loretta Burke

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F			Yes	June 15 1910

FATHER

(8) FULL NAME Herman Burke

(9) RESIDENCE 1010 Washington Ave

(10) COLOR W. (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Plumber

MOTHER

(14) FULL MAIDEN NAME Dorothea Fenton

(15) RESIDENCE 1010 Washington Ave.

(16) COLOR W. (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Baltimore.

(19) OCCUPATION —

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at #1010 Washington Ave, Md., on the date above stated.

1910 (23) Signature E. E. Emmett, M.D.

1379

1419 E. Eager St.

(Physician or Midwife)

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

(24) Given name added from a supplemental report _____, 19

Address

Filed FEB 21 1910 JAS BOSLEY M.D. COM'R OF HEALTH 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1833 N. Wolfe St. Registered No. B A53900

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Helen Callis Rinehardt (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 19, 1910

FATHER

(8) FULL NAME Geo. R. Rinehardt

(9) RESIDENCE 1833 N. Wolfe.

(10) COLOR W. (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Balto.

(13) OCCUPATION Toolmaker Bethlehem Steel Co.

Number of children born to this mother, including present birth 2.

MOTHER

(14) FULL MAIDEN NAME Catherine Callis

(15) RESIDENCE 1833 N. Wolfe

(16) COLOR W. (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Balto.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.20 a. M., the date above stated.

(23) Signature A Samuels M.D. (Physician or Midwife)

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

U 0 0 1 3 8 0

(24) Given name added from a supplemental report, 19

Registrar

Address 2133 Maxwell St.

Filed FEB 21 1910, 19

RECEIVED FEB 21 1910 JAS. BOGLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53901

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1193 N. Fulton Ave St.; Ward)

(2) FULL NAME OF CHILD Martha Mildred Close

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

(3) Sex of Child Female | (4) Twin, triplet, or other? — | (5) Number in order of birth | (6) Legitimate? Yes. | (7) Date of Birth Febry. (Month) 7 (Day) 19 10. (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Wm. Herbert Close.

RESIDENCE 1193 N. Fulton Ave

(9) COLOR White (11) AGE AT LAST BIRTHDAY 26 (Years)

(10) BIRTHPLACE Baltimore Md.

OCCUPATION Fireman

Number of children born to this mother, including present birth 3

MOTHER

(14) FULL MAIDEN NAME Santhia Clark

(15) RESIDENCE 1193 N. Fulton Ave.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 26. (Years)

(18) BIRTHPLACE Anne Arundel Co Md.

(19) OCCUPATION Housework.

(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~4~~ 5.35 P. M., the date above stated.

1 9 1 0 (23) Signature ~~1378~~ C. Shannon Mills Physician (Physician or Midwife)

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

(24) Given name added from a supplemental report, , 19

Address 700 N. Fulton Ave.

Registrar

Filed , 19 .

Registrar

RECEIVED FOR RECORD FEB 21 1910 JAS. BOSLEY M.D. COMPTROLLER

(READ THE REVERSE SIDE)

midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parties in charge of such case to report the same to the Commissioner of Health, as aforesaid, and within the period above mentioned. Any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD FEB 22 1910 WM BOSLEY M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 19-1910.
5. *Place of Birth, (Street and number)* 51- Jackson St. (Homestead)
6. *Full name of Mother,* alice M. Forrest
7. *Mother's Maiden Name,* alice Kuhl
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Thos. C. Forrest
10. *Father's Occupation,* Salesman
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. F. N. Herrman M.D.

Address, 315 E. Baltimore St.

Remarks,

19100001382

RETURN OF A BIRTH. A53903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Borne Children 1 Mis
1. *Name of child,* Raymond Westley Carey
2. *Sex, (state whether male or female)* mail
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Oct 18 1910
5. *Place of Birth, (Street and number)* # 72 Birth Carty
6. *Full name of Mother,* Mrs Lizzie May Carey
7. *Mother's Maiden Name,* Lizzie May Watts
8. *Mother's Birthplace,* Baltimore Co
9. *Full name of Father,* Mr William Henry Carey
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Mrs Margaret A Wheat

Address, Mrs Margaret A Wheat Hospital

Remarks, #179 Book 0 1383 Baltimore Md

RECORD FEB 22 1910

J.A.S. BOSLEY M.D. COMR OF HEALTH

Notice. In case the birth of any child shall not be reported as above required, the Commissioner of Health, or some person by him authorized, shall forthwith proceed to investigate the circumstances of such birth, and the midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so shall thereafter fail to comply with the requirements of this section shall be subjected to a fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7 th

1. Name of Child, Ira Kenna
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, the 17 of February 1910
6. Place of Birth, (Street and number) 1337 Ramsay st
6. Full name of Mother, Sophia Jang
7. Mother's Maiden Name, Quinga
8. Mother's Birthplace, Baltimore Co Md
9. Full name of Father, James Oscar Jang
10. Father's Occupation, Produce dealer
11. Father's Birthplace, Manchester Va

Name of Medical Attendant, or other person who makes this Return, Margaret C Waters

Address, 1614 N Baltimore st

Remarks, 1 9 1 0 0 0 0 1 3 8 4

RECEIVED FOR RECORD
FEB 21 1910
GEO. BOOLEY M.D.
COMR OF HEALTH

Any physician or midwife in attendance upon the mother, or any person or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Elsie Abrams Mathews
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth, Monday, Feb 7, 1910 3:30 A.M.
6. Place of Birth, (Street and number) 718 East 21st St.
6. Full name of Mother, Blanche Abrams Mathews
7. Mother's Maiden Name, Blanche Edna Abrams
8. Mother's Birthplace, Baltimore, Md
9. Full name of Father, Chas Logan Mathews
10. Father's Occupation, Switchboard Foreman, C. & P. Tel. Co.
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. A Zimmerman M.D.

Address, 1805 W. North Ave

Remarks, 1 9 1 0 0 0 0 1 3 8 5

RECORDED
FEB 8 1910
JAS. BOOLEY M.D.
COMR. OF HEALTH

Every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Name of Child,* Rosa Greenberg
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb 9 1910
6. *Place of Birth, (Street and number)* 205 N. Bond St
6. *Full name of Mother,* Lizzie Greenberg
7. *Mother's Maiden Name,* Lizzie Mosenkranz
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Louis Greenberg
10. *Father's Occupation,* Butcher
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Ellie Snyder

Address, 9 S Caroline St

Remarks, Ellie Snyder

RECEIVED FOR RECORD
FEB 23 1910

1911 0 0 0 0 1 3 8 4

JAS. GOSLEY M.D.
COM'R OF HEALTH

Any Physician or Practitioner of Midwifery, or other person who shall be in attendance upon the mother, immediately after the birth of a child, and who shall neglect or refuse to make the return required, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of child,* Cornelia Volz
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb-1-1910
5. *Place of Birth, (Street and number)* 2502 E Biddle St
6. *Full name of Mother,* Mina Volz
7. *Mother's Maiden Name,* Mina McKay
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Henry G Volz
10. *Father's Occupation,* Barber
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, H. J. Bowen M.D.

Address, 2511 E Preston St

Remarks,

RECEIVED FOR RECORD FEB 24 1910 E. P. HOOLEY, M.D. REGISTER OF HEALTH

1910001387

Note. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the owner or occupier of the premises where such birth occurs, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53908

GIVEN NAME ADDED 10-13-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,* Miriam Elizabeth Torbert
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb 21 10
6. *Place of Birth, (Street and number)* 1164 E North ave
6. *Full name of Mother,* Mamie Torbert
7. *Mother's Maiden Name,* Mamie Allen
8. *Mother's Birthplace,* Pennsylvania
9. *Full name of Father,* Robt R Torbert
10. *Father's Occupation,* Plasterer
11. *Father's Birthplace,* Harford Co

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 9 1 0 0 0 0 1 3 8 8

RECEIVED FOR RECORD
AUG 31 1910
S. BOSLEY M.D.
BOARD OF HEALTH

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in accordance with the requirements of this section, and any person so neglecting or refusing or failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Robert McGinn
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 13 1910
5. Place of Birth, (Street and number) 1412 E. Central Ave
6. Full name of Mother, Jodie McGinn
7. Mother's Maiden Name, Jodie Cole
8. Mother's Birthplace, Emma
9. Full name of Father, Joseph McGinn
10. Father's Occupation, City Fire Dept
11. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Dr. H. L. Fair

Address, 12. E. 25th St.

Remarks, 1910000 1389

RECEIVED FOR RECORD JAN 21 1910

J. S. BOSLEY, M.D. COMMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the forty midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, or of any such person or persons who shall Health, a full and complete return of such birth, as required by this section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Name of Child, Joseph Becci
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb. 16th 1910
5. Place of Birth, (Street and number) 404 S. Eden St.
6. Full name of Mother, Angela Maria Becci
7. Mother's Maiden Name, Angela Maria Cotaia
8. Mother's Birthplace, Italy
9. Full name of Father, Saverio Becci
10. Father's Occupation, Laborer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, A. Palmisano

Address, 316 S. Exeter St.

Remarks,

1910000 1390

RECEIVED FOR RECORD
FEB 21 1910
JAS. BOSLEY, M.D.
HEALTH

Attendance upon the mother. Commissioner of Health, in the manner and within the period above required, and child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child.

1. Name of child, Steven Brzosek.
2. Sex, (state whether male or female) Boy.
3. Race or color, (if not of the White Race) White.
4. Date of Birth Feb. 9th 1910.
5. Place of Birth, (Street and number) No 1516 Aliceanna St.
6. Full name of Mother, Sophie Brzosek.
7. Mother's Maiden Name, Sophie Jabluboska
8. Mother's Birthplace, Russia.
9. Full name of Father, Anton Brzosek.
10. Father's Occupation, Laborer.
11. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Fisher.

Address, 720 S. Bond st.

Remarks, 1910000139 1

RECEIVED FOR RECORD FEB 31 1910

I.A.S. BUDLEY M.D. COMM'R OF HEALTH

midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, the name of said child, and the date and place of birth, and any person or persons failing or neglecting to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child.

1. Name of child, Adam Baginski.
2. Sex, (state whether male or female) Boy.
3. Race or color, (if not of the White Race) White.
4. Date of Birth Feb. 9th 1910.
5. Place of Birth, (Street and number) No 498 S. Dallas St.
6. Full name of Mother, Lena Baginska.
7. Mother's Maiden Name, Lena Bubnowicka.
8. Mother's Birthplace, Russia.
9. Full name of Father, Frank Baginski.
10. Father's Occupation, Laborer.
11. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return. Mrs. Annie Fisher

Address, No 720 S. Bond St

Remarks, 1910000139 2

RECEIVED FOR RECORD FEB 21 1910 M.D. BOSLEY M.D. COMR OF HEALTH

Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as required above, and such person or parents shall be subject to the same penalty for neglect hereof, or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. af Child of Mather, (state whether 1st, 2d, 3d, &c.) Fifth Child.

1. Name of child, Clemmence Kooper.
2. Sex, (state whether male or female) Boy
3. Race ar calor, (if not of the White Race) White.
4. Date of Birth February 3d 1910.
5. Place of Birth, (Street and number) No 625 S. Dallas St.
6. Full name af Mather, Martha Kooper.
7. Mother's Maiden Name, Martha Wardelka.
8. Mother's Birthplace, Prussia Germany.
9. Full name of Father, John Kooper.
10. Father's Occupation, Laborer.
11. Father's Birthplace, Prussia Germany.

Name of Medical Attendant, or other person who makes this Return, Ipp. Annie Fistle

Address, 726 S. Bond St.

Remarks, 1910000013 93

RECEIVED FOR RECORD FEB 21 1910 JAS. EGGLEY M.D. BOARD OF HEALTH

Any Midwife, or Should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Boatman
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Jan 30th 10
6. Place of Birth, (Street and number) 764 Barnell Ave
6. Full name of Mother, Sophia Boatman
7. Mother's Maiden Name, Sophia Bellamy
8. Mother's Birthplace, Balto Md
9. Full name of Father, Theo. Boatman
10. Father's Occupation, Butcher
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, W A Tuell

Address, 2355 Frederick Ave

Remarks, 1910000139 4

RECEIVED FOR RECORD FEB 21 1910 JAS. BOSLEY M.D. COMR OF HEALTH

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Name of child,* Hilda Henry.
2. *Sex,* (state whether male or female) Female.
3. *Race or color,* (if not of the White Race) Colored.
4. *Date of Birth* Feb. 11th 1910.
5. *Place of Birth,* (Street and number) 316 Druid St.
6. *Full name of Mother,* Mary E. Henry.
7. *Mother's Maiden Name,* Mary E. Johnson.
8. *Mother's Birthplace,* Essex Co. Va.
9. *Full name of Father,* Thomas Henry.
10. *Father's Occupation,* Laboring Work
11. *Father's Birthplace,* Essex Co. Va.

Name of Medical Attendant, or other person who makes this Return, Dr. Elgar L. Thatcher

Address, Maryland Avenue 316 Druid Hill Ave.

Remarks, healthy Baby girl.

19100001395

RECEIVED FOR RECORD FEB 21 1910 JAS. CORLEY, M.D. COMR OF HEALTH

Boundary, or should no other person be near without the attendance of a physician or midwife, the nearest householder shall report the birth, as above directed, within ten days thereafter; it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH Baum

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

According to Article 23, Section 7.

A53916

Received for Record Feb. 22 - 1910

ld of Mother, (state whether 1st, 2d, 3d, &c.)	12 child
ate whether male or female)	Male
color, (if not of the white race)	colored
Birth,	14 to January 1910
Birth, (Street and Number)	906 W Chester St
me of Mother	Lisa Turner
Maiden Name	Susie Taylor
Birthplace	Easton Shore Maryland
me of Father	Frank Turner
Occupation	Miller
Birthplace	1 4 0 0 0 1 3 9 6 Easton Shore
Medical Attendant, r other person who makes this Return.	Mitchell Lovett
	62 6 north Eden

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53917

PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2209 Oliver st. St.; Ward)

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

FULL NAME OF CHILD Emma Reheberger.

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female.			Yes.	January 29 1910.

FATHER	MOTHER
FULL NAME Edward Reheberger.	(14) FULL MAIDEN NAME Emma Gray.
RESIDENCE 2209 Oliver st.	(15) RESIDENCE 2209 Oliver st.
COLOR White. (11) AGE AT LAST BIRTHDAY 27. (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 25. (Years)
BIRTHPLACE Baltimore Md.	(18) BIRTHPLACE Baltimore Md.
OCCUPATION Machinist.	(19) OCCUPATION Housewife.
Number of children born to this mother, including present birth 3.	(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(2) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2209 Oliver st M., the date above stated.

2 10 (22) Signature Antonia M. Jones. Midwife. (Physician or Midwife)

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

RECORDED FEB 23 1910 BOARD OF HEALTH

(1) Given name added from a supplemental report, 19

Address 1110 E. Cer. Port st. Baltimore Md.

Filed February 21, 1910.

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53918

PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 910 ea. Monford ave. St.; Ward)

FULL NAME OF CHILD Marie Anna Lehecka. (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes.	January 24 19

FATHER	MOTHER
FULL NAME Anton Lehecka.	(14) FULL MAIDEN NAME Mary Stepanek.
RESIDENCE 910 ea. Monford ave.	(15) RESIDENCE 910 ea. Monford ave.
COLOR White. (11) AGE AT LAST BIRTHDAT 26. (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAT 24 (Years)
BIRTHPLACE Bohemia Europe.	(18) BIRTHPLACE Bohemia Europe.
OCCUPATION Tailor.	(19) OCCUPATION Housewife.
Number of children born to this mother, including present birth 2.	(21) Number of children of this mother now living 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 910 ea. Monford ave. (M., the date above stated.

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

(23) Signature Antonia M. Jires. Midwife. (Physician or Midwife)

Address ea. 6. ea. Port st. Baltimore

(1) Given name added from a supplemental report.

13 Filed Feb. 21. , 1910.

Registrar — Registrar

(READ THE REVERSE SIDE)

0 1 0 0 0 1 3 9 8
RECEIVED
FEB 23 1910
REGISTRAR
J. J. BRADLEY M.D.
COMMISSIONER OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53919

PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 121. e/s Monford ave. St.; Ward)

FULL NAME OF CHILD Barbara Drimal. (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes.	January 24. 1910

FATHER

FULL NAME: Joseph Drimal.

RESIDENCE: 121. e/s Monford ave.

COLOR: White. (11) AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: New York. e/s/y.

OCCUPATION: Tailor.

Number of children born to this mother, including present birth: 6.

MOTHER

(14) FULL MAIDEN NAME: Anna Hbavisa.

(15) RESIDENCE: 121. e/s Monford ave.

(16) COLOR: White. (17) AGE AT LAST BIRTHDAY: 29. (Years)

(18) BIRTHPLACE: Baltimore Md.

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living: 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 121. e/s Montford ave M., on the date above stated.

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

(23) Signature: Antonia M. Jirus. Midwife. (Physician or Midwife)

) Given name added from a supplemental report

Address: 121. e/s Port st. Baltimore Md.

, 19

Filed February 24, 1910

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED
FEB 23 1910
U.S. BUREAU OF
REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53920

PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2435 Lafayette ave. St.; Ward)

FULL NAME OF CHILD Olivia Leona Kaufman. (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth, (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	January 30. 1910.

FATHER		MOTHER	
FULL NAME	Edward Kaufman.	(14) FULL MAIDEN NAME	Olivia Leona Yates.
RESIDENCE	2435. Lafayette ave.	(15) RESIDENCE	2435 Lafayette ave.
COLOR	White	(16) COLOR	White.
(17) AGE AT LAST BIRTHDAY	38. (Years)	(17) AGE AT LAST BIRTHDAY	37. (Years)
BIRTHPLACE	Baltimore Md.	(18) BIRTHPLACE	Baltimore Md.
OCCUPATION	Shoemaker.	(19) OCCUPATION	Housewife.
Number of children born to this mother, including present birth	6.	(21) Number of children of this mother now living	5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2435 Lafayette ave. M., on the date above stated.

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

(23) Signature Antonia M. Jones. Midwife. (Physician or Midwife)

(22) Given name added from a supplemental report after 10 DAYS FOR RECORD

Address c/o 6. c.s. Port st. Balto. Md.

Filed February 1, 1910.

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53921

PLACE OF BIRTH

CITY OF BALTIMORE. (No. 148 cr. Curley st. St.; 6. Ward)

FULL NAME OF CHILD Catharina Eleonora Kreiner (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	February 9. 1910.

FATHER

FULL NAME: William Kreiner.

RESIDENCE: cr 148. cr. Curley st.

COLOR: White. (11) AGE AT LAST BIRTHDAT: 37. (Years)

BIRTHPLACE: Germany.

OCCUPATION: Varnisher.

Number of children born to this mother, including present birth: 4.

MOTHER

(14) FULL MAIDEN NAME: Eleonora Biell.

(15) RESIDENCE: 148 cr. Curley st

(16) COLOR: White. (17) AGE AT LAST BIRTHDAT: 26 (Years)

(18) BIRTHPLACE: Germany.

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living: 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(a) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 148 cr. Curley st M., on the date above stated.

1910

(22) Signature: Antonia M. Jinn. Midwife. (Physician or Midwife)

Address: 1116 cr. Port st. Baltimore

Filed Feb. 22, 1910.

Registrar

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

(b) Given name added from a supplemental report, ____, 19

Registrar

RECEIVED BOARD OF HEALTH FEB 22 1910 C. B. OF H. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. B. 53922

CITY OF BALTIMORE. (No. 126 S. Chappel st St.; Ward)

FULL NAME OF CHILD Robert Frank Rupp. (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	January 29 1910

FATHER

FULL NAME	Frank E. Rupp.
RESIDENCE	126 S. Chappel st.
COLOR	White.
(11) AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Baltimore Md.
OCCUPATION	Watchman. G.
Number of children born to this mother, including present birth	7.

MOTHER

(14) FULL MAIDEN NAME	Mollie Keiley.
(15) RESIDENCE	126 S Chappel st.
(16) COLOR	White.
(17) AGE AT LAST BIRTHDAY	36. (Years)
(18) BIRTHPLACE	Baltimore Md.
(19) OCCUPATION	Housewife.
(21) Number of children of this mother now living	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 126 S. Chappel st. M., on the date above stated.

(23) Signature Julia M. Jinus. Midwife. (Physician or Midwife)

Address 1402 Port st. Baltimore Md.

Filed February 21, 1910.

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

( ) Given name added from a supplemental report, 19

Registrar — Registrar

RECEIVED FOR REGISTRATION FEB 23 1910 JAS. BOSLEY M.D. COMMISSIONER OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53923

PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1225. S. Hare st. St.; Ward)

FULL NAME OF CHILD Theodore Hartka.

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

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes.	February 8 1910.

FATHER	MOTHER
FULL NAME Frank Hartka.	(14) FULL MAIDEN NAME Anna Vicanowska.
RESIDENCE 1225. S. Hare st.	(15) RESIDENCE 1225. S. Hare st.
COLOR White. (11) AGE AT LAST BIRTHDAY 41. (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 36. (Years)
BIRTHPLACE Germany.	(18) BIRTHPLACE Germany.
OCCUPATION Laborer.	(19) OCCUPATION Housewife.
Number of children born to this mother, including present birth 12.	(21) Number of children of this mother now living 10.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1225. S. Hare st. M., on the date above stated.

1 9 1 0 (23) Signature Victoria M. Jurs.

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

BUREAU OF VITAL STATISTICS RECORD FEB 23 1910 CHAS. POOLEY, M.D. COMR OF HEALTH

Midwife. (Physician or Midwife)

(22) Given name added from a supplemental report of _____, 19

Address 1225. E. Cor. Port st. Baltimore Md.

Filed February 21. 1910.

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 53924

CITY OF BALTIMORE. (No. 1733, Braddish av. St.; Ward)

FULL NAME OF CHILD — [If child is not yet named, make supplemental report, as directed] Jan. 7-1910

(2) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.	(To be answered only in event of plural births)	3rd	Yes.	Dec. 4, 1909

	FATHER	MOTHER
FULL NAME / (14) FULL MAIDEN NAME	Jno. C. Rasmussen	Emma Millet
RESIDENCE / (15) RESIDENCE	1733 Braddish av	1733 Braddish av
COLOR / (16) COLOR	Wht.	Wht
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE / (18) BIRTHPLACE	Balto.	Balto.
OCCUPATION / (19) OCCUPATION	Clerk	Housewife
Number of children born to this mother, including present birth	3	
(21) Number of children of this mother now living		3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature E A Smith M.D. (Physician or Midwife)

Address 1605 W North av.

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

(1) Given name added from a supplemental record, ____, 19

Filed FEB 21 1910, 19 .

Registrar

JAS BOGLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 53925

CITY OF BALTIMORE. (No. 2531 Salem St.; Ward)

(2) FULL NAME OF CHILD — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.	—	2nd	Yes	January 6, 1910

	FATHER	MOTHER
FULL NAME	Herbert Bitzel	(14) FULL MAIDEN NAME Fehrmie Fitzpatrick
RESIDENCE	2531 Salem St.	(15) RESIDENCE 2531 Salem St
COLOR	W.H.	(16) COLOR W.H.
(11) AGE AT LAST BIRTHDAY	28 (Years)	(17) AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Carroll Co. Md.	(18) BIRTHPLACE Carroll Co Md.
OCCUPATION	Foreman	(19) OCCUPATION Housewife
Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

(23) Signature E. E. Smick M.D. (Physician or Midwife)

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

10 0001405

(24) Given name added from a supplemental ____, 19

Address 1605 N. North Ave.

Registrar

Filed FEB 21 1910, 19 .

Registrar

(READ THE REVERSE SIDE)

JAS BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53926

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. 2410 Riggs Ave St.; Ward)

FULL NAME OF CHILD Margret E. F. Flint

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

(2) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 21 1910

FATHER

FULL NAME	Jos. J. Flint
RESIDENCE	2410 Riggs Ave
COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Balto
OCCUPATION	Cabinet maker
Number of children born to this mother, including present birth	6

MOTHER

(14) FULL MAIDEN NAME	Mary B. Jacobs
(15) RESIDENCE	2410 Riggs Ave
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	30
(18) BIRTHPLACE	Balto
(19) OCCUPATION	Housework
(21) Number of children of this mother now living	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.30 P M., on the date above stated.

(23) Signature Chas. C. Conser M.D. (Physician or Midwife)

Address 1113 N. Fulton Ave.

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

(24) Given name added from a supplemental report, ____, 19

Registrar

Filed FEB 24 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

) PLACE OF BIRTH — Registered No. B 53927

CITY OF BALTIMORE. (No. 1769 Thomas Av St.; Ward)

FULL NAME OF CHILD Clara Evelyn Smith { If child is not yet named, make supplemental report, as directed }

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.	1	3rd	Yes	Feb. 17, 1910

FATHER		MOTHER	
FULL NAME	Walter J. Smith	(14) FULL MAIDEN NAME	Eugenia S. Turner
RESIDENCE	1769 Thomas Av	(15) RESIDENCE	1769 Thomas Av
COLOR	Wh.	(16) COLOR	Wh.
(11) AGE AT LAST BIRTHDAY (Years)	29	(17) AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Balto.	(18) BIRTHPLACE	Ca.
OCCUPATION	Parquette flooring	(19) OCCUPATION	Housewife
Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 a. M., on the date above stated.

(23) Signature E. E. Smith M.D. (Physician or Midwife)

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

U 0 0 1 4 0 7

(1) Given name added from a supplemental , 19

Registrar

Address 1605 N. North Av.

Filed , 19

Registrar

RECEIVED FOR RECORD FEB 21 1910 JAS BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53928

) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1414 N Bond St.; 8 Ward)

) FULL NAME OF CHILD Edward Watson Dolcher Hatton (If child is not yet named, make supplemental report, as directed)

) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 4 1910

FATHER

FULL NAME: Harold E Hatton

RESIDENCE: 1414 N Bond St

COLOR: White (11) AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Balto Md

OCCUPATION: Engineer

Number of children born to this mother, including present birth: 4

MOTHER

(14) FULL MAIDEN NAME: Cornelia Blake

(15) RESIDENCE: 1414 N Bond St

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Middlesex Co Va

(19) OCCUPATION: H W.

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 P. M., the date above stated.

1 9 1 0 (23) Signature: E W Dolcher M.D. Physician (Physician or Midwife)

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

Address: 2250 E Hoffman St

(24) Given name added from a supplemental report, _____, 19

_____ Registrar

Filed _____, 19 .

_____ Registrar

RECEIVED FOR RECORD FEB 21 1910 JAS. BOGLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53929

CITY OF BALTIMORE. (No.) 1837 Dunham St.; 8 Ward)

(2) FULL NAME OF CHILD Elsworth Fiske — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feby 14 1910

FATHER

(8) FULL NAME: John M Fiske

(9) RESIDENCE: 1837 Dunham St

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Fred Co Md

(13) OCCUPATION: Painter

MOTHER

(14) FULL MAIDEN NAME: Edith M Street

(15) RESIDENCE: 1837 N Dunham St

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Va

(19) OCCUPATION: S & W

Number of children born to this mother, including present birth: 3

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3:10 P M., the date above stated.

1910 (23) Signature: E W Baldy, Physician (Physician or Midwife)

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

(24) Given name added from a supplemental ____, 19

Address: 225 N 21st St

Filed FEB 21 1910, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53930

) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1119 Mont Ford Ave. Ward) 8

) FULL NAME OF CHILD Joseph Alonzo Jesus Morantes (If child is not yet named, make supplemental report, as directed)

) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) July (Day) 15 (Year) 1910
Male			Yes	

FATHER

FULL NAME Samuel Morantes

RESIDENCE 1117 Mont Ford Ave

COLOR White (11) AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Italy

OCCUPATION Motorman

MOTHER

(14) FULL MAIDEN NAME Anna Price

(15) RESIDENCE 1117 Mont Ford Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Harford Co Md

(19) OCCUPATION H.W.

Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.10 P.M., e date above stated.

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

1910 July 15

(23) Signature E. W. Dolch M.D.

225 E. Hoffman

(Physician or Midwife)

) Given name added from a supplemental ____, 19

Address Baltimore, Md.

RECORD

Filed FEB 21 1910, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

JAS. BOSLEY M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH CITY OF BALTIMORE. GIVEN NAME ADDED 1-15-73 (No. 1 Garrison Ave N. Forest Pk St.; Ward) Registered No. B 53931

(2) FULL NAME OF CHILD JOHN WARD MAXWELL (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.	—	1st	Yes	Feby. 13, 1910

FATHER		MOTHER	
(8) FULL NAME	Jno. T. Maxwell	(14) FULL MAIDEN NAME	Edna E. Ward.
(9) RESIDENCE	Garrison Av.	(15) RESIDENCE	Garrison Av.
(10) COLOR	Wht.	(16) COLOR	
(11) AGE AT LAST BIRTHDAY (Years)	34	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Howard Co Md.	(18) BIRTHPLACE	Annapolis
(13) OCCUPATION	P.O Clerk	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth One (21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 a M., on the date above stated.

(23) Signature Ed Gruick M.D. (Physician or Midwife)

U U 0 0 1 4 1 1

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

(24) Given name added from a supplemental report, 19

Registrar

Address 1605 N. North av.

RECEIVED FOR RECORD FEB 24 1910 JAS BOSLEY M.D. COMR OF HEALTH

Filed , 19

Registrar

(READ THE REVERSE SIDE)

FILED: FEB. 24 1910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 53932

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 7 Carey st Est. St.; Ward)

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.		3rd	Yes	February 10, 1910

	FATHER	MOTHER
FULL NAME	Geo Rupp	(14) FULL MAIDEN NAME Mary Graham
RESIDENCE	7 Carey Est.	(15) RESIDENCE 7 Carey st Est.
COLOR	(11) AGE AT LAST BIRTHDAY 31 (Years)	(16) COLOR Wh. (17) AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Balto.	(18) BIRTHPLACE Balto
OCCUPATION	Rue Maker	(19) OCCUPATION Housewife
Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P. M., on the date above stated.

RECEIVED FOR RECORD FEB 10 1910

(23) Signature E Kolnick M.D. (Physician or Midwife)

Address 1605 W North av.

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

(24) Given name added from a supplemental report, 19

Registrar

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A53933

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 822 N Monroe St.; Ward)

FULL NAME OF CHILD Jos Grandy Jr. (If child is not yet named, make supplemental report, as directed)

Sex of Child M | (4) Twin, triplet, or other? — | (5) Number in order of birth 1st | (6) Legitimate? Yes | (7) Date of Birth July (Month) 23 (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Jos Grandy	(14) FULL MAIDEN NAME Eleanor Haws
RESIDENCE 822 N Monroe St.	(15) RESIDENCE 822 N Monroe St.
COLOR Wh. (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR Wh. (17) AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Balto.	(18) BIRTHPLACE Balto
OCCUPATION Plumber	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Edg Frick M.D. (Physician or Midwife)

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

(24) U U 0 0 1 4 1 3

(25) Given name added from a supplemental report ____, 19 ____

Registrar

Address 1605 N Monroe Av.

RECEIVED FOR RECORD Filed FEB 21 1910, 19 ____

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53934

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2419 W North Av. St.; Ward)

(2) FULL NAME OF CHILD — Leo Vonieff Jr. (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.	—	1	Yes	January 13, 1913

	FATHER	MOTHER
FULL NAME	Leo Vonieff	(14) FULL MAIDEN NAME: Fannie Moore
RESIDENCE	2419 W North Ave	(15) RESIDENCE: 2419 W North Ave.
COLOR	Wh. (11) AGE AT LAST BIRTHDAY: 23 (Years)	(16) COLOR: Wh. (17) AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE	Baltimore	(18) BIRTHPLACE: Howard Co Md.
OCCUPATION	Grocer	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7:20 A.M., on the date above stated.

(23) Signature: E. E. Smith M.D. (Physician or Midwife)

Address: 1615 W. North Ave.

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

(24) Given name added from a supplemental report, _____, 19

Registrar

Filed _____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
OCT 21 1913
JAS. BOGLEY, M.D.
REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 53935

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1519 Riggs av. St.; Ward)

FULL NAME OF CHILD Chest. Diering Jr. (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	—	1	Yes	January 21, 1910

FATHER

FULL NAME Chest. Diering

RESIDENCE 1519 Riggs av.

COLOR Wh. (11) AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Balto.

OCCUPATION Saloon

Number of children born to this mother, including present birth 1st

MOTHER

(14) FULL MAIDEN NAME Louisa Frederica

(15) RESIDENCE 1519 Riggs av.

(16) COLOR Wh. (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Balto.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(2) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 - P. M., on the date above stated.

(23) Signature Ed Smith M.D.

(Physician or Midwife)

Address 1645 OR N. North av.

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

(3) Given name added from a supplemental report, 19

Registrar

Filed FEB 21 1910, 19

Registrar

(READ THE REVERSE SIDE)

RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

over

Registered No. B A53936

PLACE OF BIRTH

CITY OF BALTIMORE. (No. Dennison Av Pimlico St.; Ward)

FULL NAME OF CHILD Frederick William Rex (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M		3rd	yes	January 1st, 1910

FATHER		MOTHER	
FULL NAME	Fred Rex	(14) FULL MAIDEN NAME	Bertha Campbell
RESIDENCE	Dennison Av Pimlico	(15) RESIDENCE	Dennison Av. Pimlico
COLOR	Wht.	(11) AGE AT LAST BIRTHDAY (Years) 34	(16) COLOR Wht. (17) AGE AT LAST BIRTHDAY (Years) 26
BIRTHPLACE	Germany	(18) BIRTHPLACE	Pa.
OCCUPATION	Motorman	(19) OCCUPATION	Housewife
Number of children born to this mother, including present birth	3rd	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5:00 A.M., date above stated.

(23) Signature E. A. Smith M.D. (Physician or Midwife)

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

Address 1607 W. North Av.

Given name added from a supplemental ____, 19

Filed FEB 21 1910, 19

Registrar

JAS BOGLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53937

PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

FULL NAME OF CHILD Not decided (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
Male			Yes	

	FATHER	MOTHER
FULL NAME	Johan H Becker	(14) FULL MAIDEN NAME Marie Stuck
RESIDENCE	906 N. Bond st	(15) RESIDENCE 906 N Bond St.
COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	31	(17) AGE AT LAST BIRTHDAY (Years) 28
BIRTHPLACE	Baltimore	(18) BIRTHPLACE Baltimore
OCCUPATION	Cigarmaker	(19) OCCUPATION Housework

Number of children born to this mother, including present birth: Fifth

(21) Number of children of this mother now living: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 902 Bond St. Balt. Md. on the date above stated.

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

(23) Signature Dr. W. B. Burns

(Physician or Midwife)

Address

(1) Given name added from a supplemental report, ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

2100014177

RECORD

MAR 21 1910

JAS. BOGLEY M.D.

COMMR OF HEALTH

GIVEN NAME ABSENT 6-3-55

RETURN OF A BIRTH. A53938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD FEB 21 1910 JAS. BOGLEY M.D. COMM'R OF HEALTH

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 6

1. Name of Child, Richard Theodore Eichard
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 31 of January 1910
6. Place of Birth, (Street and number) 1822 N Carlington av.
6. Full name of Mother, Josefin Goeun
7. Mother's Maiden Name, Josefin Penzimer
8. Mother's Birthplace, Germany
9. Full name of Father, Anton Goeun
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Miss C. Seagus

Address, 1404 N. Chester

Remarks,

1 9 1 0 0 0 0 1 4 1 8

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD FEB 22 1910 JAS. BUTLEY, M.D. REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 14 February 1910
6. Place of Birth, (Street and number) 1792 Jason Place
6. Full name of Mother, Lena Hutton
7. Mother's Maiden Name, Lena Frank
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Garrison Hutton
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, William C. Leagan

Address, 1404 N. Chester St

Remarks,

1910001419

Attendance upon the mother, immediately hereafter; it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to so report shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 453940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, Herbert Alexander Kunst
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth February 14th 1910 - 7:00 A.M.
5. Place of Birth, (Street and number) 2503 Druid Hill Ave
6. Full name of Mother, Augusta Elizabeth Kunst
7. Mother's Maiden Name, " " Forch
8. Mother's Birthplace, Germany
9. Full name of Father, Alexander Kunst
10. Father's Occupation, Cabinet Maker
11. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Thos. H. Slacer M.D.

Address, 2500 N. Eastern Ave.

Remarks, 1910000 1420

RECORDED FOR RECORD FEB 24 1910 J. S. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH

Whereas, the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the father of such child, or other person in charge of the mother, immediately thereafter to report said birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons so offending hereafter fail to comply with the provisions of this section shall be subjected to a fine of five (5) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child, Lucille Leekson [illegible] female
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) Color
4. Date of Birth, February 16th 1910
6. Place of Birth, (Street and number) Central Care
6. Full name of Mother, Lena Leekson
7. Mother's Maiden Name,
8. Mother's Birthplace, St Marys Co Md
9. Full name of Father, Jno Leekson
10. Father's Occupation, labor work
11. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other person who makes this Return, Elizabeth Lovett

Address, 534 East St Baltimore

Remarks, O

1910000421

RECEIVED FOR RECORD FEB 23 1910

The law requires the mother, immediately hereafter, or should no other of any child hereafter be born, then immediately after the birth of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Name of child,*
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* Feb 22 ond 1910
5. *Place of Birth, (Street and number)* 203H Druid Hill Ave
6. *Full name of Mother,* Martha Jordan
7. *Mother's Maiden Name,* Martha Smith
8. *Mother's Birthplace,* VA
9. *Full name of Father,* John Jordan
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* VA

Name of Medical Attendant, or other person who makes this Return. Julia Stevenson

Address, 2125 E Eliza St Balto

Remarks, 1910000422

RECEIVED FOR RECORD FEB 24 1910 BORDLEY M.D. BOARD OF HEALTH

Midwives, nurses or other persons in attendance upon the mother, immediately thereafter to make a return of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or physician or midwife neglecting to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A53943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD FEB 21 1910 WM. BOWLEY M.D. REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 5

1. Name of Child, [illegible] Female

2. Sex, (state whether male or female)

3. Race or color, (if not of the White Race)

4. Date of Birth, the 11 of Feb, 1910

6. Place of Birth, (Street and number) 2236 Eliza Ave

6. Full name of Mother, Tilly Hinke

7. Mother's Maiden Name, Tilly Polzin

8. Mother's Birthplace, Balto

9. Full name of Father, Joseph Hinke

10. Father's Occupation, Machinist

11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Thos C. Lawyer

Address, 1804 N. Chester

Remarks, 1 9 1 0 0 0 0 1 4 2 3

Attendance upon the mother immediately thereafter is shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 23 1910
JAS. BOGLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 13 Feb 1910
6. *Place of Birth, (Street and number)* 2203 E. Biddle St
6. *Full name of Mother,* Emma Kenyer
7. *Mother's Maiden Name,* Emma Gray
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* John Kenyer
10. *Father's Occupation,* Wood Engraver
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Anna C. Yeager

Address, 1604 N. Chester St

Remarks,

1 9 1 0 0 0 0 1 4 2 4

Attendance upon the mother, immediately after birth, is required by law. It shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Name of Child, Anna Mae Fitch
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 1019 N. Appleton St Jan 22 10
6. Place of Birth, (Street and number) 1019 N. Appleton St
6. Full name of Mother, Bertie Fitch
7. Mother's Maiden Name, Bertie Dunn
8. Mother's Birthplace, Md City
9. Full name of Father, Harry Fitch
10. Father's Occupation, Letter Carrier
11. Father's Birthplace, Md City

Name of Medical Attendant, or other person who makes this Return, J. L. Hooper

Address, 932 N Bentalou St

Remarks,

1910000001425

RECEIVED FOR RECORD
FEB 24 1910
JAS. BOGLEY M.D.
COMR. OF HEALTH

Every Physician, Midwife or other person who shall assist at the birth of a child, or in case there be no such person, then the parent of such child, shall within ten days after the birth of such child, report the birth to the Registrar of Vital Statistics, Board of Health, Baltimore, Md., and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 B

1. *Name of child,* Francesco Biangra
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 22, 1910
5. *Place of Birth, (Street and number)* 21 Ode st
6. *Full name of Mother,* Maria Biangra
7. *Mother's Maiden Name,* Maria Brocato
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* John Biangra
10. *Father's Occupation,* Peasant
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Franco Montagna Midwife

Address, 405 Lehman st.

Remarks, 1910000142 6

RECEIVED FOR RECORD
FEB 23 1910
JAS. BOSLEY M.D.
COMR. OF HEALTH

Midwives to report birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person present at the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed by law; and any midwife or person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 D

1. *Name of child,* Joseph Correro
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 29, 1910.
5. *Place of Birth, (Street and number)* 523 Exeter st
6. *Full name of Mother,* Tresa Correro
7. *Mother's Maiden Name,* Tresa Cirrcinno
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Carmelo Correro
10. *Father's Occupation,* Fruit store
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Frances Montagna midwife

Address, 405 Lobsin st

Remarks, 1910000427

RECEIVED FOR RECORD
FEB 23 1910
WM. WOOLLEY, M.D.
COMR OF HEALTH

midwifery, or should no other person be in attendance at the birth, the duty of reporting such birth shall devolve upon the parent or parents of such child; and any such person or persons who shall hereafter fail to comply with this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH.

A53948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Name of child,* Isaac Klavansky Isadore Klein
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Oct 8 1910
5. *Place of Birth, (Street and number)* 906 Lawson St.
6. *Full name of Mother,* Anna Klavansky
7. *Mother's Maiden Name,* Anna Isaacson
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Charles Klavansky
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this return, Fannie Silberman

Address, 828 E. Baltimore St.

Remarks,

1 9 1 0 0 0 0 1 4 2 8

I Klein

RECEIVED FOR RECORD

FEB 23 1910

BOSLEY M.D.

SUPT OF HEALTH

midwifery or should no other person be in attendance, the attendance of a physician or midwife shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner said within the period above required, and any such person or persons who shall neglect or refuse to make such report as above required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2nd

1. Name of child, Nathan (Bernstein) Bernstein
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 4 1910
5. Place of Birth, (Street and number) 15 S. Wolfe St. Bernstein
6. Full name of Mother, Celia (Bornstein) Bernstein
7. Mother's Maiden Name, Celia Lorteman
8. Mother's Birthplace, Russia
9. Full name of Father, Louis Bornstein
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silverman

Address, 828 E. Baltimore St.

Remarks, 1910001429

RECEIVED FOR RECORD
FEB 23 1910
WM. BOSLEY M.D.
COM'R OF HEALTH

Any Physician, Midwife or other person who shall neglect or refuse to make the return required by this section within the time prescribed, or who shall make a false return, or who shall neglect or refuse to comply with the provisions of this section in any particular, or who shall violate any of the provisions of this section, shall be guilty, and on conviction thereof shall be fined not less than five (5) dollars nor more than fifty (50) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Albert Weiner
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 27 1910
5. *Place of Birth, (Street and number)* 1225 E. Lexington
6. *Full name of Mother,* Cecilia Weiner
7. *Mother's Maiden Name,* Cecilia Posner
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Jake Weiner
10. *Father's Occupation,* Paper hanger
11. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, Fannie Sulzbacher

Address, 828 E. Baltimore St

Remarks, 1910000430

RECEIVED FOR RECORD FEB 23 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Penalty.—Any person who shall neglect or refuse to make the return required by this section, or who shall make a false return, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 D

1. Name of child, William Ginsberg
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 21 1910
5. Place of Birth, (Street and number)
6. Full name of Mother, Annie Ginsberg
7. Mother's Maiden Name, Annie Blum
8. Mother's Birthplace, Russia
9. Full name of Father, Jake Ginsberg
10. Father's Occupation, Saloon Keeper
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silberman

Address, 828 E. Baltimore St.

Remarks, 1910000143 1

RECEIVED FOR RECORD
FEB 23 1910
DR. BOGLEY M.D.
COMR OF HEALTH

Any physician, midwife, or other person who shall neglect or refuse to make the return of any birth to the office of the Commissioner of Health, as required by this ordinance, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense. It shall be the duty of every physician, midwife, or other person in attendance upon the mother at the birth of any child to report its birth to the Commissioner of Health, or the maker and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered by.

RETURN OF A BIRTH.

A53952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, (if not yet named, so state) William Layden
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Oct 6 1910
5. Place of Birth, (Street and number) 301 S. Broadway
6. Full name of Mother, Ida (Latinsky) Ladensky
7. Mother's Maiden Name, Ida Diderman
8. Mother's Birthplace, Russia
9. Full name of Father, Sam (Latinsky) Ladensky
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silberman

Address, 828 E. Baltimore St.

Remarks, 1910000 1432

U.S. EDITOR RECORD

FEB 23 1910

WM. BOSLEY, M.D. COMR OF HEALTH

Whoever, as Physician, Midwife or other person in attendance upon the mother, shall neglect or refuse to report as required by this section, or shall report any false or untrue statement of the facts required to be reported, or shall become the duty of the person or persons required to report as above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Name of child,* Marcus Cohen
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Oct 7 1910
5. *Place of Birth, (Street and number)* 232 Forrest St
6. *Full name of Mother,* Sarah Cohen
7. *Mother's Maiden Name,* Sarah Goldman
8. *Mother's Birthplace,* Austria
9. *Full name of Father,* Morris Cohen
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silverman

Address, 828 E. Baltimore St.

Remarks, 1910000 1433

RECEIVED FOR RECORD FEB 22 1910 JAS. BAGLEY M.D. REGISTRAR OF HEALTH

Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required of a physician or midwife, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A53954

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Name of child,* Louis Shilling
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Oct 8 1910.
5. *Place of Birth, (Street and number)* 1708 Druid Hill Ave.
6. *Full name of Mother,* Mary Shilling.
7. *Mother's Maiden Name,* Mary Shapiro
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Benny Shilling
10. *Father's Occupation,* Butcher
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Jacob Schwartz

Address, 828 E. Baltimore St.

Remarks, 1910000 1434

RECEIVED FOR RECORD
FEB 22 1910
WM. BOSLEY, M.D.
CITY HEALTH OFFICER

...ing, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board, and hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as herein required, shall be subject to a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Harry Palanofsky
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 6, 1910
5. Place of Birth, (Street and number) 126 W. Bond St.
6. Full name of Mother, Dora Palansky
7. Mother's Maiden Name, Dora Davis
8. Mother's Birthplace, Russia
9. Full name of Father, Ike Palansky
10. Father's Occupation, Junk Shops
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silberman

Address, 828 E. Baltimore St.

Remarks, 1910001435

RECEIVED FOR RECORD FEB 28 1910 DR. BOSLEY M.D. COMR OF HEALTH

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 5/9/61

A53956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 B

1. Name of child, Rosaria Miciche
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 25 1910
5. Place of Birth, (Street and number) 420 Sharp st
6. Full name of Mother, Rosalia Micciche
7. Mother's Maiden Name, Rosalia Fertitta
8. Mother's Birthplace, Italy
9. Full name of Father, Salvatore Micciche
10. Father's Occupation, Fruit store
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Frances Montagna Midwife

Address, 406 Lehman st

Remarks, 1910000143

RECEIVED FOR RECORD FEB 23 1910 L. A. BOSLEY M.D. COMMR. OF HEALTH

Midwifery or attendance at any child shall occur without the attendance of a physician or practitioner of medicine, in which case the person in attendance upon the mother, immediately thereafter is shall become the duty of such person to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every person in charge of any institution, and every physician, midwife or other person in attendance upon any case of birth, shall, within ten days after such birth, report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, at the office of said Board, No. 111 North Calvert Street, Baltimore, Md., and in default thereof, or should no other person in attendance upon the mother, immediately thereafter, comply with the provisions of this section, the duty of the person present during such birth, or of the parent, shall become the duty of the person present during such birth, or of the parent, shall become the duty of the person present during such birth, or of the parent, shall become

RETURN OF A BIRTH. A53958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 D

1. *Name of child,* Rosa Concetta Battaglia
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 27, 1910.
5. *Place of Birth, (Street and number)* 1607 Gay st
6. *Full name of Mother,* Concetta Zito
7. *Mother's Maiden Name,* Concetta Battaglia
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Frank Battaglia
10. *Father's Occupation,* shoe maker
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address, 405 Aisquith st.

Remarks, 1910000143 8

RECEIVED FOR RECORD FEB 23 1910 JAS. BOSLEY M.D. COMR OF HEALTH

midwife, or attendant at any child shall occur without the attendance of a physician or practitioner of said business, the duty of reporting such birth shall devolve upon the mother, immediately thereafter it shall become the duty of the person present at the birth, other than the Commissioner of Health, in the manner and within the period above required, and any such person neglecting or hereafter failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any person who shall neglect or refuse to report such birth as herein required, or any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Jennie Avbin
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 19 1910
5. *Place of Birth, (Street and number)* 222 Azzanith St.
6. *Full name of Mother,* Rosie Avbin
7. *Mother's Maiden Name,* Rosie Cooper
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Dave Avbin
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Jennie Silberman

Address, 918 E Baltimore St.

Remarks, 1910000 1439

RECEIVED FOR RECORD
FEB 23 1910
JAS BOSLEY M.D.
SUP'R OF HEALTH

RETURN OF A BIRTH. A53960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,* Goldie Katzoff
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 22 1912
5. *Place of Birth, (Street and number)* 1712 E. Lombard St.
6. *Full name of Mother,* Anna Katzoff
7. *Mother's Maiden Name* Annie Kreiwe
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Hyman Katzoff
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Fannie Silberman

Address, 824 E. Baltimore St.

Remarks, 1910000144 0

RECEIVED FOR RECORD FEB 3RD 1912 JOS. EAGLEY M.D. COMR OF HEALTH

mitted to, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed by the rules and regulations of the Board of Health, with the particulars required by this section, and shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Name of child, Ida Yeselsky
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Oct 13 1910
5. Place of Birth, (Street and number) 1009 E. Lombard St.
6. Full name of Mother, Pearl Yeselsky
7. Mother's Maiden Name, Pearl Aasman
8. Mother's Birthplace, Russia
9. Full name of Father, Sam Yeselsky
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silberman

Address, 828 E. Baltimore St.

Remarks, 1910000141

RECEIVED FOR RECORD
FEB 23 1910
HARRY FRIEDLEY, M.D.
BOARD OF HEALTH

midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, which report shall be made in the manner required in the case of births in which a physician is in attendance. Any person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Ida Sidal
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Oct 7 1910
5. Place of Birth, (Street and number) 1505 Gough St.
6. Full name of Mother, Rosa Sidal
7. Mother's Maiden Name, Rosa Sensel
8. Mother's Birthplace, Russia
9. Full name of Father, Abe Sidal
10. Father's Occupation, Russia
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Fannie Sackoway

Address, 828 E Baltimore St.

Remarks, 1910000144 2

RECEIVED FOR RECORD
FEB 23 1910
JAS. BAGLEY, M.D.
COM'R OF HEALTH

Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any person who shall neglect or refuse to make such report as aforesaid, shall be guilty of a misdemeanor and upon conviction thereof shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 te.

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth,* 18 of February 1910.
6. *Place of Birth, (Street and number)* 1119 Binney Street.
6. *Full name of Mother,* Mary Jimsky.
7. *Mother's Maiden Name,* = Kowensky.
8. *Mother's Birthplace,* Germania
9. *Full name of Father,* Jim Jimsky
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return. Mrs. G. Bahnsen (Nurse)

Address, 816 S. Rose Street.

Remarks, 1910000 1443

RECEIVED FOR RECORD FEB 23 1910 J.S. BOSLEY M.D. REGISTRAR OF HEALTH

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

e Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

According to Article 23, Section 7.

A53964

of Mother, (state whether 1st, 2d, 3d, &c.) 3d

whether male or female) Male

olor, (if not of the white race) Colored

Birth, Jan. 3. 1910

Birth (Street and Number) Victoria apartments 21. and st Paul sts

e of Mother Frances Evelyn Easter

Maiden Name Frances Evelyn Brown

Birthplace Amelia Co. Va.

of Father Isaac Easter

ccupation Janitor

rthplace Lancaster Va

RECEIVED FOR RECORD
FEB 23 1910
JAS. BOGLEY M.D.
COMR OF HEALTH

1910000144 4

edical Attendant, or other person who makes this Return, Mrs Rebecca Green

No 5 Ware St.

To the Office of Registrar of Vital Statistics, Board of H... A53965

According to Article 23, Section 7.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) fem

2. Race or color, (if not of the white race) Collard

3. Date of Birth, September 14 18

4. Place of Birth (Street and Number) 5 E Mars

5. Full Name of Mother Carrie Pa

6. Mother's Maiden Name Rebe

7. Mother's Birthplace Howard Co

8. Full Name of Father Norman

9. Father's Occupation Labo

Father's Birthplace 1910002445

RETURN OF A BIRTH

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

According to Article 23, Section 7.

A53966

hild of Mother, (state whether 1st, 2d, 3d, &c.) 3

state whether male or female) female

or color, (if not of the white race) colored

of Birth, December 24, 1909

of Birth (Street and Number) 2627 Boone st. Balt

Name of Mother Fannie Gertrude Frazier

r's Maiden Name Fannie Gertrude Scott

's Birthplace Willow ave. Baltimore

Name of Father Moses Frazier

's Occupation labor

's Birthplace King George County Va.

of Medical Attendant, or other person who makes this Return, 1910000144 Rebecca Green

ss 5 Ware St

ls

Parents Married Feb. 23 1910

RECEIVED FOR RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53967

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 718 Penna. ave St.; Ward)

(2) FULL NAME OF CHILD William John Schaible { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.	Sole	1st	Yes	Feb. 17, 1910

FATHER		MOTHER	
(8) FULL NAME	William Schaible	(14) FULL MAIDEN NAME	Cecilia Schalitzky
(9) RESIDENCE	718 Penna. ave	(15) RESIDENCE	718 Penna. ave
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	28 yrs.
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	Baltimore Md.	(18) BIRTHPLACE	Baltimore Md.
(13) OCCUPATION	Carpenter	(19) OCCUPATION	House wife
(20) Number of children born to this mother, including present birth	1st	(21) Number of children of this mother now living	1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.15 P. M., on the date above stated.

(23) Signature J. T. Mara M.D.

U 0 0 4 4 7 Physician (Physician or Midwife)

Address 1102 Eutaw pl

Filed FEB 24 1910, 19

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

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

CERTIFIED FOR RECORD

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53968

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1337 N. Lombard St.; Ward)

(2) FULL NAME OF CHILD Samuel Alexander Richardson (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Feb. 14 1910

FATHER

(8) FULL NAME: Zellam Irvin Richardson

(9) RESIDENCE: 1337 N. Lombard St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Balto City

(13) OCCUPATION: Brickmason

(20) Number of children born to this mother, including present birth: Two

MOTHER

(14) FULL MAIDEN NAME: Mamie Julia Reynolds

(15) RESIDENCE: 1337 N. Lombard St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 27 (Years)

(18) BIRTHPLACE: Balto City

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1:30 P M., the date above stated.

(23) Signature: M Blaney Physician (Physician or Midwife)

Address: 110 S. Fulton St

Filed FEB 24 1910, 19 .

Registrar

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report , 19

Registrar

CERTIFIED FOR RECORD
FEB 24 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

RETURN OF A BIRTH. A53969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 9th

1. Name of child, Tillie Stein
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Balto. Md. Feb. 14/10
5. Place of Birth, (Street and number) 222 Harrison St
6. Full name of Mother, Goldie Stein
7. Mother's Maiden Name, Goldie Rosenfield
8. Mother's Birthplace, Russia
9. Full name of Father, Elie Stein
10. Father's Occupation, Merchant
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Jena Barker

Address, 127 Wisquith St.

Remarks,

RECEIVED FOR RECORD
FEB 24 1910
JAS. BOSLEY, M.D.
COMM'R OF HEALTH

1910 0001449

Health. In case the birth of any child should occur in any house or tenement in the city of Baltimore, and the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED RECORD FEB 24 1910 JOS. HOLLEY, M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 19/10
5. Place of Birth, (Street and number) 205 E Hughes St
6. Full name of Mother, Celaza Busch
7. Mother's Maiden Name, Funk
8. Mother's Birthplace, America
9. Full name of Father, Cornelious Busch
10. Father's Occupation, Laborer
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Carlina Schwarz

Address, 437 Fort Ave

Remarks, 1910000014 50

of a certificate between the first and fifteenth days of each month, and a return of all births and deaths occurring during the preceding month, whether or not a certificate has been delivered, duly signed by the practitioner in the form required by law, shall be delivered, duly signed by the attendant, at the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required by law. Any person or persons failing to make such report, or who shall fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Name of child,* Not named
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 21 1910
5. *Place of Birth, (Street and number)* 62 3/4 Lafayette Ave
6. *Full name of Mother,* Mary Schade
7. *Mother's Maiden Name,* Ballagne
8. *Mother's Birthplace,* City
9. *Full name of Father,* Godfery Schade
10. *Father's Occupation,* Blacksmith
11. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, E. K. Peterson M.D.

Address, 1103 N Eden St

Remarks, 1 9 1 0 0 0 0 1 4 5 1

RECEIVED FOR RECORD
FEB 25 1910
S. BOLEY, M.D.
COMR OF HEALTH

This schedule shall contain a list of the births which shall be furnished by [illegible] on each day during the month, and shall set forth, so far as the same can be ascertained, the full name and occupation, of the parents, the date and place of birth, and the full name and occupation of the physician or midwife, if any, present at the birth. Such list shall be delivered, duly signed by the practitioner or midwife, or some one present at the birth, or by the mother, immediately thereafter, if no other person be present, to the Registrar of Vital Statistics, on the first and third day of each and every month of January, February, March, April, May, June, July, August, September, October, November and December, in each year. Every physician or midwife who shall fail to deliver such list, or to report the birth of any child as required by this section, shall forfeit and pay for each offense a fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

Every physician or midwife who shall attend upon any woman in labor shall, within the period above required, and after the birth of the child, if any shall have been conceived, deliver to the parent, or person having charge of such child, a certificate containing the name and date of birth of such child, and the name of the parent from whom it was born, and shall report the birth of such child to the Registrar of Vital Statistics, in the manner and within the time above required. Every physician or midwife who shall become the duty of

GIVEN NAME ADDED - 12/13/74

RETURN OF A BIRTH. A53972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Name of Child,* PAUL WILBUR DOLS
2. *Sex,* (state whether male or female) Male
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth,* February 12th. 1910.
6. *Place of Birth,* (Street and number) 2009 E. Preston St.
6. *Full name of Mother,* Lulu Dols
7. *Mother's Maiden Name,* Lulu Wiggins
8. *Mother's Birthplace,* Annapolis
9. *Full name of Father,* William Dols
10. *Father's Occupation,* Salesman
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Sophie Bigh

Address, 711 S. Fremont Ave.

Remarks, 1910000452 Filed 2/25/10

RECEIVED FOR RECORD
FEB 25 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

Every case of birth and every month, to the office of Commissioner of Health. In case the birth of any child shall occur on a steamboat or other vessel, a certificate between the first and arriving within the limits of Baltimore, a like certificate shall be made by the master or person in charge of such vessel, and delivered to a like officer, as above provided. The duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16 th

1. *Name of Child,* Eugenia Abucerik
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* W
4. *Date of Birth,* Feb 20, 1910
6. *Place of Birth, (Street and number)* 1110 S Curley St
6. *Full name of Mother,* Eugenia Abucerik
7. *Mother's Maiden Name,* Eugenia abicky
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Edward Abucerik
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, W. L. Burke MD

Address, 3042 Hudson St

Remarks, 1910000014 53

RECEIVED FOR RECORD
FEB 26 1910
JAS. BOGLEY, M.D.
COMR OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the parent, parents or person having charge of such child, or any person who shall after fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A53974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4D.

1. *Name of Child,* Elizabeth Honemann
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* February 3RD 1910
6. *Place of Birth, (Street and number)* 339 E 20TH St
6. *Full name of Mother,* Mrs Bernard J. Honemann
7. *Mother's Maiden Name,* Jessie G Metz
8. *Mother's Birthplace,* Baltimore, Md
9. *Full name of Father,* Bernard J. Honemann
10. *Father's Occupation,* Extra Conductor on R.R
11. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. Reginald J Towry M.D.

Address, 426 E North Ave

Remarks, 1910U001454

RECEIVED FOR RECORD FEB 26 1910 S. BOGLEY M.D. REGISTRAR OF HEALTH

shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53975

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 19 E Barney St.; 23 Ward)

(2) FULL NAME OF CHILD Wm. Arvice Davis — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 14 1910

FATHER		MOTHER	
(8) FULL NAME	Wm L. Davis	(14) FULL MAIDEN NAME	Ida Phelps
(9) RESIDENCE	19 E Barney	(15) RESIDENCE	19 E Barney St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	Md	(18) BIRTHPLACE	Md
(13) OCCUPATION	Storekeeper B & O. R.R.	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 P M., the date above stated.

Nov 14 1910

(23) Signature R. E. Campbell M.D. (Physician or Midwife)

Address 1455 Hanover St.

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

(24) Given name added from a supplemental report ....., 19

Registrar

RECEIVED FOR RECORD FEB 26 1910

Filed FEB 26 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B. A53976

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1900 Hanover St.; 23 Ward)

(2) FULL NAME OF CHILD: —

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 12 1910

FATHER

(8) FULL NAME: Henry Dean

(9) RESIDENCE: 1900 Hanover St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 29 (Years)

(12) BIRTHPLACE: Md

(13) OCCUPATION: Merchant

MOTHER

(14) FULL MAIDEN NAME: Anna Krell

(15) RESIDENCE: 1900 Hanover St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Md

(19) OCCUPATION: Housework

(20) Number of children born to this mother, including present birth: 5

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 A M., on the date above stated.

1910 (23) Signature: V. R. S. Campbell MD (Physician or Midwife)

Address: 1644 Hanover St.

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

RECEIVED FOR RECORD FEB 26 1910 H. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 72 Darby st — Registered No. B 153977

CITY OF BALTIMORE. (No. ____, St.; ____ Ward)

(2) FULL NAME OF CHILD Raymond Wesley Covey — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	One		Yes	Feb. 17, 1910

FATHER		MOTHER	
(8) FULL NAME	William H. Covey	(14) FULL MAIDEN NAME	Sizzie M. Watts
(9) RESIDENCE	72 Darby st	(15) RESIDENCE	72 Darby st
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	23 1886	(17) AGE AT LAST BIRTHDAY (Years)	23 1886
(12) BIRTHPLACE	Baltimore Co	(18) BIRTHPLACE	Baltimore Co
(13) OCCUPATION	Laborer	(19) OCCUPATION	House wife
(20) Number of children born to this mother, including present birth	12	(21) Number of children of this mother now living	7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 72 Darby st M., the date above stated.

(23) Signature Margaret A. Wheat (Physician or Midwife)

Address 87 Darby st

Filed February 25, 1910

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

(24) Given name added from a supplemental report ____, 19

Registrar

RECORD FEB 28 1910

JAS. BOGLEY M.D. COM'R OF HEALTH

Registrar

(OVER FOR DIRECTIONS—READ THE REVERSE SIDE)

C U 0 0 1 4 5 7

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53978

CITY OF BALTIMORE. (No. 4706 Park Heights Ave.; Ward)

(2) FULL NAME OF CHILD Dorothy Lyons (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day) 19 (Year)
Female			Yes	Feb. 10 1910

FATHER	MOTHER
(8) FULL NAME Plummer Lyons	(14) FULL MAIDEN NAME Louise Whitehouse
(9) RESIDENCE 4706 Park Heights Ave.	(15) RESIDENCE 4706 Park Heights Ave.
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 34 (Years)	(17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Md	(18) BIRTHPLACE Md
(13) OCCUPATION Salesman	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 A M., the date above stated.

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

(23) Signature R. E. L. Campbell M.D. (Physician or Midwife)

Address 2644 Hanover St.

Filed FEB 26 1910, 19

WM. S. BOGLEY M.D. COMR OF HEALTH

Registrar

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD FEB 26 1910

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53979

CITY OF BALTIMORE. (No. 203 Dickman St.; 23 Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Twin Female	—	Yes	Feb 21 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Charles Selbos	Ella M. Hudson
(9) RESIDENCE / (15) RESIDENCE	203 Dickman St.	203 Dickman St.
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	28	27
(12) BIRTHPLACE / (18) BIRTHPLACE	Md	Md
(13) OCCUPATION / (19) OCCUPATION	Box workes	Housework
(20) Number of children born to this mother, including present birth	6	
(21) Number of children of this mother now living		3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11-30 A M., the date above stated.

1910 (23) Signature R. C. L. Campbell M.D.

(Physician or Midwife)

Address 1644 Hanover St

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

(24) Given name added from a supplemental report, 19

Registrar

RECEIVED FOR RECORD FEB 26 1910 A. S. BOGLEY M.D. COM'R OF HEALTH

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A53980

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1131 Haubert St.; Ward)

(2) FULL NAME OF CHILD Ellen Clark

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl			Marit	February 24 1910

FATHER		MOTHER	
(8) FULL NAME	Thims Clark	(14) FULL MAIDEN NAME	Mary Flaton
(9) RESIDENCE	Baltimore	(15) RESIDENCE	Baltimore
(10) COLOR	with	(16) COLOR	with
(11) AGE AT LAST BIRTHDAY (Years)	41 January 1869	(17) AGE AT LAST BIRTHDAY (Years)	41 August 1869
(12) BIRTHPLACE	Eiland	(18) BIRTHPLACE	Eiland
(13) OCCUPATION	Laborer	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth 7 Childs (21) Number of children of this mother now living 1 is lit 6 Living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

(23) Signature Margaret Jung Midwife (Physician or Midwife)

Address Haubert St 1133

Filed FEB 26 1910, 19 10 Registrar

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

(24) Given name added from a supplemental report ____, 19 10 Registrar

RECEIVED RECORD FEB 26 1910

JAS BOSLEY M.D. (READ THE REVERSE SIDE)
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53981

CITY OF BALTIMORE. (No. 831 William St. St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 22 1910

FATHER	MOTHER
(8) FULL NAME: Joseph Henry Harrison	(14) FULL MAIDEN NAME: Florence Rose Hull
(9) RESIDENCE: 831 William	(15) RESIDENCE: 831 William
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 56 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 32 (Years)
(12) BIRTHPLACE: Dorchester Co. Md.	(16) BIRTHPLACE: Baltimore Md
(13) OCCUPATION: Mariner	(19) OCCUPATION: —

(20) Number of children born to this mother, including present birth 6 — (21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 831 Wm St. 4.20 P M., the date above stated.

1910 (23) Signature: H. J. Carrick M.D. (Physician or Midwife)

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

(24) Given name added from a supplemental report, 19

Address 1417 Mc Culloh

Registrar

Filed FEB 25 1910, 19

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A53982

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 1107 Gorsuch Ave. St.; 9 Ward)

(2) FULL NAME OF CHILD Mary Agnes Evans
If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female			Yes	Feb. 21st, 1910

FATHER

(8) FULL NAME Geo. M. Evans
(9) RESIDENCE 1107 Gorsuch Ave.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Balto City
(13) OCCUPATION Stenographer
(14) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Margaret M. Smith
(15) RESIDENCE 1107 Gorsuch Ave.
(16) COLOR White (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Balto City
(19) OCCUPATION H. W.
(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.25 a. M., the date above stated.

(23) Signature William J. Dilworth M.D. Physician (Physician or Midwife)

Address 1801 York Road

(24) Given name added from a supplemental report 5-20, 1953 L. M. Registrar

Filed FEB 25 1910, 19 . Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

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

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53983

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1322 Webster St.; Ward)

(2) FULL NAME OF CHILD Edna. Fuch. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes.	Feb. 12, 1913

	FATHER	MOTHER
(8) FULL NAME	Jno. Lucas. Fuch.	(14) FULL MAIDEN NAME Julia C. Steffani.
(9) RESIDENCE	1322 Webster St.	(15) RESIDENCE 1322 Webster.
(10) COLOR	White.	(16) COLOR White.
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years) 33
(12) BIRTHPLACE	So. Carolina.	(18) BIRTHPLACE Washington.
(13) OCCUPATION	Fireman.	(19) OCCUPATION Housewife.

(20) Number of children born to this mother, including present birth 8

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 4 30 P. M., the date above stated.

(23) Signature Julia B. Fowler M.D. (Physician or Midwife)

Address 1322 Webster St.

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

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(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED BY REGISTRAR OF RECORD
FEB 25 1913

Filed FEB 25 1913, 19

Registrar

JAS BOGLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 53984

CITY OF BALTIMORE. (No. 2508 E. Hoffman St.; Ward)

(2) FULL NAME OF CHILD — Mary Grace Myers

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female	—	—	yes	Feb	19	1910

FATHER

(8) FULL NAME: John Henry Myers

(9) RESIDENCE: 2508 E. Hoffman St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 28

(12) BIRTHPLACE: Pennsylvania

(13) OCCUPATION: Carpenter

(20) Number of children born to this mother, including present birth: 3d

MOTHER

(14) FULL MAIDEN NAME: Mary Ellen Personette

(15) RESIDENCE: 2508 E Hoffman St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 29

(18) BIRTHPLACE: Ohio.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 P.M., the date above stated.

(23) Signature: J. P. Schwatka, M.D.

(Physician)

Address: 1003 W. Broadway

Filed FEB 25 1910, 19

Registrar

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

(24) Given name added from supplemental report by mother, June 2 1938

F. W. Kehm
Registrar

RECORDED

JAS. BOSLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53985

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2412 Lakewood view St.; Ward)

(2) FULL NAME OF CHILD Kofler

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

(3) Sex of Child Male | (4) Twin, triplet, or other? | (5) Number in order of birth | (6) Legitimate? Yes | (7) Date of Birth Feb. 14 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Siegfried Kofler

(9) RESIDENCE 2412 Lakeview Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Austria

(13) OCCUPATION Confectioner

MOTHER

(14) FULL MAIDEN NAME Margaret Hogan

(15) RESIDENCE 2412 Lakeview Ave

(16) COLOR (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Philadelphia

(19) OCCUPATION Housewife

Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 30 P M., the date above stated.

(23) Signature Wm Gombel M.D.

(Physician or Midwife)

Address 1704 Madison Ave.

Filed Mar 25 1910, 19 .

Registrar

(24) Given name added from a supplemental report, 19

Registrar

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

U O D 1 4 6 5

RECEIVED RECORD

JAS. BOOLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53986

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1628 Webster St.; Ward)

(2) FULL NAME OF CHILD Charles Neal Wallace. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes.	Jan. 17 1910

FATHER	MOTHER
(8) FULL NAME Wm. Hensley Wallace.	(14) FULL MAIDEN NAME Lasa Belle Neal.
(9) RESIOENCE 1628 Webster.	(15) RESIDENCE 1628 Webster.
(10) COLOR W. (11) AGE AT LAST BIRTHDAY 41 (Years)	(16) COLOR W. (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Virginia.	(18) BIRTHPLACE Virginia.
(13) OCCUPATION Freight Conductor.	(19) OCCUPATION At home.
(20) Number of children born to this mother, including present birth 8	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.10 A.M., on the date above stated.

(23) Signature Philip B. Fowler, M.D. (Physician or Midwife)

Address 1628 Webster St.

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

0001465

(24) Given name added from a supplemental report , 19

Registrar

RECEIVED FOR RECORD FEB 25 1910

Filed FEB 25 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH **GIVEN NAME ADDED** 5/10/11 Registered No. B. A53987

CITY OF BALTIMORE. (No. 1119 Hard E. St.; Ward)

(2) FULL NAME OF CHILD ~~Baby~~ Warren, GORDON LESLIE (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes.	Feb 17 1910

FATHER	MOTHER
(8) FULL NAME Leo Ferdinand Warren	(14) FULL MAIDEN NAME Annie Byron
(9) RESIDENCE 1110 Hard E.	(15) RESIDENCE 1110 Hard E.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR W (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Maryland.	(18) BIRTHPLACE Maryland.
(13) OCCUPATION Book Keeper.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 2.	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 2-5 p.m. M., the date above stated.

(23) Signature W. C. Finlinger M.D. (Physician or Midwife)

Address 1100 Columbia Ave.

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

(24) Given name added from a supplemental report, 19

Registrar

Filed FEB 28 1910 19

JAS. BOGLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53988

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 612 Monroe St.; Ward)

(2) FULL NAME OF CHILD Wilhelm Hoffman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Boy	Twin	1	Yes	Feb. 8th 1910

FATHER

(8) FULL NAME: Edward Hoffman

(9) RESIDENCE: 612 Monroe St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 60 (Years)

(12) BIRTHPLACE: Germany

(13) OCCUPATION: Tinner

(14) Number of children born to this mother, including present birth: 15

MOTHER

(14) FULL MAIDEN NAME: Johanna Rudat

(15) RESIDENCE: 612 Monroe St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 42 (Years)

(18) BIRTHPLACE: Germany

(19) OCCUPATION: Housework

(21) Number of children of this mother now living: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 M., the date above stated.

(23) Signature: Anna Dorsey (Physician or Midwife)

Address: 1325 James St.

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

(24) Given name added from a supplemental report, _____, 19

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD FEB 25 1910 MD BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53989

CITY OF BALTIMORE. (No. 1325 Ramsey St.; Ward)

(2) FULL NAME OF CHILD Martin Banns (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Boy		1		Feb. 8th 1910

FATHER	MOTHER
(8) FULL NAME: John Banns	(14) FULL MAIDEN NAME: Maggi Silk
(9) RESIDENCE: 1325 Ramsey St	(15) RESIDENCE: 1325 Ramsey St
(10) COLOR: White; (11) AGE AT LAST BIRTHDAY (Years): 44	(16) COLOR: White; (17) AGE AT LAST BIRTHDAY (Years): 38
(12) BIRTHPLACE: Washington	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Carpenter	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: 6	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 30 M., the date above stated.

RECEIVED FOR RECORD
JUL 8 1910
JAS. BOOLE, M.D.
REGISTRAR

(23) Signature Anna Dorsey (Physician or Midwife)

Address 1325 James St.

Filed , 19 . Registrar

(24) Given name added from a supplemental report , 19

Registrar

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

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53990

(1) PLACE OF BIRTH: CITY OF BALTIMORE (No. 204 Eagle St. St.; Ward)

(2) FULL NAME OF CHILD: Rebecca Dina Potlock

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		7th	Yes	Feb. 16 1910

FATHER	MOTHER
(9) FULL NAME: Jacob Potlock	(14) FULL MAIDEN NAME: Sarah Friedman
(9a) RESIDENCE: 204 Eagle St.	(15) RESIDENCE: 204 Eagle St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 35 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 32 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 7	(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.30 P. M., the date above stated.

(23) Signature: Myth and B Bordeaux, M.D. (Physician or Midwife)

Address: 507 S. Potaski St.

Filed _____, 19 _____ Registrar

(24) Given name added from a supplemental report _____, 19 _____ Registrar

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

RECEIVED FOR RECORD OCT 6 1910 JAS. BOGLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53991

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 612 Monroe St.; Ward)

(2) FULL NAME OF CHILD Lilie Hoffman

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl	Twin	2nd		Febr. 8th 1910

FATHER

(8) FULL NAME: Eduard Hoffman

(9) RESIDENCE: 612 Monroe St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 60 (Years)

(12) BIRTHPLACE: German

(13) OCCUPATION: Tiner

(20) Number of children born to this mother, including present birth: 15

MOTHER

(14) FULL MAIDEN NAME: Johanna Ruloff

(15) RESIDENCE: 612 Monroe St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 43 (Years)

(18) BIRTHPLACE: German

(19) OCCUPATION: Housework

(21) Number of children of this mother now living: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30a M., the date above stated.

RECEIVED FOR
FEB 25 1910
JAS BOOLEY M.D.
COMPTROLLER

(23) Signature: Anna Dosch (Physician or Midwife)

Address 1525 James St.

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

(24) Given name added from a supplemental report, _____, 19

Registrar

Filed _____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A53992

CITY OF BALTIMORE. (No. 1925 Ridgewood Avenue St.; 5th Ward)

(2) FULL NAME OF CHILD Mildred Elizabeth Brophy — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 5th 1910

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	James B. Brophy	(14) FULL MAIDEN NAME	Catherine Mc Cain
(9) RESIDENCE	1925 Ridgewood Ave.	(15) RESIDENCE	1925 Ridgewood Avenue
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto Md.
(13) OCCUPATION	Motor Inspector	(19) OCCUPATION	House Wife
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P.M., the date above stated.

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

(23) Signature William J. Sullivan. Physician (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 1201 W. Fayette Avenue

Registrar

Filed OCT 28 1910, 19 .

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A53993

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2107 Hertford St. ; 12th Ward)

(2) FULL NAME OF CHILD Mary Magdalen Higgins — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 2nd 1909

FATHER

(8) FULL NAME: Daniel J. Higgins

(9) RESIDENCE: 2107 Hertford St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 41 (Years)

(12) BIRTHPLACE: Scotland

(13) OCCUPATION: Stone mason

MOTHER

(14) FULL MAIDEN NAME: Margaret Annie Wilson

(15) RESIDENCE: 2107 Hertford St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 40 (Years)

(18) BIRTHPLACE: Scotland

(19) OCCUPATION: Home wife

(20) Number of children born to this mother, including present birth: 11th

(21) Number of children of this mother now living: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.05 P.M., the date above stated.

(23) Signature: Wm. Sylvan Hill M.D. (Physician or Midwife)

Address: 1701 N. Fulton, Avenue

Filed FEB 28 1910, 19 . Registrar

JAS. BOGLEY M.D. (READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report, 19

Registrar

BUREAU OF RECORD

FEB 28 1910

BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A53994

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1110 S. Law St. St.; 21 Ward)

(2) FULL NAME OF CHILD Lillian Irene Meif — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female			Yes	2 (Month) / 1 (Day) / 19 10 (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: Franklin Benjamin Meif

(9) RESIDENCE: 1110 S. Law St.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 25. (Years)

(12) BIRTHPLACE: Balto. Md.

(13) OCCUPATION: Laborer Gas Co.

MOTHER

(14) FULL MAIDEN NAME: Irene Agnes Adams.

(15) RESIDENCE: 1110 S. Law St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 20. (Years)

(16) BIRTHPLACE: Balto. Md.

(19) OCCUPATION: Household duties at her home

(20) Number of children born to this mother, including present birth - 1 -

(21) Number of children of this mother now living - 1 -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.50 A.M. M., the date above stated.

(23) Signature M. C. Freilinger. M.D. (Physician or Midwife)

Address 82. Columbia Ave

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

(24) Given name added from a supplemental report, 19

Registrar

RECEIVED FOR RECORD FEB 28 1910 J. S. BOSLEY M.D. COM'R OF HEALTH

Filed , 19

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A53995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eight

1. Name of Child, Cecil Booker
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Feb 15- 1910
6. Place of Birth, (Street and number) 235 Richmond St Baltimore
6. Full name of Mother, Catherine E. Booker
7. Mother's Maiden Name, Catherine E. Mitchell
8. Mother's Birthplace, Washington D.C.
9. Full name of Father, Joseph Booker
10. Father's Occupation, Janitor
11. Father's Birthplace, British West Indies

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 884 Dyson Street - Baltimore

Remarks,

1910 0001475

RECEIVED FOR RECORD
FEB 28 1910
J. S. BOSLEY M.D.
COMR OF HEALTH

Every midwife or person other than a physician or surgeon who shall attend upon any case of birth, shall, on or before the tenth day of every month, report to the office of Commissioner of Health, the name of each child born during the preceding month, the name and residence of the parents, and the street and number where the birth occurred; and every physician or surgeon who shall attend upon any case of birth shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such midwife, physician or surgeon who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor and shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Feb 26, 1910
5. *Place of Birth, (Street and number)* 1311 Carey St.
6. *Full name of Mother,* Irene (Trusty) Davenport
7. *Mother's Maiden Name* Irene Trusty
8. *Mother's Birthplace,* Colemans Md
9. *Full name of Father,* Walter Davenport.
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Colemans Md.

Name of Medical Attendant, or other person who makes this Return, Alice Smothers

Address, 1323 Upton St.

Remarks, Child born Feb 26th at 2 pm died Feb 27th at 6 pm.

RECEIVED FOR RECORD FEB 28 1910 M.S. BOSLEY M.D. COMM'R OF HEALTH

1 9 1 0 0 0 1 4 7 6

Health. In case the birth of any child shall not be reported as aforesaid within the time above required, and any such person or persons who shall knowingly fail to report such birth within the time above required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1238.

RETURN OF A BIRTH. A53997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) no of child of mother 5

1. Name of child, Porter montague
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) colord
4. Date of Birth February the 24 1910
5. Place of Birth, (Street and number) Baiitimore md Charles st 1407
6. Full name of Mother, lilie montague
7. Mother's Maiden Name, lilie Baylor
8. Mother's Birthplace, Richmond Coounty Virginia
9. Full name of Father, Walter ewert montague
10. Father's Occupation, Porter in Drug Store
11. Father's Birthplace, Westmorland county Va.

Name of Medical Attendant, or other person who makes this Return. Anna m davis 1917

Address, Peach Alley Baiitimore md

Remarks,

RECEIVED FOR RECORD
FEB 28 1910
J. BOSLEY M.D.
BOARD OF HEALTH

1910 00 01477

If a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the latter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A53998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixteen

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb 23 1910
6. Place of Birth, (Street and number) 225 Cambridge
6. Full name of Mother, Ellen Conway
7. Mother's Maiden Name, Ellen Riney
8. Mother's Birthplace, Perryville Md.
9. Full name of Father, Joseph Conway
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Rose Mary E. Peregoy

Address, 2001 Bank St. City

Remarks, 19100000 1478

RECEIVED FOR RECORD FEB 25 1910 JAS BOOLEY M.D. COMR OF HEALTH

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the said birth, stating the name and residence of the mother, the time and place of birth of such child, and the name, residence and occupation of the person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED 11/29/72

A53999

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Name of child, LOUISE JOSEPHINE CASSELL
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race)
4. Date of Birth Feb 1st 1910
5. Place of Birth, (Street and number) 110 S Arlington Ave
6. Full name of Mother, Katie Cassell BOLEY
7. Mother's Maiden Name, Barnes
8. Mother's Birthplace, Balto Md
9. Full name of Father, Joseph Cassell
10. Father's Occupation, Mill Workers
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary E McKnew

Address, 1322 E Lombard St

Remarks, 1910000479

RECEIVED FOR RECORD FEB 28 1910 JAS. BOGLEY, M.D. COMR OF HEALTH

The Law requires the first and third day of each and every month to be the days for the return of births and deaths to the Board of Health. In case the birth of any child shall occur without the city, and any such person or persons as aforesaid shall become the mother and within the period above required, and any such person or persons as aforesaid shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* February 25 1910
6. *Place of Birth, (Street and number)* 1973 Collington Ave. M.
6. *Full name of Mother,* Lula Abbott
7. *Mother's Maiden Name,* Lula Prouty
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* (Pennsylvania) Howard Abbott
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, J. Wilhelm

Address, 7 Mine Bank Lane

Remarks, 1 9 1 0 0 0 0 1 4 8 0

RECEIVED RECORD FEB 28 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Every midwife, or person acting as a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with a requirement of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second one

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb. 16 1910
6. Place of Birth, (Street and number) 1242 E. Washington st
6. Full name of Mother, Mary Guzinska
7. Mother's Maiden Name, Mary Feller
8. Mother's Birthplace, Balto City
9. Full name of Futher, Peter Guzinska
10. Father's Occupation, Tailor
11. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E Shugay

Address, 2021 Bank st

Remarks, 1910000148 1 Balto md.

RECEIVED FOR RECORD FEB 28 1910 JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, and the Board of Health may require such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth one

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb. 6. 1910.
6. *Place of Birth, (Street and number)* 710. S. Luzerne
6. *Full name of Mother,* Mary K. Hoon?
7. *Mother's Maiden Name,* Mary K. Hackmann
8. *Mother's Birthplace,* Baltimore.
9. *Full name of Father,* William Hoon
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E. Perego

Address, 2001 Back St.

Remarks, Baltimo.

RECEIVED FOR RECORD FEB 28 1910 JAS. BOSLEY M.D. REGISTER OF HEALTH

1910000001482

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by law. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54003

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2-10, Mc Elderry St.; Ward)

(2) FULL NAME OF CHILD George Schelle

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		4th	Married	Feb. 23rd, 19 10

	FATHER	MOTHER
FULL NAME	(8) James Schelle	(14) FULL MAIDEN NAME Mary Schelle Stan
RESIDENCE	2-10 Mc Elderry St.	(15) RESIDENCE 2-10 Mc Elderry St
COLOR	White	(16) COLOR White
AGE AT LAST BIRTHDAY	(11) 30 (Years)	(17) 36 (Years)
BIRTHPLACE	Balto	(18) Balto
OCCUPATION	Laborer	(19) Housekeeper
Number of children born to this mother, including present birth		(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 Oclock P M., the date above stated.

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

(23) Signature Mrs Jennetta Kron (Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Address 203 W. Washington St.

Filed Feb 28, 19 10.

Registrar

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

B 0 0 0 1 4 8 3

RECEIVED BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54004

(1) PLACE OF BIRTH 1722 Thames St.

CITY OF BALTIMORE. (No. 1722, Thames St.; Ward)

(2) FULL NAME OF CHILD George Volgues

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

(3) Sex of Child Male | (4) Twin, triplet, or other? (To be answered only in event of plural births) | (5) Number in order of birth 6th | (6) Legitimate? Married | (7) Date of Birth Feb. 20th, 1910 (Month) (Date) (Year)

FATHER

FULL NAME John Volgues

RESIDENCE 1722 Thames St.

(9) COLOR White (11) AGE AT LAST BIRTHDAY 39 (Years)

(10) BIRTHPLACE Greece - Sandi

OCCUPATION Hotel

MOTHER

(14) FULL MAIDEN NAME Anna Volgues Martin

(15) RESIDENCE 1722 Thames

(16) COLOR White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Germany

(19) OCCUPATION Housekeeper

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 o'clock a. M., on the date above stated.

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

(23) Signature Mrs. Venetta Shaw

Address 203 N. Washington St. (Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Filed Feb. 28, 1910

Registrar

Registrar

RECEIVED FOR RECORD MAR 1 1910

JAS. BOGLEY, M.D. REGISTRAR OF VITAL STATISTICS

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54005

CITY OF BALTIMORE. (No. 620 N. Mount St.; Ward)

(2) FULL NAME OF CHILD Joseph Willis Pledge. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Male | (4) Twin, triplet, or other? Single | (5) Number in order of birth: Second. | (6) Legitimate? Yes. | (7) Date of Birth: Feb. 25th 1910. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: James Whiteford Pledge.	(14) FULL MAIDEN NAME: Rena Fortney
(9) RESIDENCE: 620 Mount St.	(15) RESIDENCE: 620 Mount St.
(10) COLOR: White. (11) AGE AT LAST BIRTHDAY: 28 (Years)	(16) COLOR: White. (17) AGE AT LAST BIRTHDAY: 25. (Years)
(12) BIRTHPLACE: Baltimore Md.	(18) BIRTHPLACE: Middletown Pa.
(13) OCCUPATION: Conductor on R.R.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: Two	(21) Number of children of this mother now living: Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10-55 P. M., the date above stated.

(23) Signature: Wm Weleo White M.D. (Physician or Midwife)

Address: 1818 N. Charles St.

(24) Given name added from a supplemental ..... , 19

Filed ..... , 19 .....

Registrar

Registrar

(READ THE REVERSE SIDE)

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

RECEIVED 0-0-1485 MAR -1 1910 JAS. BOSLEY COMM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54006

CITY OF BALTIMORE (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD George Albert Schulz. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.			Yes	7 — 10 — 1910.

FATHER	MOTHER
(8) FULL NAME George A. Schulz.	(14) FULL MAIDEN NAME Louisa E. White.
(9) RESIDENCE 776 S. Vincent St.	(15) RESIDENCE 776 S. Vincent St.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 43 (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Germany.	(18) BIRTHPLACE Baltimore.
(13) OCCUPATION Baker.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 6.	(21) Number of children of this mother now living 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3- a M., the date above stated.

1910

RECEIVED MAR -1 1910 JAS. BOSLEY M.D. COMMR. OF HEALTH

(23) Signature Henry A. Keating M.D. Midwife. (Physician or Midwife)

Address 503 Elle Henry St.

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

(24) Given name added from a supplemental report, ____, 19

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54007

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Vernon Byron. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	2 - 19 - 1910

FATHER	MOTHER
(8) FULL NAME: Nicholas Byron.	(14) FULL MAIDEN NAME: Maud Naomi Smith.
(9) RESIDENCE: 2013 Hollins St	(15) RESIDENCE: 2013 Hollins St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 36. (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 26. (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Barber.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6- P M., the data above stated.

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

(23) Signature: Mary A. Kraning Midwife (Physician or Midwife)

Address 503 Ala. Henry St

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

RECEIVED MAR 21 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54008

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD William George Edward Lancaster, — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Y- 22 1910.

FATHER	MOTHER
(8) FULL NAME William R. Lancaster,	(14) FULL MAIDEN NAME Mary Jane O'Connor,
(9) RESIDENCE 2207 Eagle St.	(15) RESIDENCE 2207 Eagle St.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Brakeman,	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.50 a M., the date above stated.

(23) Signature Mary A. Manning, Midwife (Physician or Midwife)

Address 1223 N. Howard St

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

RECORDED
MAR -1 1910
REGISTRAR OF VITAL STATISTICS
COMM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54009

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 428 N. Patterson Park Ave.; 6th Ward)

(2) FULL NAME OF CHILD Charles Bascomb Faulkner (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Male	—	—	Yes	Feb 1st, 1910

FATHER

(8) FULL NAME: Charles Bascomb Faulkner

(9) RESIDENCE: 428 N Patterson Park Ave

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 23

(12) BIRTHPLACE: Baltimore Md

(13) OCCUPATION: Salesman (Butter & Eggs)

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Mary Nellie Cavecoat

(15) RESIDENCE: 428 N. Patterson Park Ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 24

(18) BIRTHPLACE: Baltimore Md

(19) OCCUPATION: At home

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.40 A. M., the date above stated.

RECEIVED FOR REGISTRATION MAR -1 1910 JAS. BOSLEY, M.D. COMMISSIONER

(23) Signature: Edward L Cook M.D. (Physician or Midwife)

Address: 1489 E. Washington St.

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

(24) Given name added from a supplemental report, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54010

CITY OF BALTIMORE. (No. 1829 Penrose Ave. St.; Ward)

(2) FULL NAME OF CHILD Not named. (Premature. Period of gestation 6½ mo.) If child is not yet named, write supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Feby. 8 1910

FATHER

(8) FULL NAME Wm. Franklin Priboy

(9) RESIDENCE 1829 Penrose Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Virginia, USA

(13) OCCUPATION Engine Boring Maker

(20) Number of children born to this mother, including present birth 2

MOTHER

(14) FULL MAIDEN NAME Mary Luella Elizabeth Conard

(15) RESIDENCE 1829 Penrose Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Virginia. USA.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 a. M., the date above stated.

1910 (23) Signature RECEIVED FOR RECORD MAR -1 1910 JAS. FOSLEY M.C. COMM. OF HEALTH — J. H. Arthur M.D. (Physician or Midwife)

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

(24) Given name added from a supplemental report, _____, 19

Address 1641 Lexington St.

Filed _____, 19 .

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54011

CITY OF BALTIMORE. (No. ____ St.; 13 Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		5th Child		Feb 18th, 1910

FATHER		MOTHER	
(8) FULL NAME	Robert Halbert	(14) FULL MAIDEN NAME	Alice Berns
(9) RESIDENCE	2532 Salem St.	(15) RESIDENCE	2532 Salem St.
(10) COLOR	white	(16) COLOR	white
(11) AGE AT LAST BIRTHDAY (Years)	32 March 29th	(17) AGE AT LAST BIRTHDAY (Years)	25 March 8th
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto Md.
(13) OCCUPATION	Mortleman	(19) OCCUPATION	
(20) Number of children born to this mother, including present birth	5th	(21) Number of children of this mother now living	5th Child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2532 Salem St. M., the date above stated.

(23) Signature Mrs. C. Faulstich Midwife (Physician or Midwife)

Address 859 N. Fulton Ave.

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

0 0 0 0 0 1 4 9 1

RECEIVED FOR RECORD MAR — 1 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 12 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54012

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1826 Woodyear St.; 15 Ward)

(2) FULL NAME OF CHILD Louis F. Stieb — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	X	1st	Yes	Feb. 24, 1910

FATHER	MOTHER
(8) FULL NAME Louis N. Stieb	(14) FULL MAIDEN NAME May E. Goodhand
(9) RESIDENCE 1826 Woodyear	(15) RESIDENCE 1826 Woodyear St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 39 yrs (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 yrs (Years)
(12) BIRTHPLACE Md,	(18) BIRTHPLACE Md.
(13) OCCUPATION Fireman, C. F. D.	(19) OCCUPATION None.
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.25 P. M., the date above stated.

(23) Signature Wm. Grant M.D.

URO-0-01492 Physician (Physician or Midwife)

Address 307 N. Eutaw St

(24) Given name added from a supplemental ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

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

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 154013

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1212 Homewood ave St.; Ward)

(2) FULL NAME OF CHILD Mildred Louise Smick { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.			Yes	Oct 15, 1909

FATHER

(8) FULL NAME J Brooks Smick

(9) RESIDENCE 1212 Homewood ave

(10) COLOR W. (11) AGE AT LAST BIRTHDAY 30 yrs

(12) BIRTHPLACE Balto

(13) OCCUPATION Clk.

(14) Number of children born to this mother, including present birth 4th

MOTHER

(14) FULL MAIDEN NAME Mary Smick

(15) RESIDENCE 1212 Homewood

(16) COLOR W. (17) AGE AT LAST BIRTHDAY 29 yrs

(18) BIRTHPLACE Balto

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 Oct. M., the date above stated.

1910 (23) Signature C K Hayward (Physician or Midwife)

RECEIVED FOR RECORD FEB 28 1910 JAS. BOSLEY, M.D. COMMISSIONER

Address 230 N Carolina St

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

(24) Given name added from a supplemental report, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B A54014

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 1220 E North ave St.; Ward)

(2) FULL NAME OF CHILD Agnes Gessner

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F			Y/es	Feb. 12, 1910

	FATHER	MOTHER
(8) FULL NAME	Felix Louis Gessner	(14) FULL MAIDEN NAME: Ella McCaffrey
(9) RESIDENCE	1220 E North ave	(15) RESIDENCE: 1220 E North ave
(10) COLOR	W	(16) COLOR: W
(11) AGE AT LAST BIRTHDAY (Years)	39	(17) AGE AT LAST BIRTHDAY (Years): 28
(12) BIRTHPLACE	Balto.	(18) BIRTHPLACE: Balto
(13) OCCUPATION	Engineer (Stationary)	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7 A. M., on the date above stated.

Feb 18 1910

(23) Signature E. H. Hayward (Physician or Midwife)

Address 1220 N Caroline St

Filed , 19

Registrar

(24) Given name added from a supplemental report , 19

Registrar

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

RECEIVED FOR RECORD FEB 28 1910 JAS. BUSLEY, M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 454015

CITY OF BALTIMORE. (No. 1628, Aisquith St.; Ward)

(2) FULL NAME OF CHILD Helen Hagan — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F			Yes	Jan., 29, 1910

FATHER	MOTHER
(8) FULL NAME: Chas. Howard Hagan	(14) FULL MAIDEN NAME: Cath. M McGinnis
(9) RESIDENCE: 1628 Aisquith	(15) RESIDENCE: 1628 Aisquith
(10) COLOR: W. (11) AGE AT LAST BIRTHDAY: 36 (Years)	(16) COLOR: W (17) AGE AT LAST BIRTHDAY: 36 (Years)
(12) BIRTHPLACE: Md	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Dairyman (Milk dealer)	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 7th	(21) Number of children of this mother now living: 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P. M., the date above stated.

1910 (23) Signature: E. H. Hayward (Physician or Midwife)

(24) Given name added from a supplemental report, 19

Address: 1 W N Courtland St

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

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

RECORD
FEB 28 1910
BUREAU OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54016

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (Name of Hospital) St. Joseph's Hosp (St.; Ward)

(2) FULL NAME OF CHILD Marion Angela Henry

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
F.			Yes	1 (Month), 29 (Day), 1910 (Year)

FATHER

(8) FULL NAME Wm J Henry

(9) RESIDENCE 721 E. 20th St

(10) COLOR W. (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Balto

(13) OCCUPATION Boarding Salesman

(14) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Marion Dill

(15) RESIDENCE 721 E 20th St

(16) COLOR W (17) AGE AT LAST BIRTHDAY 29 (Years)

(16) BIRTHPLACE Balto

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 P. M., the date above stated.

1 9 1 0

(23) Signature J. E. Hayward (Physician or Midwife)

Address 1330 N Caroline St

Filed , 19 .

Registrar

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

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FEB 28 1910 BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 154017

CITY OF BALTIMORE. (No. 1619 N. Eden St.; Ward)

(2) FULL NAME OF CHILD Wm Hayward Keeley

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
M				Feb. 2nd 1910
	(To be answered only in event of plural births)			(Month) (Day) (Year)

	FATHER	MOTHER
(8) FULL NAME	P. J Keeley	(14) FULL MAIDEN NAME Helen Cassidy
(9) RESIDENCE	1619 N Eden	(15) RESIDENCE 1619 N Eden
(10) COLOR	W	(16) COLOR W
(11) AGE AT LAST BIRTHDAY	36 (Years)	(17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE	Balto.	(18) BIRTHPLACE Balto
(13) OCCUPATION	Plumber	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	6	(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 4 O. M., the date above stated.

(23) Signature E. H. Hayward, (Physician or Midwife)

Address 1732 Caroline St

Filed , 19 .

Registrar

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

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

RECORD
FEB 28 1910
CHAS. BOGLEY M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54018

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 603 E. Madison St.; Ward)

(2) FULL NAME OF CHILD: Edw. Conroy

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M		1st	Yes	Dec. 25, 1909

	FATHER	MOTHER
(8) FULL NAME	Edw. G. Conroy	(14) FULL MAIDEN NAME: Mary Flomes
(9) RESIDENCE	603 E Madison	(15) RESIDENCE: 603 E Madison
(10) COLOR	W	(16) COLOR
(11) AGE AT LAST BIRTHDAY (Years)	21 yrs.	(17) AGE AT LAST BIRTHDAY (Years): 19 yrs
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE: Balto.
(13) OCCUPATION	Clk	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth	1st	(21) Number of children of this mother now living: 1st.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P. M., the date above stated.

1910 (23) Signature: C. W. Hayward (Physician or Midwife)

Address: 2822 N. Carrollton Av

Filed _____, 19 .

Registrar

(24) Given name added from a supplemental report _____, 19 .

Registrar

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

RECEIVED FOR RECORD

JAS. BOSLEY M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54019

CITY OF BALTIMORE. (No. 1443 N Eden St.; Ward)

(2) FULL NAME OF CHILD John Conrad Hümmer (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child M (4) Twin, triplet, or other? (5) Number in order of birth (To be answered only in event of plural births) (6) Legitimate? Yes (7) Date of Birth Dec. (Month), 25 (Day), 1909 (Year)

FATHER

(8) FULL NAME John Adam Hümmer

(9) RESIDENCE 1443 N Eden

(10) COLOR W (11) AGE AT LAST BIRTHDAY Abt 36 yrs (Years)

(12) BIRTHPLACE Balto

(13) OCCUPATION Laborer

(20) Number of children born to this mother, including present birth 3

MOTHER

(14) FULL MAIDEN NAME Annie Wemmett

(15) RESIDENCE 1443 N. Eden

(16) COLOR W (17) AGE AT LAST BIRTHDAY Abt 30 (Years)

(18) BIRTHPLACE Balto

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A. M., the date above stated.

1910 (23) Signature E. S. Hayward, (Physician or Midwife)

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

(24) Given name added from a supplemental report, 19

Address 1538 N Caroline St

Filed , 19 .

Registrar Registrar

(READ THE REVERSE SIDE)

RECORD FEB 28 1910 JAS. H. [illegible] COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54020

CITY OF BALTIMORE (No. 1318 Mlea St.; Ward)

(2) FULL NAME OF CHILD Jerimiah Craig

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M			Yes	July 29, 1909

	FATHER	MOTHER
(8) FULL NAME	Edw Craig	(14) FULL MAIDEN NAME Margaret Craig
(9) RESIDENCE	1318 Mlea	(15) RESIDENCE 1318 Mlea
(10) COLOR	W.	(16) COLOR W
(11) AGE AT LAST BIRTHDAY (Years)	#	(17) AGE AT LAST BIRTHDAY (Years) ?
(12) BIRTHPLACE	Ireland	(18) BIRTHPLACE Ireland
(13) OCCUPATION	Motorman	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 A. M., the date above stated.

1910 (23) Signature E A Hayward (Physician or Midwife)

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

RECEIVED FOR RECORD FEB 28 1910 JAS. BOSLEY COMR OF HEALTH

(24) Given name added from a supplemental report_____, 19____ Address 1318 N Caroline St

Filed _____, 19____ Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. — S.E. Cor (No. McCulloh and McMechen Sts; Ward)

Registered No. B 54021

(2) FULL NAME OF CHILD — Wm Wilkins Graham

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M			Yes	Aug 30, 1909

FATHER	MOTHER
(8) FULL NAME: Harry H Graham	(14) FULL MAIDEN NAME: Aline Lindsay
(9) RESIDENCE: McCulloh + McMechen Sts	(15) RESIDENCE: McCulloh + McMechen Sts
(10) COLOR: W	(16) COLOR: W
(11) AGE AT LAST BIRTHDAY (Years): 35	(17) AGE AT LAST BIRTHDAY (Years): 30
(12) BIRTHPLACE: Md.	(18) BIRTHPLACE: Balto.
(13) OCCUPATION: Clk	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 A. M., the date above stated.

(23) Signature: E H Hayward (Physician or Midwife)

Address: 1 E Madison St

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

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

RECEIVED RECORD FEB 25 1910 JAS. BIRLEY M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54022

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 143 North Potomac St.; Ward)

(2) FULL NAME OF CHILD Clinton Oscar Egerton

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1	yes	Feb. 25 1910

FATHER	MOTHER
(8) FULL NAME: Howard Clinton Egerton	(14) FULL MAIDEN NAME: Marie Hutchins
(9) RESIDENCE: 143 North Potomac St	(15) RESIDENCE: 143 North Potomac St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 30 (Years)	(17) AGE AT LAST BIRTHDAY: 21 (Years)
(12) BIRTHPLACE: Baltimore Md	(18) BIRTHPLACE: Baltimore Md
(13) OCCUPATION: Paver	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.30 A. M., the data above stated.

(23) Signature: Fred C Jewett
Physician (Physician or Midwife)

Address 1823 Linden Ave

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

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD
MAR -1 1910
JAS. BUSLEY M.D.
COMR OF HEALTH

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54023

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1306 N. Asquith St.; Ward)

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	X	1	Yes	2, 16, 1910

FATHER

(8) FULL NAME	W. H. Harman
(9) RESIDENCE	1306 N. Asquith St
(10) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	Virginia
(13) OCCUPATION	Machinist

MOTHER

(14) FULL MAIDEN NAME	Anna E. Lackoff
(15) RESIDENCE	1306 N. Asquith St
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	
(18) BIRTHPLACE	Maryland
(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 3 P.M. M., the date above stated.

(23) Signature E. C. Ballard M.D.

(Physician or Midwife)

Address

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

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(24) Given name added from a supplemental report , 19

Registrar

RECEIVED FOR RECORD MAR — 1910

Filed , 19

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1112 E. M. Registered No. B A54024

CITY OF BALTIMORE. (No. 112 E Monument St.; Ward)

(2) FULL NAME OF CHILD Virginia Long (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth 1st | (6) Legitimate? Yes | (7) Date of Birth Feb 25th (Month) (Day) 19 10 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Charles David Long	(14) FULL MAIDEN NAME: Agneta Virginia (Long) Waldschmidt
RESIDENCE: 1112 E Monument St	(15) RESIDENCE: 1112 E Monument St.
(9) COLOR: White	(10) AGE AT LAST BIRTHDAY: 22 (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 17 (Years)
(8) BIRTHPLACE: Pennsylvania	(18) BIRTHPLACE: Homestead
(9) OCCUPATION: Printer	(19) OCCUPATION: Housekeeper
Number of children born to this mother, including present birth: 1st	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30 P.M., the date above stated.

(23) Signature Mrs Henrietta Knox (Physician or Midwife)

Address 203 N. Washington St.

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

0 0 0 0 1 5 0 4

(24) Given name added from a supplemental report ____, 19

Registrar

Filed MAR 24 1910, 19/0.

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
MAR 24 1910
JAS. BOSLEY, M.D.
COMM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54025

CITY OF BALTIMORE (No. 1404, McCulloh St.; Ward)

(2) FULL NAME OF CHILD Virginia Mann (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Female | (4) Twin, triplet, or other? X (To be answered only in event of plural births) | (5) Number in order of birth 1st | (6) Legitimate? Yes | (7) Date of Birth: Feb. (Month) 25 (Day), 19 10 (Year)

FATHER	MOTHER
(8) FULL NAME: Arthur Mann	(14) FULL MAIDEN NAME: Viola M. Sumpter
RESIDENCE: 1404 McCulloh st	(15) RESIDENCE: 1404 McCulloh st
(9) COLOR: White	(11) AGE AT LAST BIRTHDAY (Years): 26 yrs	(16) COLOR: White	(17) AGE AT LAST BIRTHDAY (Years): 26 yrs
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Virginia
(13) OCCUPATION: Musician	(19) OCCUPATION: None

(20) Number of children born to this mother, including present birth 1st — (21) Number of children of this mother now living One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.40 A. M., the date above stated.

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

(23) Signature Wm. Grant M.D.

Physician (Physician or Midwife)

Address 507 N Eutaw st

(24) Given name added from a supplemental ____, 19

Registrar

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED BY RECORD MAR 0 1910 505 THOS BOSLEY M.D. COMM OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 34026

CITY OF BALTIMORE (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Theresa Marie Lee. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female			Yes	2 (Month) 15 (Day) 1910 (Year)

(To be answered only in event of plural birth)

FATHER	MOTHER
(8) FULL NAME Charles Lee.	(14) FULL MAIDEN NAME Barbara Gad.
(9) RESIDENCE 118 S. Mount St.	(15) RESIDENCE 118 S. Mount St.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 42 (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE Germany.	(18) BIRTHPLACE Germany.
(13) OCCUPATION Driver.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 9.	(21) Number of children of this mother now living 8.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 a M., the data above stated.

(23) Signature Mary A. Keating (Physician or Midwife)

Address 503 Lee. Street

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental ____, 19 ____ Registrar

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

(READ THE REVERSE SIDE)

REGISTERED FOR MAR -1 1910 BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE CORRECTED 7-28-50

(1) PLACE OF BIRTH — Registered No. B. A54027

CITY OF BALTIMORE. (No. 4 St.; Ward)

(2) FULL NAME OF CHILD Anna Mary Althoff

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	2 - 19 - 1910

FATHER

(8) FULL NAME Samuel Horace Althoff

(9) RESIDENCE 305 S. Dalton Ave.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Hanover Pa.

(13) OCCUPATION Ry Conductor.

(20) Number of children born to this mother, including present birth V

MOTHER

(14) FULL MAIDEN NAME Annie M. Schilling

(15) RESIDENCE 305 S. Dalton Ave.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Housewife.

(21) Number of children of this mother now living V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 P M., the date above stated.

(23) Signature Harry A. Klaming M.D. (Physician or Midwife)

Address 1015 N. Mt. Holly St

RECEIVED MAR 1 1910 JAS. BOSLEY, M.D. REGISTRAR OF VITAL STATISTICS

(24) Given name added from a supplemental report ____ 19

Filed ____, 19 .

Registrar

Registrar

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

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54028

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Barrie Margaret Hedrick. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
Female			Yes	2-20-10

FATHER	MOTHER
(8) FULL NAME William J. Hedrick	(14) FULL MAIDEN NAME Margaret Kaiser
(9) RESIDENCE 414 S. Smallwood St.	(15) RESIDENCE 414 S. Smallwood St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Baltimore	(19) BIRTHPLACE Baltimore
(13) OCCUPATION Ironworker	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.50 P M., the data above stated.

(23) Signature Mary A. Keating. (Physician or Midwife)

Address 1503 Mc. Henry St

Filed ____, 19 ____ Registrar

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

(24) Given name added from a supplemental report ____, 19 ____ Registrar

RECEIVED FOR RECORD MAR -1 1910 JAMES BOSLEY, M.D. COMMISSIONER OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54029

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Thyrtle Estelle Hark. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	2 — 23 — 1910

FATHER	MOTHER
(8) FULL NAME Howard C. Hark.	(14) FULL MAIDEN NAME Florence E. Faughtz.
(9) RESIDENCE 502 S. Gilmor St.	(15) RESIDENCE 502 S. Gilmor St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Texas, Balto Co. Md.	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Cementer.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12— M., the date above stated.

1910

(23) Signature Mazie A Manning Midwife (Physician or Midwife)

Address 1503 E. Henry St.

(24) Given name added from a supplemental ____, 19

Filed ____, 19 7

Registrar

Registrar

(READ THE REVERSE SIDE)

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

0 0 5 0 9
RECORD
MAR — 1 1910
JAMES H. BLEY M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

454030

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1023 Hollins St St.; Ward)

(2) FULL NAME OF CHILD Elizabeth Madden

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

(3) Sex of Child female | (4) Twin, triplet, or other? (To be answered only in event of plural births) | (5) Number in order of birth 1 | (6) Legitimate? | (7) Date of Birth 24 January 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME John Madden

(9) RESIDENCE 1023 Hollins St

(10) COLOR White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Baltimore Md.

(13) OCCUPATION Baker

MOTHER

(14) FULL MAIDEN NAME Elizabeth Kennedy

(15) RESIDENCE 1023 Hollins St

(16) COLOR White (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Baltimore md.

(19) OCCUPATION Housewoman.

(20) Number of children born to this mother, including present birth 10

(21) Number of children of this mother now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1023 Hollins St M., the date above stated.

(23) Signature Julia A. Smith midwife

(Physician or Midwife)

Address 1029 Guilford Ave.

1910 RECORDED 4510

MAR -1 1910

U.S. BOARD OF COM'R OF HEALTH

(24) Given name added from a supplemental ...rt, ..., 19 ... Filed ..., 19 ...

Registrar

Registrar

(READ THE REVERSE SIDE)

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

RETURN OF A BIRTH. A54031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* No
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* Feb. 26th 1910
5. *Place of Birth, (Street and number)* 1709 Druid Hill Ave
6. *Full name of Mother,* Mary Hester Green
7. *Mother's Maiden Name,* Mary Hester Green
8. *Mother's Birthplace,* Eastern Shore Md
9. *Full name of Father,* Emanuel Whittington
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* St Marys Co Md

Name of Medical Attendant, or other person who makes this Return. Julia Stevenson

Address, 2125 E Fayette st. City

Remarks, 1910000151 1

Health. In case the birth of any child shall occur in any family and every month to the office of Commissioner of Health, the duty of the person or parents of such child to report its birth to the Commissioner of Health, the duty of the person or parents of such child to report its birth to the Commissioner of Health, the duty of the person or parents of such child to report its birth to the

RETURN OF A BIRTH. A54032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Florence Roy
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) A. A.
4. Date of Birth, Feb. 6, '10.
6. Place of Birth, (Street and number) 509 Robert St.
6. Full name of Mother, Mary Roy
7. Mother's Maiden Name,
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Clarence Roy
10. Father's Occupation, R.R. Porter (Station)
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, J.C. Robinson, M.D.

Address, 611 N. Caroline St.

Remarks,

1910001512

RECEIVED FOR RECORD
MAR 1 1910
J.S. BOGLEY, M.D.
COMM'R OF HEALTH

Whoever is a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of Child,
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth, Feb 22/1910
6. Place of Birth, (Street and number) 3600 Cedar Ave
6. Full name of Mother, Stella G. Hare
7. Mother's Maiden Name, " " Townsley
8. Mother's Birthplace, Balto
9. Full name of Father, M O Hare
10. Father's Occupation, Merchant
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm H Feldmeyer

Address, 800 W 33rd St

Remarks, 19100001513

RECORD

JAS. BOSLEY, M.D.
COMR OF HEALTH

Attendance upon this mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Marie
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 21st 1910
5. *Place of Birth, (Street and number)* 224 N. Chester St
6. *Full name of Mother,* Catherine Gossman
7. *Mother's Maiden Name,* Schonlinger
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Fred Gossman
10. *Father's Occupation,* Copper
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs H. Knox Midwife

Address, 203 N. Wash St

Remarks, 1910000015 14

PASSED FOR RECORD
MAR -1 1910
M.C. BOSLEY M.D.
BOARD OF HEALTH

Health, to be given to the first and third day of each and every month to the office of Commissioner of Health, to be given to the first and third day of each and every month to the office of Commissioner of Health, to be given to the first and third day of each and every month to the office of Commissioner of

RETURN OF A BIRTH. A54035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Gertrude
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb. 20th 1910
6. *Place of Birth, (Street and number)* 2-20 E. Madison St
6. *Full name of Mother,* Lora Schuh
7. *Mother's Maiden Name,* Jones
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Charlie Schuh
10. *Father's Occupation,* Harness-Maker
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Kerr. Midwife

Address, 203 N. Gilmor St.

Remarks, 1910000151 5

RECEIVED FOR RECORD MAR -1 1910 JAS. BOSLEY, M.D. BOARD OF HEALTH

Each day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the householder or nurse in attendance, or in the absence of both, the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of Child,* Elizabeth
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb. 18th 1910
6. *Place of Birth, (Street and number)* 107 N. Castle St.
6. *Full name of Mother,* Anna Chaney
7. *Mother's Maiden Name,* Silver
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Emmett Chaney
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Knox Midwife

Address, 203 N. Wash. St.

Remarks, 1910000151 6

RECEIVED FOR RECORD
MAR 1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Any day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then the midwife in attendance, or the father, mother or other person in charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Name of Child,* Elsie
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb 18th 1910
6. *Place of Birth, (Street and number)* 413 N. Chester St
6. *Full name of Mother,* Julia Gross
7. *Mother's Maiden Name,* Barrett
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Richard Gross
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. Ann Hardesty

Address, 202 N. Wash. St

Remarks, 1 9 1 0 0 0 0 1 5 1 7

RECEIVED FOR RECORD
MAR 1 1910
JAS. BOOSLEY, M.D.
REGISTRAR OF HEALTH

Every midwife or person other than a physician or practical nurse who shall attend upon the birth of any child shall cause such birth to be registered as aforesaid, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,* Miriam
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 9 - 1910
5. *Place of Birth, (Street and number)* 1806 E. Federal st.
6. *Full name of Mother,* Mary J. Eckert
7. *Mother's Maiden Name,* " " Borchers
8. *Mother's Birthplace,* City
9. *Full name of Father,* Geo. H. Eckert
10. *Father's Occupation,* Motorman, City Ry.
11. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Edwin B. Fenby

Address, 1219 N. Carolina st

Remarks, 1910000151 8

RECEIVED FOR RECORD MAR - 1 1910 JAS BOGLEY M.D. COMR OF HEALTH

Health. In case the birth of any child shall occur without the knowledge of the father, then the mother or midwife, or, should no other person be in attendance upon the mother, immediately thereafter is shall become the duty of the person or parents of such child to report its birth to the commissioner of health, in the manner and within the period above required, and the person or persons so offending shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE CORRECTED 2-27-65

No. of Child of Mother, (state whether 1st, 2nd, 3d, &c.) 2nd

1. Name of child, Dorothy Marie Pontier
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 10 - 1910
5. Place of Birth, (Street and number) 1207 N. Collington av.
6. Full name of Mother, Margaret H. Pontier
7. Mother's Maiden Name, " " Kratzer
8. Mother's Birthplace, City
9. Full name of Father, Jno. Wm. Pontier
10. Father's Occupation, Clerk
11. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Edwin B. Fenby

Address, 1223 N. Carolina st.

Remarks, 1910000151 9

RECEIVED FOR RECORD MAR - 1 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child, to report the same to the Commissioner of Health, in the manner and within the time required by this section; and any person who shall wilfully neglect or hereafter fail to comply with the provisions of this section shall be subjected to a fine of not less than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of child,* Catherine Elizabeth
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 24 - 1910
5. *Place of Birth, (Street and number)* 948 N. Chester st
6. *Full name of Mother,* Annie M. Armstrong
7. *Mother's Maiden Name,* " Hurley
8. *Mother's Birthplace,* City
9. *Full name of Father,* James F. Armstrong
10. *Father's Occupation,* Awning Maker
11. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Edwin B. Fenby

Address, 1223 N. Carolina st.

Remarks, 1 9 1 0 0 0 0 1 5 2 0

RECEIVED FOR RECORD
MAR - 1 1910
JAS BOGLEY M.D.
REGISTRAR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a midwife, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Rosalie Dorothy
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 25 - 1910
5. *Place of Birth, (Street and number)* 1345 York road
6. *Full name of Mother,* Rosalie Buffington
7. *Mother's Maiden Name,* " Wolf
8. *Mother's Birthplace,* Balto. City
9. *Full name of Father,* Jno. Raymond Buffington
10. *Father's Occupation,* Merchant
11. *Father's Birthplace,* Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return. Edwin B. Fenby

Address,

Remarks, 1910000152 1

RECEIVED FOR RECORD MAR 1 1910 SC BOSLEY M.D. COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of each and every person who shall reside in the house where such birth shall occur, or who shall be present at the birth, to cause the same to be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Name of child, Catherine
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 27 - 1910
5. Place of Birth, (Street and number) 902 N. Washington st.
6. Full name of Mother, Catherine C. Braun
7. Mother's Maiden Name, " " McClusky
8. Mother's Birthplace, City
9. Full name of Father, John P. Braun
10. Father's Occupation, Car builder
11. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, Edwin B. Fenby

Address, 1223 N. Caroline st.

Remarks, 1910001522

RECEIVED FOR RECORD MAR - 1 1910 WM. BOSLEY M.D. CITY HEALTH OFFICER

Section 3. To cause the Birth of any Child shall occur without the attendance of a physician or practitioner of midwifery, or other person, the parent or parents of such child, or other person in charge of it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 26 - 1910
5. Place of Birth, (Street and number) 2031 E. Hoffman st.
6. Full name of Mother, Virginia F. Arnold
7. Mother's Maiden Name, " " Weatherstein
8. Mother's Birthplace, Balto Co. Md.
9. Full name of Father, Chas H Arnold Jr.
10. Father's Occupation, Stair builder
11. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, Edwin B. Fenby

Address, 1223 N. Caroline St.

Remarks, 1910000 1523

RECEIVED FOR RECORD MAR -1 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of each and every month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child,
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth, Feb 18 1910
6. Place of Birth, (Street and number) 2639 Fait Ave
6. Full name of Mother, Emma Ogle
7. Mother's Maiden Name, Emma Kouly
8. Mother's Birthplace, Balto
9. Full name of Father, Charles Ogle
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 S. Linden St.

Remarks, 1910000524

RECEIVED FOR RECORD MAR -1 1910 JNO. BUSLEY M.D. BOARD OF HEALTH

Attendance upon the mother, inside a physician or practitioner of the latter, or should no other person, both in child-bed, it shall be the duty of the father, or should no other person be present, then in either case, the nearest relative present, to report the birth of any child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child, Angelina
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) W
4. Date of Birth, Jan 26 - 1910
6. Place of Birth, (Street and number) 259 N. Exeter st
6. Full name of Mother, Josephine Meola
7. Mother's Maiden Name, Lazzara
8. Mother's Birthplace, Italy
9. Full name of Father, Peter Meola
10. Father's Occupation, Laborer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Maria Romano

Address, 1221 E. Madison St

Remarks, 1910000 1525

RECEIVED FOR RECORD MAR -1 1910 JAS. BOSLEY, M.D. BOARD OF HEALTH

Any neglect to report this attendance of a physician or practitioner of midwifery, or midwife, in case the birth, or any child attended by such physician or practitioner of midwifery, or midwife, is still born, or dies before the return of the birth attendance upon the mother, immediately thereafter is shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of Child, Johanna
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) W
4. Date of Birth, Jan 25th 1910
6. Place of Birth, (Street and number) 412 N. Eden st
6. Full name of Mother, Santa Palmeri
7. Mother's Maiden Name, V. De Domenico
8. Mother's Birthplace, Italy
9. Full name of Father, Vincent Palmeri
10. Father's Occupation, Carpenter
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Marie Romano

Address, 1221 E. Madison st

Remarks, 1910000152 6

RECEIVED FOR RECORD MAR -1 1910 JAS. BIGLEY M.D. BOARD OF HEALTH

Note.—Any midwife, or other person in attendance upon the mother, who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A54047

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of Child, Rosa Jennie
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) N.
4. Date of Birth, Jan 14th 1910
6. Place of Birth, (Street and number) 812 Aisquith st
6. Full name of Mother, Maria Stamfrone
7. Mother's Maiden Name, " Valentini
8. Mother's Birthplace, Italy
9. Full name of Father, Nicholas Stamfrone
10. Father's Occupation, Tailor
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Marie Romano

Address, 1221 E. Madison st

Remarks, 1910000 1527

RECEIVED FOR RECORD MAR - 1 1910 S. BOSLEY, M.D. BOARD OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should the attendance be delayed beyond the third day, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Name of Child, Angelina
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) W.
4. Date of Birth, Jan 15-1910
6. Place of Birth, (Street and number) Gay 2 Biddle Sts
6. Full name of Mother, Angela Lazzara
7. Mother's Maiden Name, Castellano
8. Mother's Birthplace, Italy
9. Full name of Father, Louis Lazzara
10. Father's Occupation, storekeeper
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Maria Romano

Address, 1221 E. Madison St.

Remarks, 1910000001528

RECEIVED FOR RECORD MAR -1 1910 JOS. BOSLEY M.D. COMR OF HEALTH

Physicians neglecting to report the attendance of a physician or practitioner at the birth of any child as required by the rules and regulations of the Board of Health, and all persons in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of Child,* Marie
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* W.
4. *Date of Birth,* Jan 12th 1910
6. *Place of Birth, (Street and number)* Forrest & Low sts
6. *Full name of Mother,* Carmela Lomonaco
7. *Mother's Maiden Name,* " De Vito
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Mariano Lomonaco
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Maria F. Romano

Address, 1221 E. Madison st

Remarks, 1910000529

RECEIVED FOR RECORD MAR -1 1910 H.S. BOSLEY M.D. BD OF HEALTH

The doctor without the attendance of a physician or midwife, or the householder of the house in which any child shall be born, shall, within ten days after the birth of such child, report the birth to the Commissioner of Health, and any person who shall neglect the duty by this section required, shall forfeit and pay for every such neglect the sum of ten dollars; and any midwife who shall attend at the birth of any child and neglect to report the birth as required by this section shall be subject to the same penalty. It shall become the duty of the parent or other person in attendance upon the mother at the birth of a child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Irma Marie Filomena
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) W
4. Date of Birth, Dec 17th 1909
6. Place of Birth, (Street and number) 21 Rose st
6. Full name of Mother, Emma Nicolai
7. Mother's Maiden Name, M Serra
8. Mother's Birthplace, Italy
9. Full name of Father, Flaminio Nicolai
10. Father's Occupation, Tailor
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Marie Branco

Address, 1721 E. Madison st

Remarks, 19100009530

RECEIVED FOR RECORD MAR 1 1910 H. A. BOSLEY M.D. REGISTRAR OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother herself shall have the duty of reporting such birth, and in default of her doing so, any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of Child, Yolanda Catherine
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) W
4. Date of Birth, Dec 17th 1909
6. Place of Birth, (Street and number) 401 Fourth St
6. Full name of Mother, Giuditta Goccioloni
7. Mother's Maiden Name, " Gatto
8. Mother's Birthplace, Italy
9. Full name of Father, Achille Goccioloni
10. Father's Occupation, Blacksmith
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Marie Romano

Address, 122 E. Madison St

Remarks, 1910000531

RECEIVED FOR RECORD MAR -1 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

Any physician or midwife in attendance at a birth, and any householder in case there is no physician or midwife in attendance upon the birth of any child, and any other person having knowledge of the birth of any child, shall within ten days thereafter report to the Commissioner of Health, in the manner and within the period of time required by the rules and regulations of the Board of Health, the information required by this section; and any such person or persons who shall hereafter fail to do so shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Carmela Josephine
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) W.
4. Date of Birth, Dec 5th 1909
6. Place of Birth, (Street and number) 29 E. Hill st
6. Full name of Mother, Sadie LePaola
7. Mother's Maiden Name, Gerilla
8. Mother's Birthplace, Balto md
9. Full name of Father, Mungio LePaola
10. Father's Occupation, Barber
11. Father's Birthplace, Balto md

Name of Medical Attendant, or other person who makes this Return, Mrs Maria Romano

Address, 121 E. Madison st

Remarks, 1910000153 2

RECEIVED FOR RECORD MAR -1 1910

JOHN S. ROSLEY M.D. COMMISSIONER OF HEALTH

Any person without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth of any child, shall within ten days thereafter report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), Second.

1. *Name of child*, Eva Linda Elizabeth
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* February 24, 1910.
5. *Place of Birth, (Street and number)* No. 1501 E. Preston St.
6. *Full name of Mother*, Amy Smith
7. *Mother's Maiden Name*, Amy Miller
8. *Mother's Birthplace*, England
9. *Full name of Father*, William E. Smith
10. *Father's Occupation*, Asst. Stage Manager (Theatre)
11. *Father's Birthplace*, Baltimore city

Name of Medical Attendant, or other person who makes this Return, A. A. Elwell, M.D.

Address, 1941 Harford Ave.

Remarks,

1910001533

RECEIVED FOR RECORD MAR 1 1910 C. GRASLEY, M.D. COMMISSIONER OF HEALTH

Sec. 4th. In case the birth of any child shall occur without the limits of such city, the father or mother in the former case, and the mother in the latter case, or the midwife, or, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and at the time above required, and any such person or persons who shall hereinafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-26-57

RETURN OF A BIRTH. A54054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Name of child,* Martha Elizabeth Hobbs
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* February 22, 1910
5. *Place of Birth, (Street and number)* No. 1405 Samuel Ready place
6. *Full name of Mother,* Emma E. Hobbs
7. *Mother's Maiden Name,* Emma E. Holmes.
8. *Mother's Birthplace,* Baltimore city
9. *Full name of Father,* Andrew J. Hobbs.
10. *Father's Occupation,* Insurance Collector
11. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return. R. L. Clowell, M.D.

Address, 1744 Hanford ave

Remarks, 1910000154

REGISTRATOR OF RECORD
MAR -1 1910
J. S. BOGLEY, M.D.
REGISTRAR OF HEALTH

...birth of each and every child to be born within his district, on the blank form ... midwife, or should no other person be in attendance upon the mother, immediately thereafter it ... Health, the name, date and place of birth, sex and color of such child, and such other ... hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars ... for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of Child,* Elizabeth
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Feb 15th 10
6. *Place of Birth, (Street and number)* 182 E Fayette St
6. *Full name of Mother,* Bertha Bruder
7. *Mother's Maiden Name,* Goldman
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Michael Bruder
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L Ison Midwife

Address, 203 N Wash St

Remarks, 1910000 1535

COPY OF RECORD
MAR -1 1910
A.S. BOGLEY M.D.
BOARD OF HEALTH

Within ten days of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the person in charge of the house in which such birth occurs, or in which the mother of the child may be at the time of the birth, or the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of Child,* Margaret Ann
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb. 15th 1910
6. *Place of Birth, (Street and number)* 1616 Fayette Ave
6. *Full name of Mother,* Anna Rassa
7. *Mother's Maiden Name,* Bolmara
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* August Rassa
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna Rassa

Address, 203 N. Wash. St.

Remarks, 1910009153 6

RECEIVED FOR RECORD
MAR -1 1910
JAS BOSLEY M.D.
COMR OF HEALTH

Every birth and every month, to the office of Commissioner of Health, in case the birth of any child shall occur without the Attendance of a Physician, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

A54057

CERTIFICATE CORRECTED 8/7/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child.* Margaret Rose Lenz
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb 7th 1910
6. *Place of Birth, (Street and number)* 224 N. Washington St
6. *Full name of Mother,* Rosa ~~Lenty~~ Lenz
7. *Mother's Maiden Name,* Schmidt
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* John ~~Lenty~~ Lenz
10. *Father's Occupation,* Tinner
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss H. Crain, Midwife

Address, 203 N. Wash St.

Remarks, 1910009537

RECEIVED FOR RECORD MAR -1 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Every midwife, physician or other person who shall attend at the birth of any child shall cause to be delivered to the parent or person having charge of such child a certificate containing the information required by this section to be given, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Name of Child,* Leona
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb 5th 0.0
6. *Place of Birth, (Street and number)* 1509 N. Linkum St
6. *Full name of Mother,* Fannie Stillinger
7. *Mother's Maiden Name,* Reeds
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* John Stillinger
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. Trow Midwife

Address, 2037 Eastern Ave

Remarks, 1910000153 8

RECEIVED FOR RECORD
MAR -1 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Every birth shall be reported within ten days after occurrence, and for each and every month's delay, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Marie-Louise
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb 1st 1910.
6. Place of Birth, (Street and number) 1021 Somerset St
6. Full name of Mother, Anna Bridge
7. Mother's Maiden Name, Zentaraf
8. Mother's Birthplace, Italy
9. Full name of Father, Henry Bridge
10. Father's Occupation, Tailor
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs L. Grow Maurice

Address, 203 N. Wash. St.

Remarks, 1910000 1539

RECEIVED FOR RECORD MAR -1 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

Any person who shall neglect to make the return of a birth required by this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of Child, Faby Fonlinsky
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, February 4, 1910
6. Place of Birth, (Street and number) 239 N. High St
6. Full name of Mother, Rosy Fonlinsky
7. Mother's Maiden Name, Rosy Fisher
8. Mother's Birthplace, Russia
9. Full name of Father, Meyer Fonlinsky
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Yetta Fonlinsky

Address, 135 N Exeter St

Remarks, 1910000 1540

RECEIVED FOR RECORD MAR -1 1910 S. BOSLEY M.D. BD OF HEALTH

Every birth must be reported to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Chas. Ruckley
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb. 20, 1910
6. *Place of Birth, (Street and number)* 106 Arbemarle St
6. *Full name of Mother,* Anna Ruckley
7. *Mother's Maiden Name,* Anna Gurtler
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Chas. Ruckley
10. *Father's Occupation,* Builder
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Betty Feldman

Address, 135 N Exeter St

Remarks, 1910000 1541

RECEIVED FOR RECORD MAR - 1 1910 WM. BOSLEY M.D. COMR OF HEALTH

Every midwife, physician or practitioner of midwifery, or other person who shall be first called to attend upon any woman within the first ten days after child birth, shall, within ten days after the birth of any child attended, make a return thereof to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the time above specified; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of Child, Hilda Levin
2. Sex, (state whether male or female) Girl
3. Race or color, (if not of the White Race) White
4. Date of Birth, February 12, 1910
6. Place of Birth, (Street and number) 1003 Low St.
6. Full name of Mother, Rosy Levin
7. Mother's Maiden Name, Rosy Sadelsky
8. Mother's Birthplace, Russia
9. Full name of Father, Jake Levin
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Yetta Feldman

Address, 135 N. Exeter St.

Remarks, 1910 0 0 1542

RECEIVED FOR RECORD
MAR -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Every midwife shall report every birth attended by her, every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the parent of said child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are now recoverable.

RETURN OF A BIRTH. A54063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Charles Kelly
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan 1 — 1910
5. *Place of Birth, (Street and number)* 1305 N. Broadway
6. *Full name of Mother,* Josephine A. Kelly
7. *Mother's Maiden Name,* " " Murray
8. *Mother's Birthplace,* New York, N. Y.
9. *Full name of Father,* John F. Kelly
10. *Father's Occupation,* Shoe-maker
11. *Father's Birthplace,* Phila. Pa.

Name of Medical Attendant, or other person who makes this Return, Edwin B. Fenby, M.D.

Address, 1219 N. Carolina st.

Remarks, 1910000 1543

RECEIVED FOR RECORD MAR 1 1910 J. E. BOSLEY M.D. REGISTRAR OF HEALTH

Penalty for neglect. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person having charge of the premises where such birth occurs to report it to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Name of child, Kent Kernan Rutley
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan. 28 - 1910
5. Place of Birth, (Street and number) 1835 Harford av.
6. Full name of Mother, Linnie Rutley
7. Mother's Maiden Name, " Shelley
8. Mother's Birthplace, City
9. Full name of Father, David W. Rutley
10. Father's Occupation, Electrician
11. Father's Birthplace, Wales

Name of Medical Attendant, or other person who makes this Return. Edwin B. Fearby

Address, 1223 N. Caroline st.

Remarks, 1910000154 4

RECORD
MAR - 1 1910
JAS BOSLEY M.D.
BOARD OF HEALTH

Every birth of any child shall occur without the attendance of a physician or practitioner of midwifery, as above mentioned, it shall be the duty of the father, mother, householder or nurse of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 1 - 1910
5. *Place of Birth, (Street and number)* 1739 N. Caroline st
6. *Full name of Mother,* Catherine J. Walter
7. *Mother's Maiden Name,* " " Weiss
8. *Mother's Birthplace,* Balty
9. *Full name of Father,* Chas. H. Walter
10. *Father's Occupation,* Foreman
11. *Father's Birthplace,* Balty

Name of Medical Attendant, or other person who makes this Return, Edwin B. Fenby

Address, 1223 N. Caroline st

Remarks, 1910000 1545

RECEIVED FOR RECORD
MAR -1 1910
JAS. BOSLEY, M.D.
COMMR. OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person in charge of such child or mother within the city of Baltimore to report the case to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Clarence Howard Seidenstricker, Jr.
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 8 - 1910
5. *Place of Birth, (Street and number)* 718 N. Wolfe st
6. *Full name of Mother,* Rosina Ann Seidenstricker
7. *Mother's Maiden Name,* " " Kerr
8. *Mother's Birthplace,* Md
9. *Full name of Father,* Clarence Howard Seidenstricker
10. *Father's Occupation,* House painter
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Edwin B. Fenby

Address, 1223 N. Broadway

Remarks, 1910 0001546

COPY FOR RECORD
MAR - 1 1910
JAS. BORLEY, M.D.
COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the householder or other person in charge of the house in which the birth occurs shall be liable to the penalties of this section. Immediately thereafter it shall be the duty of such householder or other person to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED 2/27/25

RETURN OF A BIRTH. A54067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Name of Child, Leonard Christopher Sennett
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, Feb. 2, 1910
6. Place of Birth, (Street and number) 2939 Fait Ave.
6. Full name of Mother, Norah ~~Spake~~ Sennett
7. Mother's Maiden Name, Norah Spake
8. Mother's Birthplace, Balto.
9. Full name of Father, John ~~Jenic~~ Sennett
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mary I. Swayne

Address, 824 S. Canton Ave

Remarks, Filed 3/10 00 1547

RECEIVED FOR RECORD MAR -1 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Any midwife, physician or other person required by this section to report the birth of any child who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Feb. 2, 1910
6. *Place of Birth, (Street and number)* 718 Port St
6. *Full name of Mother,* Anna Gunner
7. *Mother's Maiden Name,* Anna Fulda
8. *Mother's Birthplace,* Australia
9. *Full name of Father,* Henry Gunner
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Australia

Name of Medical Attendant, or other person who makes this Return, Mary S. Swayne

Address, 824 S. Canton St.

Remarks, 1910000154 8

RECEIVED FOR RECORD MAR -1 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Attention upon the mother, immediately after confinement or miscarriage, or should no other person be present, upon the person in charge of the case, is hereby charged with the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, Feb. 6, 1910
6. Place of Birth, (Street and number) 2731 Hudson St.
6. Full name of Mother, Ellen Byer
7. Mother's Maiden Name, Ellen Barrett
8. Mother's Birthplace, Balto.
9. Full name of Father, Charles Byer
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks, 1910001549

RECEIVED FOR RECORD MAR -1 1910 S. BOSLEY M.D. COMM'R OF HEALTH.

Attention upon the mother, nurse, or other person or practitioner of midwifery, or other person in charge, to report in writing to the Registrar of Vital Statistics, Board of Health, Baltimore, the birth of any child within twenty-four hours after the occurrence of such birth, and if there be no other person present at the birth, then it shall become the duty of the person or persons present at the birth of any child to report the same to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, Feb 27 1910
6. Place of Birth, (Street and number) 2826 Elliot St
6. Full name of Mother, Ida McKimmings
7. Mother's Maiden Name, Ida Jones
8. Mother's Birthplace, Balto
9. Full name of Father, Charles McKimmings
10. Father's Occupation, Barber
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne
Address, 824 S. Canton St

Remarks, 1910000001550

RECEIVED FOR RECORD MAR -1 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child, Eugenio Gennaro
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) W
4. Date of Birth, Jan 31 of 1910
6. Place of Birth, (Street and number) 2409 Ashland Ave
6. Full name of Mother, Marie Bossi
7. Mother's Maiden Name, " Fresca
8. Mother's Birthplace, Italy
9. Full name of Father, Salvatore Bossi
10. Father's Occupation, Tailor
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Marie Bonanno

Address, 1201 E. Madison st

Remarks. 1910000155 1

RECEIVED FOR RECORD
FEB -1 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

Penalty.—Any physician or midwife in attendance at the birth of any child and any person having charge of such child, who shall fail to report the birth of such child as herein required, and any person who shall hereafter become the duty, or who shall assume charge of such child, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of Child,* Nelson George
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* W
4. *Date of Birth,* Feb 8 th 1910
6. *Place of Birth, (Street and number)* 916 Dallas
6. *Full name of Mother,* Catherine Light
7. *Mother's Maiden Name,* " Wrightsmiller
8. *Mother's Birthplace,* Md. Co.
9. *Full name of Father,* Henry Light
10. *Father's Occupation,* Cigarmaker
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Marie Romano

Address, 1221 E. Madison St.

Remarks, 1910 0 0 0 1552

RECEIVED FOR RECORD MAR -1 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

The same penalty for attendance of a physician or practitioner of midwifery, who shall fail to report the birth of any child as aforesaid within ten days thereafter, is hereby imposed upon the midwife. In case no other person be in attendance upon the mother at the birth of the child, it shall become the duty of the person occupying such premises to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child, Adolf Martin
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) M
4. Date of Birth, Nov 11 - 1909
6. Place of Birth, (Street and number) 403 Fraquith St
6. Full name of Mother, Catherina Minnaco
7. Mother's Maiden Name, Granella
8. Mother's Birthplace, Italy
9. Full name of Father, Daniel Minnaco
10. Father's Occupation, Blacksmith
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Marie F. Tomaso

Address, 1221 E. Madison st

Remarks, 19100001553

RECEIVED FOR RECORD
MAR -1 1910
JAS BOSLEY M.D.
SUPT OF HEALTH

Any person who shall fail to report the birth of any child attended by him, or shall refuse to make return of such birth, or shall refuse to give information to the person or persons making such return, or shall refuse to attend upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance

RETURN OF A BIRTH. A54074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Name of child,
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White
4. Date of Birth February 18 1910
5. Place of Birth, (Street and number) No. 1325 E. Milton ave
6. Full name of Mother, Mary E. Kirsten
7. Mother's Maiden Name, Mary E. Fabeling
8. Mother's Birthplace, Baltimore city
9. Full name of Father, George W. Kirsten
10. Father's Occupation, Stonecutter
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, A. A. Elwell, M.D.

Address, 1241 Hanford ave

Remarks, 1910001554

RECEIVED FOR RECORD MAR -1 1910 JAS. BOSLEY, M.D. REGR OF HEALTH

Midwifery or attendance at birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child, or other person in charge thereof, to report the birth of such child to the Registrar of Vital Statistics of Baltimore City within one week and the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Robert Lewis Lee
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White
4. Date of Birth February 17, 1910.
5. Place of Birth, (Street and number) 1825 Hope Street
6. Full name of Mother, Katherine V. Schleigh
7. Mother's Maiden Name, Katherine V. Simmerly
8. Mother's Birthplace, Baltimore city
9. Full name of Father, Robert P. Schleigh
10. Father's Occupation, Policeman
11. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, J. A. A. Atwell, M.D.

Address, 1741 Hanford ave

Remarks, 1910000155

RECEIVED FOR RECORD MAR -1 1910 H. A. BOSLEY, M.D. REGISTRAR OF HEALTH

midwife to use the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, the person in attendance upon the mother immediately thereafter it shall become the duty of the person or midwife in attendance to report said birth to the Commissioner of Health. In the manner and within the period above required, and any such person or midwife who hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD MAR 1 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Name of Child, Harry Schultheis
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) W
4. Date of Birth, Feby 21 1910
6. Place of Birth, (Street and number) 1574 N Eden St
6. Full name of Mother, Hattie A Schultheis
7. Mother's Maiden Name, " " Borchers
8. Mother's Birthplace, City
9. Full name of Father, Henry A Schultheis
10. Father's Occupation, Painter
11. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, W W Davis M D

Address, 1567 N Carrollton Ave

Remarks,

19100001556

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the fact to the Commissioner of Health, in the manner and within the time specified in this section; any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 11/1911

RETURN OF A BIRTH. A54077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR - 1 1910
JAS. BOSLEY M.D.
REGISTER OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of Child, MULLIGAN, ~~[illegible]~~ Eugene
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb 15th 1910
6. Place of Birth, (Street and number) 1249 Jackson st
6. Full name of Mother, Emma ~~[illegible]~~ MULLIGAN
7. Mother's Maiden Name, EMMA Heise
8. Mother's Birthplace, Balto
9. Full name of Father, John J. ~~[illegible]~~ MULLIGAN
10. Father's Occupation, Tinner
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Miss L. Dean, Midwife

Address, 203 N. Washington ave st

Remarks, 1910000001557

Any person who shall refuse to make the above return, as required by the Ordinance of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child shall report the same to the Commissioner of Health, in the manner and within the period above required, and shall furnish such information as shall be in the power of such person or parents to give concerning the same. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 154078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Name of Child,* Joseph
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 15th 1910
6. *Place of Birth, (Street and number)* 240 S. Chapel St
6. *Full name of Mother,* Julia Schmidt
7. *Mother's Maiden Name,* Sunday
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* John L. Schmidt
10. *Father's Occupation,* Sailor
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Chas. Krause

Address, 203 W. Washington St.

Remarks, 1910000155 8

RECEIVED FOR RECORD
MAR -1 1910
JAS. BOGLEY M.D.
BOARD OF HEALTH

Each day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH.

A54079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of Child,* (Maiden) Matthew Thomas Bowling
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb 6th 910 Town
6. *Place of Birth, (Street and number)* 41 N. ~~Grove~~ St.
6. *Full name of Mother,* Catherine (Bohlan) Bowling
7. *Mother's Maiden Name,* Thomas
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Thomas E. (Bohlan) Bowling
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. Stone Midwife

Address, 203 N. Wash. St.

Remarks,

1910000 1559

SIGNED FOR RECORD MAR -7 1910 JAS. BOSLEY M.D. COMR. OF HEALTH

That the first and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person in attendance upon the mother at the time of such birth, and in case there is no such person in attendance, then the father or mother of such child, or the person or parents of such child residing where such birth occurs, shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Liliane
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb. 5th 1910
6. Place of Birth, (Street and number) 37 E. Patterson Pl
6. Full name of Mother, Amelia Rupperbrager
7. Mother's Maiden Name, German
8. Mother's Birthplace, Germany
9. Full name of Father, Emil Rupperbrager
10. Father's Occupation, Bricklayer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Anna Widmayer

Address, 203 E. Chase St.

Remarks,

1910000156 0

RECEIVED FOR RECORD
MAR - 1 1910
A.S. BOOLEY M.D.
BOARD OF HEALTH

this day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one in attendance upon the mother, immediately after the birth, report the same, it shall be the duty of the owner or occupier of the house where the birth occurs, or the parents of such child (if living in the house), to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Name of Child,*
2. *Sex, (state whether male or female)* Boy
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* February 19, 1910
6. *Place of Birth, (Street and number)* 267 East St.
6. *Full name of Mother,* Esther Butcher
7. *Mother's Maiden Name* Esther Butcher
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Louis Butcher
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Yetta Feldman

Address, 135 N. Exeter St.

Remarks, 1910000159 Louis

RECEIVED FOR RECORD
MAR -1 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Every midwife, physician or other person who shall attend upon any birth, shall, within ten days after the birth, make a return thereof to the office of the Commissioner of Health, and for every month's neglect thereafter shall forfeit and pay the sum of ten dollars. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

According to Article 23, Section 7.

A54082

ld of Mother, (state whether 1st, 2d, 3d, &c.) 6th

ate whether male or female) Male

color, (if not of the white race) White

Birth, Feb 26, 1910

Birth (Street and Number) 2612 Clifton Ave

ame of Mother Florence Richards

Maiden Name Florence Wallace

Birthplace Baltimore

me of Father Edgar F. Richards

Occupation Grain Merchant

Birthplace Virginia

Medi[illegible] or other person who Theodore Cooke M.D.

Reinsd. Recvd. Entry 2/8/1910

100 30 1552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54083

(1) PLACE OF BIRTH Balto. Md. Registered No. B.

CITY OF BALTIMORE. (No. 2842 Hudson St. St.; Ward)

(2) FULL NAME OF CHILD Lillian Hanzlik (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	1.	4.		June 16 1900

FATHER	MOTHER
(8) FULL NAME Fred V. Hanzlik	(14) FULL MAIDEN NAME Frances Shimunek
(9) RESIDENCE 2842 Hudson St	(15) RESIDENCE 2842 Hudson St
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY = (Years)	(17) AGE AT LAST BIRTHDAY = (Years)
(12) BIRTHPLACE Europe	(18) BIRTHPLACE Europe
(13) OCCUPATION Painter - Paperhanger.	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2842 Hudson St the date above stated.

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

(23) Signature Mrs. Mary Hanzlik (Physician or Midwife)

(24) Given name added from a supplemental report 19 Registrar

Address 1925 E. Eager St.

RECEIVED FOR RECORD MAR -2 1910 JAS. BOSLEY M.D.

Filed March 1, 1910 Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Balto Md. Registered No. B. 54034

CITY OF BALTIMORE. (No. Chapel St 1836. St.; Ward)

(2) FULL NAME OF CHILD Not Babtized (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female (4) Twin, triplet, or other? Twins (5) Number in order of birth (To be answered only in event of plural births) (6) Legitimate? (7) Date of Birth Jan. 4th 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Chas. Miller	(14) FULL MAIDEN NAME Rosie Holzman
(9) RESIDENCE Chapel St 1836	(15) RESIDENCE 1836 Chapel St
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Germany	(18) BIRTHPLACE Balto.
(13) OCCUPATION Brick-Layer	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 8	(21) Number of children of this mother now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1836 Chapel St. the date above stated.

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

(23) Signature 0 0 0 1 5 6 4 Mrs. Mary Hanzlik (Physician or Midwife)

(24) Given name added from a supplemental ____, 19 Address 1925 E Eager St

Filed March 1, 1910

Registrar

RECEIVED MAR -2 1910 JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 54085

CITY OF BALTIMORE. (No. 518 Addison Alley St.; Ward)

(2) FULL NAME OF CHILD Thomas Nash (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male	Twin	born first	yes	Feb 26 1910

FATHER

FULL NAME	William Henry Nash
(8) RESIDENCE	518 Addison Alley
(9) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	36 yrs
BIRTHPLACE	Washington D.C.
OCCUPATION	Waiter

MOTHER

(14) FULL MAIDEN NAME	Rosetta Hughes
(15) RESIDENCE	518 Addison Alley
(16) COLOR	Colored
(17) AGE AT LAST BIRTHDAY (Years)	37
(18) BIRTHPLACE	Baltimore
(19) OCCUPATION	Home wife

Number of children born to this mother, including present birth 8

(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.30 A. M., the date above stated.

1910 (23) Signature J. L. McLaughlin
Senior Student - U. of M. Dept.
(Physician or Midwife)

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

(24) Given name added from a supplemental report, ____, 19

Address 1113 Pine Stricker St.

Registrar

Filed MAR -2 1910, 19

Registrar

(READ THE REVERSE SIDE)

RECORD
JAS. BOSLEY M.D.
COMMISSIONER

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 454086

CITY OF BALTIMORE. (No. 518 Addison Alley St.; Ward)

(2) FULL NAME OF CHILD Henry J. Nash (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.	Twin	Second	Yes	Feb. 26 1910

	FATHER	MOTHER
FULL NAME	William Henry Nash	(14) FULL MAIDEN NAME Rebecca Hughes
RESIDENCE	518 Addison Alley	(15) RESIDENCE 518 Addison Alley
(9) COLOR	Black	(16) COLOR Black
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years) 34
(12) BIRTHPLACE	Washington D.C	(18) BIRTHPLACE Baltimore Md.
(13) OCCUPATION	Waiter	(19) OCCUPATION Domestic

Number of children born to this mother, including present birth 8 — (21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

(23) Signature 1 5 6 J. L. McLaughlin Senior Student. F.S.H. Dispensary (Physician or Midwife)

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

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Address 113 No. Stricker St.

Filed MAR -2 1910, 19 ____ Registrar

RECEIVED MAR 2 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 52087

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 109 Bruce St.; Ward)

(2) FULL NAME OF CHILD Grace Nelson. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl			yes	Feb. 19 1910

FATHER	MOTHER
(8) FULL NAME: Richard Nelson	(14) FULL MAIDEN NAME: Annie Kelleher
(9) RESIDENCE: 109 Bruce St.	(15) RESIDENCE: 109 Bruce St.
(10) COLOR: C (11) AGE AT LAST BIRTHDAY: 30 (Years)	(16) COLOR: C (17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: Ellicott City	(18) BIRTHPLACE: Annapolis Jct.
(13) OCCUPATION: Intown.	(19) OCCUPATION: Home wife
Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A. M., the date above stated.

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

(23) Signature Dr. L. McLaughlin, Jr. Senior Student. F.S.H. Dept. (Physician or Midwife)

Address 1700 Pres. Street

(24) Given name added from a supplemental report, 19

Filed MAR -2 1910, 19

Registrar

Registrar

JAS. BOGLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54038

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 220 Rock St.; Ward)

(2) FULL NAME OF CHILD Mary Anna Brown — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				Feb. 25 1910

FATHER	MOTHER
FULL NAME: Bernard Brown	(14) FULL MAIDEN NAME: Hannah Victoria Brown
RESIDENCE: 220 Rock St.	(15) RESIDENCE: 220 Rock
(9) COLOR: Col.	(16) COLOR: Col.
(11) AGE AT LAST BIRTHDAY (Years): 33	(17) AGE AT LAST BIRTHDAY (Years): 24
(12) BIRTHPLACE: Melton. Md.	(18) BIRTHPLACE: Melton. Md.
(13) OCCUPATION: Laborer	(19) OCCUPATION: Laundry
Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

330 PM

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 220 Rock St M., the date above stated.

RECEIVED FOR REGISTRATION MAR 12 1910 JAS. BOSLEY, M.D. COMMR. OF HEALTH

(23) Signature: Geo. B. Schill M.D.

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

100095688

(Physician or Midwife)

(24) Given name added from a supplemental report, ____, 19 ____

Address 1800 W. Lanvale St.

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 54089

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1505, Jackson St., St.; Ward)

(2) FULL NAME OF CHILD: Joshua Borden Snyder. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			yes	Feb. (Month) 18 (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: James Hickman Snyder.

(9) RESIDENCE: 1505 Jackson

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 31 (Years)

(12) BIRTHPLACE: Carroll County, Md.

(13) OCCUPATION: Engineer (R.R.).

(20) Number of children born to this mother, including present birth: Four.

MOTHER

(14) FULL MAIDEN NAME: Nellie Borden.

(15) RESIDENCE: 1505 Jackson St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 29. (Years)

(18) BIRTHPLACE: Ridley Park, Penna.

(19) OCCUPATION: House-wife.

(21) Number of children of this mother now living: Four.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10. A. M., the date above stated.

(23) Signature: William T. Seabury M.D.
(Physician or Midwife)

Address: 1503 Jackson St.

Filed MAR -2 1910, 19

Registrar

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

0 0 0 1 5 6 9

(24) Given name added from a supplemental report, 19

Registrar

RECEIVED FOR RECORD
MAR -2 1910
JAS. BOSLEY, M.D.
REGISTRAR OF VITAL STATISTICS

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54030

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 9 Washington St. 1023 St.; Ward)

(2) FULL NAME OF CHILD Francis Conrad Romick (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	/,	(To be answered only in event of plural births)		Oct. 4 1910

FATHER	MOTHER
(8) FULL NAME Colvin Romick (Colvin H. Romig)	(14) FULL MAIDEN NAME Annie (Anna S. Pfarr)
(9) RESIDENCE 1023 Washington St	(15) RESIDENCE 1023 Washington St
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Pennsylvania	(18) BIRTHPLACE Balto
(13) OCCUPATION Conductor	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 4.	(21) Number of children of this mother now living 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1023 Washington St. on the date above stated.

(23) Signature

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

U 0 0 1 5 7 Mrs Mary Hamzlik (Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Address 1826 E Eager St

Filed March 1, 19 10

Registrar

RECEIVED RECORD MAR 2 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54091

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2002 Biddle St St.; Ward)

(2) FULL NAME OF CHILD Christopher Graft — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	5		Jan. 29 1910

FATHER

(8) FULL NAME: Christopher Graft

(9) RESIDENCE: 2002 E Biddle St

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Tailor

(14) Number of children born to this mother, including present birth: 5

MOTHER

(14) FULL MAIDEN NAME: Mary George

(15) RESIDENCE: 2002 Biddle St

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION:

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2002 Biddle St, the date above stated.

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

(23) Signature: Mrs. Mary Hamzlik (Physician or Midwife)

Address: 1925 E Eager St

(24) Given name added from a supplemental report ____, 19__

Filed March 1, 19 10

Registrar

Registrar MAR -2 1910

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A52092

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 809, N. Stricker St.; Ward)

(2) FULL NAME OF CHILD Not named (died 2½ hours after birth) [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		1st.	yes	Feb. 18, 1910

FATHER		MOTHER	
(8) FULL NAME	Wm T. Russell	(14) FULL MAIDEN NAME	Mary A. Watson
(9) RESIDENCE	809 N. Stricker	(15) RESIDENCE	809 N. Stricker
(10) COLOR	white	(16) COLOR	white
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	Md.	(18) BIRTHPLACE	Md.
(13) OCCUPATION	Contractor & Builder	(19) OCCUPATION	no paid employment
Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 M., the date above stated.

(23) Signature J. F. Chenwell, M.D. (Physician or Midwife)

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

U 0 0 1 5 7 2

(24) Given name added from a supplemental report _____, 19

Address 2220 E. Monument

RECORD

Filed MAR -2 1910 19

Registrar

JAS. BOSLEY COM'R OF HEALTH

Registrar

(SEE ALSO THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 151093

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2035 Mureer St St.; 8 Ward)

(2) FULL NAME OF CHILD Henry Francis Douglass

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	first	yes	Feb 25th 1910

FATHER	MOTHER
(8) FULL NAME Henry Francis Douglass	(14) FULL MAIDEN NAME Caroline Hobeck
(9) RESIDENCE 2035 Mureer	(15) RESIDENCE 2035 Mureer
(10) COLOR White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Painter	(19) OCCUPATION House Keeping
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2035 Mureer St., the date above stated.

(23) Signature Thomas J. Timms (Physician or Midwife)

Address 1024 N Wolfe st

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

(24) Given name added from a supplemental report ____, 19

Filed Feb 28th, 1910

Registrar

(READ THE REVERSE SIDE)

BOARD OF HEALTH 573 RECORD MAR -2 1910 GAS. BOSLEY M.D. COMMISSIONER

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54094

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2646, Greenmount Ave St.; Ward)

(2) FULL NAME OF CHILD [illegible] Mullen { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
M-	-	-	Y	Feb.	23,	1910

	FATHER	MOTHER
(8) FULL NAME	Geo S Mullen	(14) FULL MAIDEN NAME Bessie M Smith
(9) RESIDENCE	2646 Greenmount Ave	(15) RESIDENCE 2646 Greenmount Ave
(10) COLOR	W.	(16) COLOR W-
(11) AGE AT LAST BIRTHDAY	27 (Years)	(17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE	Richmond Va.	(18) BIRTHPLACE W. Va
(13) OCCUPATION	Painter	(19) OCCUPATION Work

(20) Number of children born to this mother, including present birth 1 (21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.30 P. M., the date above stated.

(23) Signature [illegible] W Sadler (Physician or Midwife)

Address 2643 Greenmount Ave

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

RECORDED FOR 10 0 1574 MAR 2 1910 JAMES BIGLEY M.D. BOARD OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE (over)

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH George Neuberger — Registered No. B. A54095

CITY OF BALTIMORE. (No. 1530 Washington St. St.; Ward)

(2) FULL NAME OF CHILD ~~Not Known~~

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	1.			June 30, 1910

FATHER

(8) FULL NAME Bernard Neuberger

(9) RESIDENCE 1530 Washington St

(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Germany

(13) OCCUPATION Baker

(14) Number of children born to this mother, including present birth 9.

MOTHER

(14) FULL MAIDEN NAME Katherine Henry Houck

(15) RESIDENCE 1530 Washington St

(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Balto

(19) OCCUPATION -

(21) Number of children of this mother now living 9.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1530 Washington St the date above stated.

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

(23) Signature Bro. Mary Hamzlik (Physician or Midwife)

Address 1925 E Eager St

Filed March, 1910

Registrar

(24) Given name added from a supplemental report ____, 19____

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
JAS. BOSLEY M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54096

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 426 Duncan alley St.; Ward)

(2) FULL NAME OF CHILD Alouise Kubin — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male	1,			Feb.	16	19 10

FATHER

(8) FULL NAME: Joseph Kubin

(9) RESIDENCE: 426 Duncan St

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY (Years):

(12) BIRTHPLACE: Europe

(13) OCCUPATION: Baker

MOTHER

(14) FULL MAIDEN NAME: Mary Kubin

(15) RESIDENCE: 426 Duncan St

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY (Years):

(18) BIRTHPLACE: Europe.

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 6

(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 426 Duncan St. the date above stated.

RECEIVED FOR RECORD MAR 22 1910 JAS. BOSLEY, M.D. COMR. OF HEALTH

(23) Signature: Fred Mary Hamplito (Physician or Midwife)

Address 1925 E Eager St.

Filed March 19 10

Registrar

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

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54097

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1023 Castle St St.; Ward)

(2) FULL NAME OF CHILD Not Known (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	1.			June 7 1910

(To be answered only in event of plural birth)

FATHER	MOTHER
(8) FULL NAME: Edward Thuback	(14) FULL MAIDEN NAME: Amicilange
(9) RESIDENCE: 1023 Castle St	(15) RESIDENCE: 1023 Castle St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years):	(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years):
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto.
(13) OCCUPATION: Machinist	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., the date above stated.

RECORD

(23) Signature [illegible] 1910 (Physician or Midwife)

Address 1925 Eager St

Filed June 7, 1910

Registrar

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report _____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54098

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1500 Presstman St.; Ward)

(2) FULL NAME OF CHILD Lillie Crystal

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		7th	Yes	Feb. 15 1910

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Isaac Crystal	(14) FULL MAIDEN NAME: Ada Crystal
RESIDENCE: 1500 Presstman St	(15) RESIDENCE: 1500 Presstman St
(9) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 38 yrs	(17) AGE AT LAST BIRTHDAY (Years): 37
(10) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(12) OCCUPATION: Storekeeper	(19) OCCUPATION: Storekeeper
Number of children born to this mother, including present birth: 7	(21) Number of children of this mother now living: Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 P. M., on the date above stated.

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

(23) Signature Harry F. Brown M. D.

1501 Presstman St
(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address

RECEIVED FOR RECORD
MAR -2 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

Filed MAR -2 1910, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 54099

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 2727 Jefferson St.; Ward)

(2) FULL NAME OF CHILD: Helen Hamill

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female	✓	✓	Yes	Feb.	24	1910

(To be answered only in event of plural birth)

FATHER		MOTHER	
(8) FULL NAME	Harry Hamill	(14) FULL MAIDEN NAME	Lucy Way-
(9) RESIDENCE	2727 Jefferson St.	(15) RESIDENCE	Balto
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	34	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Balto.	(18) BIRTHPLACE	Balto.
(13) OCCUPATION	Clerk W Lumber.	(19) OCCUPATION	✓

Number of children born to this mother, including present birth: ✓

(21) Number of children of this mother now living: ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a. M., the date above stated.

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

(23) Signature: C Cowings

(Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Address: 1733 Leadenhall

Registrar

RECEIVED FOR RECORD MAR -2 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed _____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54100

(1) PLACE OF BIRTH 1805 N. Caroll St. Registered No. B

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD Laura May Harbaugh (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	1	4	yes	Feb. 28, 1910

FATHER	MOTHER
(8) FULL NAME Samuel Valentine Harbaugh Jr.	(14) FULL MAIDEN NAME Laura May Carroll
(9) RESIDENCE 1805 N Caroll St	(15) RESIDENCE 1805 N. Caroll St
(10) COLOR wh (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR wh (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Clerk	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8-15 P. M., the date above stated.

(23) Signature M. E. Douglass M.D.

(Physician or Midwife)

Address 1935 St Paul St

Filed MAR -2 1910, 19 .

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report , 19

Registrar

RECEIVED

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54101

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1129 N Mount St.; Ward)

(2) FULL NAME OF CHILD: (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Female | (4) Twin, triplet, or other? (To be answered only in event of plural births) | (5) Number in order of birth: 3 | (6) Legitimate? Yes | (7) Date of Birth: Feb. (Month), 25 (Day), 1910 (Year)

FATHER

(8) FULL NAME: Thos W Burtt

(9) RESIDENCE: 1129 N Mount St

(10) COLOR: White | (11) AGE AT LAST BIRTHDAY: 39 yrs (Years)

(12) BIRTHPLACE: Balto City

(13) OCCUPATION: Machinist

MOTHER

(14) FULL MAIDEN NAME: Lulu Buffton

(15) RESIDENCE: 1129 N Mount St

(16) COLOR: White | (17) AGE AT LAST BIRTHDAY: 34 (Years)

(18) BIRTHPLACE: Balto City

(19) OCCUPATION: House wife

(20) Number of children born to this mother, including present birth: 3

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P. M., the date above stated.

(23) Signature: John E Huck (Physician or Midwife)

Address: 847 W Lafayette Ave

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

(24) Given name added from a supplemental report, 19

Filed, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

RECORDED
U 1 C C O D I 5 8 1
MAR -2 1910
BUREAU OF VITAL STATISTICS
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54102

CITY OF BALTIMORE. (No. 1324 Harlem Av St.; Ward)

(2) FULL NAME OF CHILD Ethel Elzie Mc Gravey — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female		1	Yes	Feb	28	1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Frank Mc Gravey	Edna L. Mills
(9) RESIDENCE / (15) RESIDENCE	1324 Harlem Av	1324 Harlem Av
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	24 yrs	23
(12) BIRTHPLACE / (18) BIRTHPLACE	Balto City	Balto City
(13) OCCUPATION / (19) OCCUPATION	Clerk	House Wife
(20) Number of children born to this mother, including present birth	1	
(21) Number of children of this mother now living		1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 a M., the date above stated.

(23) Signature John G Huck

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

RECEIVED 0 0 0 0 1 5 8 2 (Physician or Midwife)

MAR -2 1910

BOARD OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Address 647 W Lafayette Av

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54103

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 214, Reese St.; Ward)

(2) FULL NAME OF CHILD — Mary Marion Botelen

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.	—		Yes	Oct. 27, 1910

	FATHER	MOTHER
(8) FULL NAME	Wm M Botelen	(14) FULL MAIDEN NAME: Jana C Botelen
(9) RESIDENCE	214 Reese St	(15) RESIDENCE: 214 Reese St
(10) COLOR	white	(16) COLOR: W.
(11) AGE AT LAST BIRTHDAY (Years)	45	(17) AGE AT LAST BIRTHDAY (Years): 43
(12) BIRTHPLACE	Balto Md	(18) BIRTHPLACE: Phil. Pa
(13) OCCUPATION	Machinist	(19) OCCUPATION: Clerk

(20) Number of children born to this mother, including present birth 10

(21) Number of children of this mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 214 Reese St. P. M., the date above stated.

(23) Signature: Lewis Sadler

2631 York St (Physician or Midwife)

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

RECEIVED FOR RECORD
OCT 29 1910
105 8 3
JAS. BOSLEY M.D.
REGISTRAR

(24) Given name added from a supplemental report filed ____, 19__

Address

Registrar

Filed ____, 19__

Registrar

(READ THE REVERSE SIDE)

Early entry when applying for a transcript.
F.C. Wehr
Registrar

Alice Botelen Oberle Sister

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54104

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 3, Suburban Ave St.; 9 Ward)

(2) FULL NAME OF CHILD — Smith

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 20, 1910

FATHER

(8) FULL NAME: Jas. A. Smith

(9) RESIDENCE: 3 Suburban Ave

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 33 (Years)

(12) BIRTHPLACE: Maryland.

(13) OCCUPATION: Fireman

(14) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Ester Smith

(15) RESIDENCE: 3 Suburban Ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 17 (Years)

(18) BIRTHPLACE: Maryland

(19) OCCUPATION: Housework

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12-45 P. M., the date above stated.

(23) Signature: C. W. Godden

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

CLERK FOR RECORD MAR 12 1910 JAS. BOSLEY M.D. COMM. OF HEALTH

(Physician or Midwife)

U 0 0 5 8 4

Address: 2631 York Road

(24) Given name added from a supplemental report, 19

Filed, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54705

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1223 Hollins St.; Ward)

(2) FULL NAME OF CHILD not yet named

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
fem	—	1.	Yes	July 12 1910

FATHER	MOTHER
(8) FULL NAME Jas. Fitzsimmons	(14) FULL MAIDEN NAME Edith Buntman
(9) RESIDENCE 1223 Hollins St	(15) RESIDENCE 1223 Hollins St
(10) COLOR white	(11) AGE AT LAST BIRTHDAY 18 yrs (Years)
(12) BIRTHPLACE U.S.	(13) BIRTHPLACE U.S.
(13) OCCUPATION Clerk	(19) OCCUPATION housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1,30 a, M., the date above stated.

1910 JUL 15

RECEIVED FOR RECORD MAR -2 1910 JAS. BOSLEY M.D. COMMISSIONER OF HEALTH

(23) Signature Gustav Dill (Physician or ~~Midwife~~)

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

Address 1433 W Lombard St

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A54106

GIVEN NAME ADDED. 2-7-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Gladys McKinney Price
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, March 2-10
5. Place of Birth, (Street and number) 2110 Federal St
6. Full name of Mother, Dessie Price
7. Mother's Maiden Name, Dessie McKinney
8. Mother's Birthplace, North Carolina
9. Full name of Father, Charles R Price
10. Father's Occupation, Insurance
11. Father's Birthplace, W Virginia

Name of Medical Attendant, or other person who makes this Return, R P Cannon MD

Address, 1701 N Caroline St

Remarks,

RECEIVED FOR RECORD MAR 9 1910 H.O. BOGLEY M.D. COMR OF HEALTH

1910000158

Every physician or midwife in attendance upon the birth of any child shall report the same to the Commissioner of Health, in the manner and within the time prescribed by the Board of Health; and in case no other person be in attendance upon the mother, or should no other person be in attendance upon the mother, or should no other person be in attendance upon the mother, or should

RETURN OF A BIRTH.

A54107

CERTIFICATE CORRECTED 9-24-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. *Name of child,* Thelma Zimmerman
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* ~~Female~~ White
4. *Date of Birth* March 1, ~~Feb. 28.~~ 1910
5. *Place of Birth, (Street and number)* 1411 Olyer st
6. *Full name of Mother,* Mary Zimmerman
7. *Mother's Maiden Name,* Eckaum
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Louis F. Zimmerman
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carl E. Schwarz

Address,

Remarks,

1910000587

RECEIVED FOR RECORD

MAR 9 1910

BOSLEY MD REGISTRAR

Health Laws.—Sections 1st and third day of each and every month to the Health Office in the form midwifery, or should it die before a certificate of birth is obtained, the attendant or person in charge shall become the duty of the person or parents of such child to report the same to the Board of Health, in the manner and within the period above required, and any such person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Name of child, Elizabeth Medicus.
2. Sex, (state whether male or female) Girl.
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb. 19th 1910.
5. Place of Birth, (Street and number) No 1529 Alicianna st.
6. Full name of Mother, Minnie Medicus.
7. Mother's Maiden Name, Minnie Buschman.
8. Mother's Birthplace, Balto. Md.
9. Full name of Father, George H. Medicus.
10. Father's Occupation, Electrical Worker.
11. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Fisher

Address, No 720 S. Bond st.

Remarks, 1910000001588

REGISTRATION RECEIVED MAR - 7 1910 HEALTH DEPT. BALTIMORE MD.

Penalty. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons present at the birth to report the same within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

And every month to the Office of Commissioner of

RETURN OF A BIRTH. A54109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child.

1. *Name of child,* Ida Hoyt.
2. *Sex, (state whether male or female)* Girl.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* Feb. 21st 1910.
5. *Place of Birth, (Street and number)* No 1824 Lancaster St.
6. *Full name of Mother,* Katie Hoyt.
7. *Mother's Maiden Name,* Katie Christ.
8. *Mother's Birthplace,* Balto. Md.
9. *Full name of Father,* Edward Hoyt.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Annie Fisher.

Address, No 720 S. Bond St.

Remarks, 1910000 1589

RECEIVED FOR RECORD MAR 2 1910 H.S. BOSLEY M.D. COMR OF HEALTH

Note.—In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner herein required, and any such person or parents neglecting or refusing to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 454110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child.

1. Name of child, Annie Christ.
2. Sex, (state whether male or female) Girl.
3. Race or color, (if not of the White Race) White.
4. Date of Birth Feb. 16th 1910.
5. Place of Birth, (Street and number) No 216 Cambridge st
6. Full name of Mother, Mary Christ.
7. Mother's Maiden Name, Mary Walters.
8. Mother's Birthplace, Balto. Md.
9. Full name of Father, John Christ.
10. Father's Occupation, Laborer.
11. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Fisher.

Address, No 720 S. Bond st.

Remarks, 1910000 1590

RECEIVED FOR RECORD MAR 21 1910 JAS. BOSLEY M.D. SUPT OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Ores

RETURN OF A BIRTH. 45411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Henry Charles (H.) Krabbe
2. Sex, (state whether male or female) Boy
3. Race or color, (if not of the White Race) White
4. Date of Birth 21 February 1910
5. Place of Birth, (Street and number) 2500 Biddle st
6. Full name of Mother, Minnie Krabbe
7. Mother's Maiden Name, Minnie Smith
8. Mother's Birthplace, Baltimore
9. Full name of Father, Herman Krabbe
10. Father's Occupation, Motorman
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Louisa Lima

Address, 2034 Ashland ave

Remarks, 19100

RECEIVED FOR RECORD MAR -2 1910 M. S. SOSLEY M.D. BOARD OF HEALTH

Penalty.—If any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, midwifery, or surgery, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,* Henry F.
2. *Sex, (state whether male or female)* boy
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 17 February 1910
5. *Place of Birth, (Street and number)* 933 Duncan alley
6. *Full name of Mother,* Anna Barfield
7. *Mother's Maiden Name,* Anna Bimbek
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* William H. Barfield
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Louisa Lima

Address, 2034 Ashland ave

Remarks, 1910000015192 Well

RECEIVED FOR RECORD MAR -9 1910 JAS. BOOLEY M.D. BD OF HEALTH

GIVEN NAME ADDED 2/16/14

RETURN OF A BIRTH. A54113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* Francis Norwood Hales
2. *Sex,* (state whether male or female) boy
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth* 16 February 1910
5. *Place of Birth,* (Street and number) 1708 Rutland ave
6. *Full name of Mother,* Grace Hales
7. *Mother's Maiden Name,* Grace Norwood
8. *Mother's Birthplace,* New Orleans
9. *Full name of Father,* Joseph Hales
10. *Father's Occupation,* Gas Agent
11. *Father's Birthplace,* Fairmont Somerset Co

Name of Medical Attendant, or other person who makes this Return, Louisa Lisna

Address, 2034 Ashland ave

Remarks, 1910 00 21593 All Well

RECEIVED FOR RECORD MAR 5 1910 JOSHUA HOSSLEY M.D. COMR OF HEALTH

Penalty. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 454114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child,
2. Sex, (state whether male or female) boy
3. Race or color, (if not of the White Race) White
4. Date of Birth 2 February 1910
5. Place of Birth, (Street and number) 1818 Ashland ave
6. Full name of Mother, Cora Amerikan
7. Mother's Maiden Name, Cora Ellen Epsworth
8. Mother's Birthplace, Baltimore
9. Full name of Father, Harry Amerikan
10. Father's Occupation, Paper hanger
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Louisa Lima

Address, 2034 Ashland ave

Remarks, 1 9 1 0 0 2 0 0 1 5 9 4

RECEIVED FOR RECORD MAR -2 1910 W.S. BOOLEY M.D. COMR OF HEALTH

Sec. 2. In case the birth of any child shall occur in any house and every month to the office of Commissioner of Health, or other person to be appointed by the Mayor and City Council of Baltimore, a printed form of blank for the return of births, which blank shall be furnished by the Commissioner of Health, and the person in charge of such house shall be required to fill up such blank in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A64115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Birth

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb. 23rd 1910.
5. Place of Birth, (Street and number) 120 N. Bonsdin St. Highlandtown
6. Full name of Mother, Margaret Hardesty
7. Mother's Maiden Name, Margaret Porter
8. Mother's Birthplace, Prince George Co. Md.
9. Full name of Father, T. Lee Hardesty
10. Father's Occupation, Foreman in Box factory.
11. Father's Birthplace, Prince George Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wade J. Wilson

Address, 2501 E. Fairmount Ave.

Remarks, Twins

1910000595

RECEIVED FOR RECORD
MAR -2 1910
H. B. BOGLEY M.D.
REGISTRAR

PENALTY.—In case the birth of any child shall occur after the expiration of ten days, and every birth to the office of Commissioner of Health, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth March 1 1910
5. Place of Birth, (Street and number) 1411 Chipe st
6. Full name of Mother, Mary Zimmerman
7. Mother's Maiden Name, Schaum
8. Mother's Birthplace, Germany
9. Full name of Father, Louis F Zimmerman
10. Father's Occupation, Laborer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carlin Schwarz

Address, 434 E. Fort Ave

Remarks,

1910 0001596

RECEIVED FOR RECORD MAR -2 1910 BOARD OF HEALTH BALTIMORE MD.

Sec. 7. Be it further enacted, That the midwife, nurse or other person in attendance upon the mother, immediately thereafter, shall report the birth of any child which may occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health in the manner and within the time prescribed in the preceding sections of this ordinance; and any person hereafter failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED E 10 6495 5/11/76 MM

RETURN OF A BIRTH. A54117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD MAR -2 1910 HEALTH DEPT. BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Name of child, LeRoy Wendell
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb. 24, 010
5. Place of Birth, (Street and number) 1321 Marshall st
6. Full name of Mother, Viola Wendell
7. Mother's Maiden Name, Squires
8. Mother's Birthplace, America
9. Full name of Father, George Wendell
10. Father's Occupation, Laborer
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Carrie Schwartz

Address, 434 E. Fort Ave.

Remarks, 1910000015 97

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the particulars of such birth to the Commissioner of Health, in the manner and within the time required by the foregoing sections of this Article; and any person hereafter failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

A54118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of Child,* Thomas J Benzing
2. *Sex, (state whether male or ~~female~~)*
3. *Race or ~~color~~, (if not of the White Race)*
4. *Date of Birth,* 19 Feb
6. *Place of Birth, (Street and number)* 2116 Fulton ave
6. *Full name of Mother,* Cath. Benzing
7. *Mother's Maiden Name,* Cath ~~Feldbacher~~
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* George J Benzing
10. *Father's Occupation,* Bkr Grocer
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Thompson

Address, Hard & Mt

Remarks, 4 cts

1910 00 01598

RECEIVED FOR REC'D MAR - 3 10 JAS. BOYLE REGISTER OF VITAL STATS.

...day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as herein required, within the said ten days, and any person or persons offending against the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, Nathan
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth (614 N. Caroline St.) Feb 28
5. Place of Birth, (Street and number) 614 N. Caroline
6. Full name of Mother, Esther Levin
7. Mother's Maiden Name, Esther Schwartz
8. Mother's Birthplace, Russia
9. Full name of Father, Louis Levin
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Yetta Bloom

Address, 116 N. Exeter St.

Remarks, 19100001599

RECEIVED FOR RECORD MAR 2 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Health. In case the birth of any child shall occur without the city, and every month to the office of Commissioner of Midwifery, or should no other person be in attendance upon the mother, the physician or practitioner of Health. In the case of the person or parents of such child to report its birth to the Commissioner of Hereafter fail to comply with the provisions of this section, and any such person or persons shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -2 1910
JAS BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of Child, Baby Hutchins.
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black.
4. Date of Birth, Feb 21 - 1910
6. Place of Birth, (Street and number) 1505 Montrose St.
6. Full name of Mother, Bertia Hutchins
7. Mother's Maiden Name, Bertia Branson
8. Mother's Birthplace, St Mary's County Maryland.
9. Full name of Father, Geo. William Hutchins
10. Father's Occupation, Barber.
11. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return, A. E. Fulk (Medical Student)

Address, 1108 Orleans St Balto Md.

Remarks,

1910001600

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practical nurse, the person or parents in attendance upon the mother shall report to the Commissioner of Health, in the manner and within the period above required, and a like report shall be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected, to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -3 1910
JAS. BOSLEY, M.D.
CLERK OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Name of Child, Ella Victoria Banks
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, February 27th 1910
6. Place of Birth, (Street and number) 5 Hoyer St.
6. Full name of Mother, Mrs James Banks
7. Mother's Maiden Name, Jennie Macklin
8. Mother's Birthplace, Baltimore, Md
9. Full name of Father, James Banks
10. Father's Occupation, Laborer
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Reginald J. Tormy M.D.

Address, 426E North Ave

Remarks,

1910001601

Any person who shall refuse or neglect to make the return of any birth required by this section, or who shall refuse or neglect to answer any question required by this section, or who shall answer any question falsely, shall be guilty of a misdemeanor, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall state in such report the reason for the absence of such attendant.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 71296

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 304 23½ st St.; 12 Ward)

(2) FULL NAME OF CHILD — 12 supt married

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

(3) Sex of Child — female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? ✓ | (7) Date of Birth 2 (Month) 23 (Day) 1911 (Year)

FATHER

(8) FULL NAME — James Jonson

(9) RESIDENCE — washton 2 6

(10) COLOR — colored | (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE — washton 2 6

(13) OCCUPATION — Janter

(20) Number of children born to this mother, including present birth — first

MOTHER

(14) FULL MAIDEN NAME — Druthia Jasper

(15) RESIDENCE — 304 23½ St.

(16) COLOR — Colored | (17) AGE AT LAST BIRTHDAY 14 (Years)

(18) BIRTHPLACE — Ga

(19) OCCUPATION — School girl

(21) Number of children of this mother now living — One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.30 A.M., the date above stated.

(23) Signature — Geo. Slater (Physician or Midwife)

Address 420 23 st

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

(24) Given name added from a supplemental report Druthia Jasper, 19

Filed MAR -3 1910, 19

RECEIVED FOR RECORD

J. S. BOSLEY M.D. COMM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

Film G 514 12/6/77 Lw CERTIFICATE AMENDED

RETURN OF A BIRTH. A54323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Name of Child,* Cecil Bell
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* 2/2 1900
6. *Place of Birth, (Street and number)* 442 23rd
6. *Full name of Mother,* Mary Bell
7. *Mother's Maiden Name,* Mary Hall
8. *Mother's Birthplace,* Va
9. *Full name of Father,* Thomas Bell
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Lizzie Slater

Address, 420 23rd

Remarks,

1910000001603

RECEIVED FOR RECORD MAR -3 1910 H. BOSLEY, M.D. BOARD OF HEALTH

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, [illegible]
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, 4 20 23
6. Place of Birth, (Street and number) Jan 30 1901
6. Full name of Mother, Ella Rolph
7. Mother's Maiden Name, Ella Rolph
8. Mother's Birthplace, Maryland
9. Full name of Father, Elick Miller
10. Father's Occupation, Carter
11. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. Jno G Platou

Address, 420 23 St

Remarks, 19100001604

RECEIVED FOR RECORD MAR -3 1910 J. FINLEY M.D. BOARD OF HEALTH

Every case of birth occurring after the first day of January, 1900, must be reported by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 9/10/13

RETURN OF A BIRTH. 454125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Name of Child, WILLIAM SIMPSON HILL
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, 1/26 ~~1914~~ 1910
6. Place of Birth, (Street and number) 2217 Hunter alley
6. Full name of Mother, ~~Hattie~~ IRENE ~~Hill~~ Galeton
7. Mother's Maiden Name, ~~Hattie~~ Galeton
8. Mother's Birthplace, Baltimore
9. Full name of Father, Noah Hill
10. Father's Occupation, Porter
11. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Diggs R Bean M.D.

Address, 1202 W Pratt

Remarks, 1910000160 5

RECEIVED FOR RECORD MAR -3 1910 BOARD OF HEALTH

...be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and attendance upon the birth, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, 1/25 1910
6. Place of Birth, (Street and number) 2303 Hunterates
6. Full name of Mother, Georgie Willis
7. Mother's Maiden Name, Georgie Willis
8. Mother's Birthplace, Va
9. Full name of Father, Walter Arthur
10. Father's Occupation, Janitor
11. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Jessie A Carter

Address, 1202 E 23rd

Remarks, 1910000 1606

RECEIVED
MAR 3 1910
M.P. BOSLEY, M.D.
REGISTRAR OF VITAL STATISTICS

Every birth shall be delivered, duly signed by the practitioner in attendance, or if there be no such practitioner, then by the nearest relative present at the birth, or by the person having charge of the mother, in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, and should be over ten days in advance upon the birth, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and failure to do so shall be deemed a misdemeanor, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54127

CITY OF BALTIMORE. (No. 1315 N Carey St St.; Ward)

(2) FULL NAME OF CHILD Wilbert Lunsford Boswell (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male				Feb 25 1910

FATHER	MOTHER
(8) FULL NAME: Webert Boswell	(14) FULL MAIDEN NAME: Mary Dolever
(9) RESIDENCE: 1315 N Carey st	(15) RESIDENCE: 1315 N Carey st
(10) COLOR: colored	(16) COLOR: Colored
(11) AGE AT LAST BIRTHDAT: 25 (Years)	(17) AGE AT LAST BIRTHDAT: 27 (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Lancaster Co Va
(13) OCCUPATION: work in Market	(19) OCCUPATION: Domestic
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1315 N Carey st M., the date above stated.

(23) Signature Lawrence Foman

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

0 0 0 1 6 0 7 Midwife (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 1321 N Carey st

Filed MAR -3 1910, 19

Registrar

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54128

Registered No. B 1236

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2637 Brown St.; 9 Ward)

(2) FULL NAME OF CHILD has not been named (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
male			yes	2 (Month), 21 (Day), 1910 (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: James White

(9) RESIDENCE: 2637 Brown

(10) COLOR: Colored (11) AGE AT LAST BIRTHDAY: 25 yrs (Years)

(12) BIRTHPLACE: U S A

(13) OCCUPATION: Fireman

(20) Number of children born to this mother, including present birth: One

MOTHER

(14) FULL MAIDEN NAME: Rosie Shad

(15) RESIDENCE: 2637 Brown

(16) COLOR: Brown (17) AGE AT LAST BIRTHDAY: 20 yrs (Years)

(18) BIRTHPLACE: U S A

(19) OCCUPATION: Laundress

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4/20 P.M., the date above stated.

(23) Signature: Lizzie Slater (Physician or Midwife)

Address: 2128 23 St

Filed MAR -3 1910, 19 .

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(24) Given name added from a supplemental report Rosie White, 19

Registrar

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

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

154120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of Child,*
2. *Sex, (state whether male or female)* F
3. *Race or color, (if not of the White Race)* W
4. *Date of Birth,* June 24/10
6. *Place of Birth, (Street and number)* 3714 Fraktory Ave
6. *Full name of Mother,* Pearl Mynshew
7. *Mother's Maiden Name,* McCauley
8. *Mother's Birthplace,* Md
9. *Full name of Father,* Harry Mynshew
10. *Father's Occupation,* Cigar Maker
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, E Myers MD

Address, 3

Remarks, 1910000609

RECEIVED FOR RECORD
MAR -3 1910
BOARD OF HEALTH

Attendance. It shall be the duty of any physician or practitioner of the healing art, or midwife, in case the birth of any child shall occur under his or her attendance or supervision, or if there be no such attendance, then it shall be the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A5413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child,
2. Sex, (state whether male or female) F
3. Race or color, (if not of the White Race) W
4. Date of Birth, January 25th 1910
6. Place of Birth, (Street and number) 482 4th ave
6. Full name of Mother, Mary Shaffer
7. Mother's Maiden Name, Tyndall
8. Mother's Birthplace, Md
9. Full name of Father, Paul Shaffer
10. Father's Occupation, Plumber
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr Edwards Md

Address,

Remarks, 1910000161 0

RECEIVED FOR RECORD
FEB -3 1910
J. S. BOGLEY M.D.
BOARD OF HEALTH

Penalty for neglect of attendant of a physician or practitioner of medicine or midwife, or other person to report a birth. The attendant of a physician or practitioner of medicine or midwife, or other person to report a birth, who shall neglect or refuse to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Feb. 8491 CERTIFICATE AMENDED 11/30/16 mw

RETURN OF A BIRTH. A54131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of Child,* MARGARET MAY SMITH
2. *Sex, (state whether male or female)* F
3. *Race or color, (if not of the White Race)* W.
4. *Date of Birth,* Jan 7/10
6. *Place of Birth, (Street and number)* 280½ Bernard Ct
6. *Full name of Mother,* Margaret Smith
7. *Mother's Maiden Name,* Bryan
8. *Mother's Birthplace,* Md
9. *Full name of Father,* ~~Richard~~ Smith Charles A.
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Deborah Thos

Address,

Remarks,

1910 000076 Feb 3/3/1910

RECEIVED FOR RECORD FEB 3 1910 REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH

Physicians will please write the attendance of a physician or practitioner of mid-wifery, or should no other person be in attendance upon the birth, the fact should be stated, and the cause of the absence of such attendance upon the birth. The Commissioner of Health, in the manner and within the period above required, and under the penalties therein prescribed, may require any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A54132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -3 1910
JAS. BOGLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 11

1. Name of Child, Robt Elisabet
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth, February 19
6. Place of Birth, (Street and number) 2423 E Preston St.
6. Full name of Mother, Kate Stein
7. Mother's Maiden Name, Kate Patterson
8. Mother's Birthplace, Baltimore
9. Full name of Father, John R. Stein
10. Father's Occupation, Policeman
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Ziegler Area Doyag

Address, Nurse Schultz 914 Port St.

Remarks, 1910000161 2

Every case must be reported every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required by law, and any such person or persons so failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

RECEIVED FOR RECORD MAR -3 1910 JAS. BOGLEY M.D. REGISTRAR OF HEALTH

1. Name of Child,
2. Sex, (state whether male or female) F
3. Race or color, (if not of the White Race) W
4. Date of Birth, Feb 22/10
6. Place of Birth, (Street and number) 3214 Callow ave
6. Full name of Mother, annie Mallett
7. Mother's Maiden Name, Kline
8. Mother's Birthplace, Pa
9. Full name of Father, Chas Mallett
10. Father's Occupation, Conductor
11. Father's Birthplace, ohio

Name of Medical Attendant, or other person who makes this Return, Drew Aud M D

Address, 765 Mad ave

Remarks,

1910000161 3

When occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the parent or parents, or other person having charge of such child, is hereby required to report the case to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-6-12

RETURN OF A BIRTH. 154134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -3 1910
DR. BOOLEY M.D.
BOARD OF HEALTH

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Evelyn Irma Eaton
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth, July 11 1910
6. Place of Birth, (Street and number) 621 N Glover st
6. Full name of Mother, Minnie Eaton
7. Mother's Maiden Name, Minnie Reed
8. Mother's Birthplace, Baltimore
9. Full name of Father, George R. Eaton
10. Father's Occupation, Dry Clerk
11. Father's Birthplace, St Michaels Md

Name of Medical Attendant, or other person who makes this Return, A. G. Eisenberg M D

Address, 2213 Orleans St

Remarks, 1910 00 01614

Every midwife or person other than a physician or practitioner of mid-wifery, or person in charge of any institution, who shall attend upon any birth, shall, on or before the fifth day of each and every month, report to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid-wifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, where such birth occurs, to report the same within the time and in the manner above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A64135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. *Name of child,* Cecilia Marcus
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb. 22, 1910
5. *Place of Birth, (Street and number)* 1366 Gasset Ave.
6. *Full name of Mother,* Wilenzyk Marcus
7. *Mother's Maiden Name,* = Okrasynska
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Joshua Marcus
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dora Piorunska

Address, 523 S. Bethel St

Remarks,

1910 00016 15

RECORD
MAR - 3 1910
H.S. RILEY M.D.
HEALTH OFFICER

Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father or parent of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. To case the birth of any child shall not be returned within ten days after the occurrence, the father, mother, physician, midwife, or other person in attendance upon the mother, immediately after the birth, or the householder or manager of the institution where the birth occurs, or the parent or parents of such child, or any such person or persons who shall become the duty or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and may such person or persons who shall have failed to comply with the provisions of this section be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of child,* Boy Withowska
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 20, 1910.
5. *Place of Birth, (Street and number)* 409 S. Caroline St
6. *Full name of Mother,* Frimell Withowska
7. *Mother's Maiden Name,* = Andzika
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Stanislaw Withowska
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dora Piesnitska

Address, 923 S. Bethel St

Remarks, 19100001615

RECEIVED FOR RECORD
MAR -3 1910
J. S. FOSTER, M.D.
BOARD OF HEALTH

RETURN OF A BIRTH. 154137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. d.

1. Name of Child, Ruth
2. Sex, (state whether male or female) Fine
3. Race or color, (if not of the White Race) White
4. Date of Birth, 1910 Feb 12
6. Place of Birth, (Street and number) 1221 Wilcox st
6. Full name of Mother, Rose Cooman
7. Mother's Maiden Name, Himmerlein
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Edward Cooman
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Barbara Tarf

Address, 944 ainguith st.

Remarks, 1910000617

RECEIVED FOR RECORD MAR -3 1910 JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -3 1910
WM. BOSLEY M.D.
REG. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. *Name of Child,* (Helen) Dorothy Mae Lehnert
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 1910 Feb 22
6. *Place of Birth, (Street and number)* 9 Taylor sto Jenkins lane
6. *Full name of Mother,* Sadie Lehnert
7. *Mother's Maiden Name,* Rise
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* William A Lehnert
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Barbara Jay midwife

Address, 944 Aisquith sto.

Remarks,

19100001618

Every month, in the Office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents, or other person in charge of such child, shall within ten days thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A54139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -3 1910
WM. BRILEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Name of Child,* Lucetta Gallahan
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* February 12, 1910.
6. *Place of Birth, (Street and number)* 2812 Dillon St.
6. *Full name of Mother,* Sarah Virginia Gallahan
7. *Mother's Maiden Name,* Sarah Virginia Branch
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Thomas Parlett Gallahan
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Mary T. Goldschmidt

Address, 3503 E. Baltimore Street

Remarks,

1910000161 9

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, it shall be the duty of the person required to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4/22/12 A34170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD MAR -3 1910 JAS. BOSLEY M.D. COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child* ELIZABETH FOSKEY GORDY
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* February 9th 1910
6. *Place of Birth, (Street and number)* 422 N. Patterson Park Ave.
6. *Full name of Mother,* Rebecca M. Gordy
7. *Mother's Maiden Name,* Rebecca M. Foskey
8. *Mother's Birthplace,* Delaware
9. *Full name of Father,* Edward S. Gordy
10. *Father's Occupation,* Bricklayer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Wm. H. Johnson M.D.

Address, 2017 E. Baltimore St.

Remarks, 1910000001620

Any city or county physician, midwife or other person who shall neglect to report the birth of any child within one week after the same shall occur, or who shall refuse to give such information as he may possess relative to any birth, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54141

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 914 N. Montford Ave St.; 7 Ward)

(2) FULL NAME OF CHILD Isolina Concerti — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female			yes	Feb. 25, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	Lorenzo Concerti	(14) FULL MAIDEN NAME	Argata Crentini
(9) RESIDENCE	914 N. Montford Ave	(15) RESIDENCE	914 N. Montford Ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	39 (Years)	(17) AGE AT LAST BIRTHDAY	25 (Years)
(12) BIRTHPLACE	Italy	(18) BIRTHPLACE	Italy
(13) OCCUPATION	Tailor	(19) OCCUPATION	housewife

(20) Number of children born to this mother, including present birth 3rd

(21) Number of children of this mother now living 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P. M., the date above stated.

(23) Signature A. Palmisano M.D. (Physician or Midwife)

Address 216 S. Exeter St.

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

U 0 0 6 2 1

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

RECEIVED FOR MAR — 2 1910 JOHN E. OSBLEY M.D. BOARD OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54142

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 3209 Barclay — St.; Ward)

(2) FULL NAME OF CHILD Lena Hannah — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	3rd	Yes	3 — 4 — 1910

FATHER		MOTHER	
(8) FULL NAME	George H. Wilhelm	(14) FULL MAIDEN NAME	Mary L. Mann
(9) RESIDENCE	3209 Barclay St.	(15) RESIDENCE	3209 Barclay
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	Pa.	(18) BIRTHPLACE	Balto. Co. Md.
(13) OCCUPATION	Machinist	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	Three	(21) Number of children of this mother now living	Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.35 A. — M., on the date above stated.

(23) Signature A. Engelhardt M.D. (Physician or Midwife)

Address 628 S. Poplar St.

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

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

U.S. BUREAU OF THE CENSUS RECORD
MAR -3 1910
JAS. BOSLEY M.D. REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54143

CITY OF BALTIMORE. (No. Maryland Gen'l Hospital St.; Ward)

(2) FULL NAME OF CHILD Margaret McCurley Matthies — If child is not yet named, make supplemental report, as directed

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth Jan. 7, 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Wm H Matthies	(14) FULL MAIDEN NAME Kate Abrahams McCurley
(9) RESIDENCE Forest Rd. Forest Park	(15) RESIDENCE Forest Rd.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 43 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Ohio	(18) BIRTHPLACE Balto
(13) OCCUPATION Lawyer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living 1st child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Md. Gen Hospital M., the date above stated.

(23) Signature J King B. E. Keegan Physician (Physician or Midwife)

Address 1 Park Ave

Filed MAR -3 1910, 19

JAS BOGLEY M.D. COMR OF HEALTH

Registrar

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

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54144

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	1	3	Yes	Feb. 28 1910

FATHER	MOTHER
(8) FULL NAME: William M. Seibold	(14) FULL MAIDEN NAME: Jennie Graf
(9) RESIDENCE: 1435 Bayle St	(15) RESIDENCE: 1435 Bayle St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 31	(17) AGE AT LAST BIRTHDAY (Years): 26
(12) BIRTHPLACE: Elkton Md	(18) BIRTHPLACE: Baltimore Md
(13) OCCUPATION: Book Binder	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 9 a. M., the date above stated.

(23) Signature: Mrs. Elizabeth Jewell M.D. (Physician or Midwife)

Address: 1418 E. Hart Ave

Filed Mar 30 1910, 19 10

Registrar

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

(24) Given name added from a supplemental ____, 19

Registrar

U 0 0 1 6 2 4

RECORD

JAS. BOSLEY M.D.

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN ~~NAME~~ ADDED - 2/2/74

A54145

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Lillie Louise Cage — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1	Yes	Feb 27 1910

FATHER

(8) FULL NAME: Harry C. Cage

(9) RESIDENCE: 1510 Webster St

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 23 (Years)

(12) BIRTHPLACE: Van Bibber Md

(13) OCCUPATION: Carpenter

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME: Louise H. Hawson

(15) RESIDENCE: 1511 Webster st

(16) COLOR: White (17) AGE AT LAST BIRTHDAT: 20 (Years)

(18) BIRTHPLACE: Lancaster Co. Pa.

(19) OCCUPATION:

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 45 P. M., the date above stated.

(23) Signature: Mrs Elizabeth Yewell Midwife (Physician or Midwife)

U 0 0 1 6 2 5

Address 610 E. Fort Ave

Filed Mar 3 1910, 19 10

Registrar

(24) Given name added from a supplemental ____, 19

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

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

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54146

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Gertrude Mazor — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				Feb. 18 1910

FATHER	MOTHER
(8) FULL NAME: Joseph Mazor	(14) FULL MAIDEN NAME: Minnie Levin
(9) RESIDENCE: 1904 McCulloh st.	(15) RESIDENCE: 1904 McCulloh st
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 42 (Years)	(17) AGE AT LAST BIRTHDAY: 38 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: tailor	(19) OCCUPATION: none
(20) Number of children born to this mother, including present birth: 9	(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1904 McCulloh M., the date above stated.

(23) Signature Bessie Harmatz (Physician or Midwife)

Address 132 S. Eden st

Filed ____ 19 ____ Registrar

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

U 0 0 1 6 2 6

(24) Given name added from a supplemental report ____, 19 ____ Registrar

COMPARED FOR RECORD MAR — 3 1910

JAS. BOOSERY (READ THE REVERSE SIDE)
COMPTROLLER

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54147

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 670 West Fayette St St.; Ward)

(2) FULL NAME OF CHILD Selma Irene Robinson (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				Feb. 25, 1916

FATHER

(8) FULL NAME: William Robinson

(9) RESIDENCE: 670 West Fayette

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: New York City

(13) OCCUPATION: Salesman

(14) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Rebecca Solins Robinson

(15) RESIDENCE: 670 West Fayette St

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Baltimore City

(19) OCCUPATION: House Wife

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Seven P. M., the date above stated.

(23) Signature: Joy C Potter M.D. (Physician or Midwife)

Address: 669 W Fayette St

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

(24) Given name added from a supplemental report, ..., 19

Filed MAR -3 1916, 19 .

Registrar

Registrar

(U 0 0 1 6 2 7)

RECORD

JAS. BOSLEY (READ THE REVERSE SIDE)
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54148

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1138 N. Fulton Ave St.; Ward)

(2) FULL NAME OF CHILD — Not named (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Febry 19 19 10

FATHER	MOTHER
(8) FULL NAME: Walter Lee Lowman	(14) FULL MAIDEN NAME: Mary Elizabeth Clark
(9) RESIDENCE: 1138 Fulton ave	(15) RESIDENCE: 1138 N. Fulton Ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years): 26	(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years): 28
(12) BIRTHPLACE: Anne Arundel Co Md	(18) BIRTHPLACE: Anne Arundel Co Md.
(13) OCCUPATION: Motorman	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: One	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 12 P. M., the date above stated.

1910

(23) Signature: Geo. L. Shannahan M.D.

Physician (Physician or Midwife)

Address 700 N. Fulton Ave

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

(24) Given name added from a supplemental report, 19

Registrar

Filed MAR 3 1910, 19

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

454149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3)

1. Name of Child,
2. Sex, (state whether male or female) M
3. Race or color, (if not of the White Race) N
4. Date of Birth, June 22 1910
6. Place of Birth, (Street and number) 710 Cardwell Ave
6. Full name of Mother, Elnora Hook
7. Mother's Maiden Name, Tuttle
8. Mother's Birthplace, md
9. Fall name of Father, Wm Hook
10. Father's Occupation, Carpenter
11. Father's Birthplace, md

Name of Medical Attendant, or other person who makes this Return, D Reaves MD

Address, 765 Main

Remarks,

1910000001629

RECEIVED FOR RECORD
MAR -3 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

Every physician or midwife in attendance upon a birth shall report the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother herself, if able, and if not able, the nearest relative present, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,*
2. *Sex, (state whether male or female)* M
3. *Race or color, (if not of the White Race)* W
4. *Date of Birth,* Jan 18 10
6. *Place of Birth, (Street and number)* 2814 Bernard Ave
6. *Full name of Mother,* Rose Hepburg
7. *Mother's Maiden Name,* Weaver
8. *Mother's Birthplace,* md
9. *Full name of Father,* Edw Hepburg
10. *Father's Occupation,* Brick Layer
11. *Father's Birthplace,* md

Name of Medical Attendant, or other person who makes this Return, Edwards MD

Address,

Remarks,

1910000 1630

RECEIVED FOR RECORD
MAR -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

...to occur without the attendance of a physician or practitioner of Midwifery, it shall be the duty of the attendants upon the mother, immediately thereafter if shall become the duty of the person or persons of such attendants upon the mother, immediately thereafter if shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,*
2. *Sex, (state whether male or female)* M
3. *Race or color, (if not of the White Race)* N
4. *Date of Birth,* July 6/10
6. *Place of Birth, (Street and number)* 3338 Cedar ave
6. *Full name of Mother,* Jamie Boley
7. *Mother's Maiden Name,* Haines
8. *Mother's Birthplace,* Md
9. *Full name of Father,* Jno Boley
10. *Father's Occupation,* Roller
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, R R Wurth MD

Address, 2

Remarks,

1910000631

RECEIVED FOR RECORD MAR -3 1910 H. BARKLEY M.D. COMM'R OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the nearest relative present, or of the nurse of such case, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

54152

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,*
2. *Sex, (state whether male or female)* M
3. *Race or color, (if not of the White Race)* W
4. *Date of Birth,* Jan 17/10
6. *Place of Birth, (Street and number)* 3315 - Lafayette Ave
6. *Full name of Mother,* Sarah Bradford
7. *Mother's Maiden Name,* Pearson
8. *Mother's Birthplace,* Md
9. *Full name of Father,* Anton Bradford
10. *Father's Occupation,* Stock Engineer
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Dr Swartz MD

Address, 4 1 3

Remarks,

1910000001632

RECEIVED FOR RECORD
MAR -3 1910
DR. BISLEY, M.D.
BOARD OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father, or, in case of his absence, of the nearest relative present, to report the case to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 454153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child, Two Males
2. Sex, (state whether male or female) W
3. Race or color, (if not of the White Race)
4. Date of Birth, Jan 15 10
6. Place of Birth, (Street and number) 1817 Maryland Ave
6. Full name of Mother, Ruth Shaffer
7. Mother's Maiden Name, Unknown
8. Mother's Birthplace, Md
9. Full name of Father, Christopher Shaffer
10. Father's Occupation, Watchmaker
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr Evans

Address,

Remarks, 1910000633

RECEIVED FOR RECORD MAR 3 1910 REGISTRAR BALTIMORE MD. BOARD OF HEALTH

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovarable.

RETURN OF A BIRTH. A54154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child,
2. Sex, (state whether male or female) M
3. Race or color, (if not of the White Race) Or
4. Date of Birth, Jan 4/10
6. Place of Birth, (Street and number) 726 2d av
6. Full name of Mother, Blanch Spencer
7. Mother's Maiden Name, Taylor
8. Mother's Birthplace, Md
9. Full name of Father, Herman Spencer
10. Father's Occupation, Shirt Maker
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Edwards MD

Address,

Remarks, 1910000 1634

RECEIVED FOR RECORD MAR -3 1910 J.S. BOGLEY M.D. COMM'R OF HEALTH

The officer of the Board of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, shall have the duty of registering such birth, and it shall be the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED
3-2-65

RETURN OF A BIRTH. A54155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -3 1910
JAS. BOSLEY M.D.
BD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Name of Child, Eugene Anthony Ellis
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feby 18 1910
6. Place of Birth, (Street and number) 206 N Patterson Park Ave
6. Full name of Mother, Mary Ellis
7. Mother's Maiden Name, Mary Scheilds
8. Mother's Birthplace, Baltimore
9. Full name of Father, James Ellis
10. Father's Occupation, Boiler maker
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, A. C. Eisenberg MD

Address, 2213 Orleans St

Remarks,

1910 00 01635

third day of each and every month, to the office of Commissioner of Health, a certificate between the first and the seventh days of the same month, stating the name, sex, color, date and place of birth of each child born during the preceding month, and the name and residence of the parent or parents of such child; and the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 3 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XII

1. *Name of Child,* Boy
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 10 day of February, 1910
6. *Place of Birth, (Street and number)* 1314 E. Monument st.
6. *Full name of Mother,* Sarah Dubovsky
7. *Mother's Maiden Name,* Sarah Fife
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Morris Dubovsky
10. *Father's Occupation,* Tigler
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Bessie Harwatz

Address, 132 S. Eden st.

Remarks, 1910000163 6

Every day in each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period of time above mentioned; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. *Name of Child,* Adolph
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 13 day of February 1910
6. *Place of Birth, (Street and number)* 29 W. West st.
6. *Full name of Mother,* Backie Sendler
7. *Mother's Maiden Name,* Backie Resnik
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Ben Sendler
10. *Father's Occupation,* shoe maker
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Bessie Harmatz

Address, 132 S. Eden st

Remarks,

1910000637

RECEIVED FOR RECORD
MAR -3 1910
JAS BOSLEY, M.D.
SUPT'R OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any person or parents neglecting or refusing to make such report as aforesaid shall for each offense, after fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A5415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Name of Child,* Andrew Christian Wyatt
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* February 24, 1910.
6. *Place of Birth, (Street and number)* 1216 Gough Street
6. *Full name of Mother,* Annie Marie Wyatt
7. *Mother's Maiden Name,* Annie Marie Berrett
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* William Thomas Wyatt
10. *Father's Occupation,* Storekeeper
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Mary T. Goldschmidt

Address, 3513 E. Baltimore Street

Remarks,

1910001638

RECEIVED FOR RECORD MAR -2 1910 WM. BOBLEY M.D. REGISTRAR

Every birth occurring in the city of Baltimore shall be registered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of the house where such birth occurs, or the mother herself, if able, to report the same within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A54159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, John Herman Kirschner
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, February 22, 1910.
6. Place of Birth, (Street and number) 517 S. Robinson St.
6. Full name of Mother, Katherine Elizabeth Kirschner
7. Mother's Maiden Name, Katherine Elizabeth Mensch
8. Mother's Birthplace, Maryland
9. Full name of Father, Henry John Andrew Kirschner
10. Father's Occupation, Laborer
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Mary T. Goldschmidt

Address, 3613 E. Baltimore Street.

Remarks, 1910001639

RECEIVED FOR RECORD MAR -3 1910 JAS. H. CASEY M.D. REGISTRAR OF VITAL STATS.

The certificate must be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, in the manner and within the period above required, or should no other person be in attendance upon the mother, immediately after the birth of a child, it shall become the duty of the person or parents of such child to report the birth as herein required, and a certificate of the same shall be delivered as aforesaid. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAY -3 1910
BY BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 1st 1910
6. *Place of Birth, (Street and number)* 439 N. Kenwood ave.
6. *Full name of Mother,* Margaret Graf
7. *Mother's Maiden Name,* Margaret Miller
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Bernard Graf
10. *Father's Occupation,* Policeman
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, William H. Johnson M.D.

Address, 2017 E. Baltimore St.

Remarks,

1910001640

third day of each and every month, to the office of Commissioner of Health, on blanks to be furnished by him, a certificate between the first and the name of each child born within the city during the preceding month, and the name, residence and occupation of its parents. Every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54161

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Gen. Hospital (St.; Ward)

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) , (Day) , 19 (Year)
Male			Yes	Jan 19 1910

FATHER

(8) FULL NAME: D. J. P. Murray

(9) RESIDENCE: 3427 Chesapeake

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 34 (Years)

(12) BIRTHPLACE: Canada

(13) OCCUPATION: Engine inspector

(20) Number of children born to this mother, including present birth: 2nd

MOTHER

(14) FULL MAIDEN NAME: Isabell Castle

(15) RESIDENCE: 3427 Chesapeake Ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Phila Pa

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., the date above stated.

(23) Signature: J. Murray B. E. Keegan

U 0 0 0 1 6 4 1

(Physician or Midwife)

Address: 529 Park Ave

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

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

RECEIVED FOR RECORD MAR -3 1910 JAS BOSLEY M.D. SUPT OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54102

(1) PLACE OF BIRTH — Registered No. 8

CITY OF BALTIMORE. (No. 4 W. Clement St.; Ward)

(2) FULL NAME OF CHILD Frederick J. Hess, Jr. [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child M. | (4) Twin, triplet, or other? ✓ | (5) Number in order of birth ✓ (To be answered only in event of plural births) | (6) Legitimate? yes | (7) Date of Birth Feb. (Month) 26 (Day) 1910 (Year)

FATHER

(8) FULL NAME Frederick J. Hess

(9) RESIDENCE 4 W Clement St. Balto. Md

(10) COLOR W. | (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Balto.

(13) OCCUPATION Clerk

MOTHER

(14) FULL MAIDEN NAME Cora Macgill

(15) RESIDENCE 4 W Clement St Balto. Md

(16) COLOR W | (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE W. Va.

(19) OCCUPATION Housekeeper

(20) Number of children born to this mother, including present birth 3 | (21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.15 P. M., the date above stated.

(23) Signature G. R. Brown Physician (Physician or Midwife)

Address 400 E Hamburg St.

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

0 1 0 0 0 1 6 4 2

(24) Given name added from a supplemental report ..., 19 ... Registrar

Filed MAR -3 1910, 19 ... Registrar

RECEIVED FOR RECORD

J. C. BOGLEY M.D. BOARD OF HEALTH

(READ THE REVERSE SIDE)

GIVEN NAME ADDED 3-24-55

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54163

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 1804 W. Lexington St.: 20 Ward)

(2) FULL NAME OF CHILD William Boughton Littlepage — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	✓	✓	Yes	Feb. 22, 1910

	FATHER	MOTHER
(8) FULL NAME	William T. Littlepage Jr.	(14) FULL MAIDEN NAME: Susie Boughton
(9) RESIDENCE	1804 W. Lexington St. Balto Md	(15) RESIDENCE: 1804 W Lexington St. Balto Md.
(10) COLOR	W.	(16) COLOR: W.
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years): 27
(12) BIRTHPLACE	Va.	(18) BIRTHPLACE: Va.
(13) OCCUPATION	Merchant (Furniture)	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.15 a — M., the date above stated.

Feb 22 1910

(23) Signature C. M. Brannin M.D. Physician (Physician or Midwife)

Address 400 Hanover St.

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

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR MAR -3 1910

Filed ____, 19

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 454164

CITY OF BALTIMORE (No. 2019 Clifton Avenue St.; 15th Ward)

(2) FULL NAME OF CHILD Irving Herman Valentine Skinnick — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male	—	—	Yes	Feb. 14 1910

FATHER

(8) FULL NAME: Adolph Skinnick

(9) RESIDENCE: 2019 Clifton Ave.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 33 (Years)

(12) BIRTHPLACE: Germany

(13) OCCUPATION: Driver in Laundry wgn

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Anna Emma Eckert

(15) RESIDENCE: 2019 Clifton Ave.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 27 (Years)

(18) BIRTHPLACE: Germany

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.30 P. M., on the date above stated.

(23) Signature: C. W. Hoffman M.D. (Physician or Midwife)

Address: 2100 Druid Hill Ave.

Filed MAR -3 1910, 19 .

Registrar

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

(24) Given name added from a supplemental report, 19 .

Registrar

RECEIVED FOR RECORD

MAR -3 1910

J. M. FOGLEY M.D. REGISTRAR OF VITAL STATISTICS

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54165

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Male | (4) Twin, triplet, or other? / | (5) Number in order of birth: 4 | (6) Legitimate? yes | (7) Date of Birth: Feb. (Month) 5 (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME: Wilmer Clark	(14) FULL MAIDEN NAME: Annie E. Slight
(9) RESIDENCE: 805 E. Fort Ave.	(15) RESIDENCE: 805 E. Fort Ave.
(10) COLOR: white	(11) AGE AT LAST BIRTHDAY: 35 (Years)
(16) COLOR: white	(17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Balto. Md	(18) BIRTHPLACE: Balto Md.
(13) OCCUPATION: Laborer	(19) OCCUPATION: Home Work
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at one P. M., on the date above stated.

(23) Signature: Mrs Elizabeth Jowell, Midwife (Physician or Midwife)

Address: 618 E. Fort Ave

Filed: March 2nd, 1910

Registrar

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

(24) Given name added from a supplemental ____, 19

Registrar

U 0016945

RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

454166

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1515 N. Mount St. St.; Ward)

(2) FULL NAME OF CHILD — John Gustav Pastorius. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	~~3d~~	Legitimate	March 1 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Gustav Pastorius.	Mary Gaul Prestly.
(9) RESIDENCE / (15) RESIDENCE	1515 N. Mount St	1515 N. Mount St
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	35	37
(12) BIRTHPLACE / (18) BIRTHPLACE	Baltimore Md.	Pikesville Md.
(13) OCCUPATION / (19) OCCUPATION	Dairyman.	Housewife.
(20) Number of children born to this mother, including present birth	3d	(21) Number of children of this mother now living: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Eleven a. M., on the date above stated.

March 1 1910

(23) Signature: Geo. C. Raymond M.D. (Physician or Midwife)

Address: 700 N. Fulton Ave.

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

(24) Given name added from a supplemental report _____, 19

Registrar

Filed MAR -3 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH 5/6/69

AMENDED BY COURT ORDER

A54167

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. HERMAN St.; Ward)

(2) FULL NAME OF CHILD ~~Herman~~ Miller (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Feb. (Day) 11 (Year) 1910
Male				

FATHER	MOTHER
(8) FULL NAME: Ben Miller	(14) FULL MAIDEN NAME: Gertie Block
(9) RESIDENCE: 1511 E. Pratt st	(15) RESIDENCE: 1511 E. Pratt st.
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY (Years): 35
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY (Years): 32
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: tailor	(19) OCCUPATION: dress-maker
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1511 E. Pratt st. M., on the date above stated.

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

(23) Signature Bessie Harmatz midwife (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 132 S. Eden st

Filed ____ 19 ____ Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54168

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. _____ St.; _____ Ward)

(2) FULL NAME OF CHILD Isaac Cohen

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male				Feb. (Month) 14 (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: Henry Cohen

(9) RESIDENCE: 1421 Riggs Ave.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 33 (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: shoe-maker

(20) Number of children born to this mother, including present birth: 6

MOTHER

(14) FULL MAIDEN NAME: Alice Matz

(15) RESIDENCE: 1421 Riggs Ave.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 31 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: ~~stava~~ keeper

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1421 Riggs Ave M., on the date above stated.

(23) Signature: Bessie Harmatz Midwife (Physician or Midwife)

Address: 132 S. Eden st.

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

U 0 0 1 6 4 8

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19 .

Registrar

REGISTRATOR'S RECORD MAR -3 1910 JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A54169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child.

1. *Name of child,* Julius Kate
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* Feb. 22 nd.
5. *Place of Birth, (Street and number)* 1142 Cookerie St Balto
6. *Full name of Mother,* Anna Kate
7. *Mother's Maiden Name,* Anna Fakes
8. *Mother's Birthplace,* Unpany
9. *Full name of Father,* William Kate
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Unpany

Name of Medical Attendant, or other person who makes this Return, Helen Nikolajevits

Address, 1308 Jerusalem St Balto

Remarks, 1910000 1649

RECEIVED FOR RECORD
MAR -5 1910
WM. EDGLEY, M.D.
COMR OF HEALTH

Every male person who shall be present at the birth of any child, and every female person who shall be present at the birth of any child and shall not be a regular practicing physician or midwife, and every physician or midwife who shall be present at the birth of any child and shall not be in attendance upon the mother thereafter during her confinement, and every person who shall become the duty of the person or persons required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Nome of child,* Margareta Winkler
2. *Sex, (state whether mole or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Dote of Birth* Feb 23rd 1910
5. *Place of Birth, (Street and number)* 1438 Coopsie St. Balto
6. *Full name of Mother,* Marie Winkler
7. *Mother's Maiden Name,* Marie Lonis
8. *Mother's Birthplace,* Hungary
9. *Full name of Fother,* John Winkler
10. *Fother's Occupation,* Laborer
11. *Father's Birthplace,* Hungary

Nome of Medical Attendant, or other person who makes this Return. Helen Nikolajevits

Address, 1308 Towsend St. Balto

Remorks, 1 9 1 0 0 0 0 1 6 5 0

RECEIVED FOR RECORD
MAR -5 1910
DR. EDSLEY M.D.
COMMISSIONER OF HEALTH

...shall be delivered, duly signed by the parent or parents of the child, or by the person in attendance upon the mother at the birth of such child, to the office of the Commissioner of Health, within ten days after the birth of such child, and every month to the office of Commissioner of Health, a list of births which have occurred during the preceding month, on the form to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of such child, or should the parent or parents of such child become incapable of giving the information required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -5 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Name of child,* Elizabeth Kraushar
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 3rd of January February
5. *Place of Birth, (Street and number)* 2681 Dulany St Balto.
6. *Full name of Mother,* Anna Kraushar
7. *Mother's Maiden Name,* Anna Schwiegerath
8. *Mother's Birthplace,* Ungary
9. *Full name of Father,* Peter Kraushar
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Ungary

Name of Medical Attendant, or other person who makes this Return, Helen Nikolajewits

Address, 1308 Towsen St Balto

Remarks, 1 9 1 0 0 0 0 1 6 5 1

Every physician, midwife or other person who shall attend upon any birth, shall, within ten days after such birth, report the same to the Registrar of Vital Statistics, Board of Health, in a certificate containing the name, sex, color, date and place of birth, and the full name of the parents of the child, if known, and the name and address of the person making the report. Such certificate shall be written in a plain hand, and shall be delivered at the office of the Commissioner of Health, or mailed to him, postage paid, within ten days after the birth. Any person who shall neglect or refuse to report any birth as required by this section, or who shall make any false report of any birth, or who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. *Name of child,* ~~Nellie M Jackson~~ Laura Virginia Jackson
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 3rd
5. *Place of Birth, (Street and number)* 1406 Hull St Balto
6. *Full name of Mother,* ~~Lula~~ Lula Jackson
7. *Mother's Maiden Name.* ~~Lula~~ Laura Kurn
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* ~~Laborer~~ Darius K. Jackson
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Helen Nikolapeirts

Address, 1308 Towsen St Balto

Remarks, 1910000 1652

RECEIVED FOR RECORD MAR 5 1910 S. BOSLEY M.D. BOARD OF HEALTH

or a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be required by this section to report its birth to the Commissioner of Health, the owner, agent or lessee of the house in which such birth occurs shall report the same in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1933.

RETURN OF A BIRTH.

A64173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD MAR - 1910 J. BOSLEY, M.D. COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1

1. *Name of child,* Girl Negro
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Feb. 5 - 1910
5. *Place of Birth, (Street and number)* 1225 Pine St
6. *Full name of Mother,* Girl Negro
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* John Negro
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000165

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, as aforesaid; and every midwife, undertaker, or other person not a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, the parent or parents of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have refused or neglected to report as aforesaid, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1936.

RETURN OF A BIRTH. A54174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child, Sylvia Carpanini
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth Feb. 16 1910
5. Place of Birth, (Street and number) 919 Greenmount St
6. Full name of Mother, Sylvia Carpanini
7. Mother's Maiden Name, " Cavalli
8. Mother's Birthplace, Ga
9. Full name of Father, Bill Carpanini
10. Father's Occupation, Laborer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. N. H. Talbott

Address, Mercy Hospital

Remarks, 1910000001654

RECEIVED FOR RECORD MAR - 1 1910 WM. BOSLEY M.D. COMR. OF HEALTH

Every case between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1894.

RETURN OF A BIRTH. A54175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Florence Blake
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Feb 19 1910
5. *Place of Birth, (Street and number)* 1233 E. Hamilton St
6. *Full name of Mother,* Florence Blake
7. *Mother's Maiden Name,* " Shields
8. *Mother's Birthplace,* Virginia "Poquetaque"
9. *Full name of Father,* James Blake
10. *Father's Occupation,* Stevedore
11. *Father's Birthplace,* Sunbury Md

Name of Medical Attendant, or other person who makes this Return, W. H. Talbott

Address, Mercy Hospital

Remarks, 1910000165 5

RECEIVED FOR RECORD MAR -2 1910 E. BENTLEY M.D. BOARD OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parent of such child, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

1910.

RETURN OF A BIRTH. A54276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of child, Mary Ellen Spence
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth Oct. 25 - 1910
5. Place of Birth, (Street and number) 69 N. West St
6. Full name of Mother, Louise Spence
7. Mother's Maiden Name, Anderson
8. Mother's Birthplace, Cambridge Md.
9. Full name of Father, Frank Spence
10. Father's Occupation, Bott. Bleach
11. Father's Birthplace, Snow Hill Md

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott.

Address, Mercy Hospital

Remarks, 1910000165

RECEIVED FOR RECORD JAN 1 1910 JAS. BOSLEY, M.D. BOARD OF HEALTH

Of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the city, the mother, or in case of her death or inability, the person having charge of the child, shall immediately thereafter report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1884.

RETURN OF A BIRTH. A54177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Earl Elliot Dennis
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Feb 13- 10
5. *Place of Birth, (Street and number)* Maternity
6. *Full name of Mother,* Florence Dennis
7. *Mother's Maiden Name,* Fuller
8. *Mother's Birthplace,* Cambridge Co. Md
9. *Full name of Father,* Florence Dennis
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Talbot Co. Md

Name of Medical Attendant, or other person who makes this Return. H. H. Talbott

Address, Mercy Hospital

Remarks,

1910000165 7

of a certificate between the 1st and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of said theory, the person or persons in attendance upon the mother at the birth shall report the same within the time above required, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
MAR - 1 1910
JAS BOBLEY M.D.
BOARD OF HEALTH

1234

RETURN OF A BIRTH. A54173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2

1. Name of child, Richard Curtis
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Sept. 7 - 10
5. Place of Birth, (Street and number) Maternity
6. Full name of Mother, Freddie Verdi Curtis
7. Mother's Maiden Name, " "
8. Mother's Birthplace, St. Mary's Co. Md
9. Full name of Father, Richard Wood
10. Father's Occupation, Farmer
11. Father's Birthplace, St. Mary's Co. Md

Name of Medical Attendant, or other person who makes this Return. W. H. Talbott

Address, Mercy Hospital

Remarks,

1910 0 0 0 1658

RECEIVED FOR RECORD SEP 4 1910 H. S. BOSLEY M.D. COMR OF HEALTH

If a birth occurs between the 3rd and 3rd days of each and every month, the Physician or Midwife in attendance upon the mother, or the Householder in the case of a birth occurring without the attendance of a Physician or Midwife, or should no other person be in attendance upon the mother, immediately thereafter is shall become the duty of the person or parents of such child to report it in writing to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of $10 (ten dollars) for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.

RETURN OF A BIRTH. A54179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of child,* David Brooks
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Feb. 17-10
5. *Place of Birth, (Street and number)* 214 College Alley
6. *Full name of Mother,* Cary Dealance
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Balto. Md.
9. *Full name of Father,* David Brooks
10. *Father's Occupation,* Cook
11. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. H. H. Talbott.

Address, Mercy Hospital

Remarks, 1910000165 9

RECEIVED FOR RECORD
MAR 3 1910
H. S. BOGLEY, M.D.
COMM'R OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the duty of reporting such birth within the period above required, and any such person or persons who shall neglect the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1896

RETURN OF A BIRTH.

A54180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Lena Jones
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Feb 15 - 10
5. *Place of Birth, (Street and number)* 115 Seldon Place
6. *Full name of Mother,* Margaret Martin
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Lou Jones
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, W. H. Talbott

Address, Mercy Hospital

Remarks,

MEDICAL RECORD
MAR - 1 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH.

1 9 1 0 0 0 0 1 6 6 0

be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the child or other person required to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1234.

RETURN OF A BIRTH. A54187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child, Realty Ogleson
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Feb. 25 - 10
5. Place of Birth, (Street and number) 130 Belgium Alley
6. Full name of Mother, Alice Ogleson
7. Mother's Maiden Name, Clem
8. Mother's Birthplace, Va
9. Full name of Father, Realty Ogleson
10. Father's Occupation, Laborer
11. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. H. H. Talbott

Address, Mercy Hospital

Remarks,

RECEIVED FOR RECORD
MAR -4 1910
JAS. BOBLEY M.D.
COMMR OF HEALTH

1910000166 1

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of such person or persons as aforesaid, then it shall be the duty of the father or mother of such child, or in case of the absence or inability of both father and mother, then it shall be the duty of the person or persons occupying the house in which such birth shall occur, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1910.

RETURN OF A BIRTH. A54182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, Wilbert Andrews
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Nov. 1 - 1909
5. Place of Birth, (Street and number) 411 State St
6. Full name of Mother, Fannie Andrews
7. Mother's Maiden Name, " Franklin
8. Mother's Birthplace, Va
9. Full name of Father, Henry Andrews
10. Father's Occupation, Laborer
11. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910001662

RECEIVED FOR RECORD MAR -4 1910 JAS. BOSLEY M.D. COMM'R OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, mother, or other person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A54133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD MAR -1 1910 H.S. BOSLEY, M.D. COMMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Febeuary 24th 1878
5. Place of Birth, (Street and number) 327 E 23rd St
6. Full name of Mother, Mary Jane Hummel
7. Mother's Maiden Name, Mary Jane Shane
8. Mother's Birthplace, Balt MD
9. Full name of Father, Frederick William Hummel
10. Father's Occupation, Salesman
11. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this return, Mrs Margaret Wheat

Address, 617 Brick hill

Remarks, Hampden

1 7 10 0 0 0 1 6 6 3

If any Birth and Death shall be delivered, duly signed by the prescribed Undertaker or Physician, to any Registrar of Births and Deaths, or any Assistant Registrar, or any Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or to the nearest Registrar or Assistant Registrar, and any person who shall neglect or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Name of Child, Harriet Jane Peyton
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb. 6, 10
6. Place of Birth, (Street and number) 521 S. Lakewood Ave.
6. Full name of Mother, Harriet Evelyn Peyton.
7. Mother's Maiden Name, " " " " Conner
8. Mother's Birthplace, Somerset Co. Md.
9. Full name of Father, Louis E. Peyton
10. Father's Occupation, Sailmaker
11. Father's Birthplace, Somerset Co. Md

Name of Medical Attendant, or other person who makes this Return, Geo. Heller M.D.

Address, 1937 Gough St

Remarks,

1910 0001664

RECEIVED FOR RECORD
MAR 1 1910
JAS BOSLEY, M.D.
COMR OF HEALTH

birth of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the father, or, in his absence, the mother, or the owner or occupier of the premises where the birth occurs, to report such birth as aforesaid, and in default thereof shall forfeit and pay for every such offense a penalty not exceeding ten dollars, to be sued for and recovered in the name of the State of Maryland, before any justice of the peace, upon the information of the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.

CERTIFICATE AMENDED - 4/3/76

RETURN OF A BIRTH. 454185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, CATHERINE ~~Louise~~ Caufield
2. Sex, (state whether male or female) ~~Female~~ Female
3. Race or color, (if not of the White Race) ~~Col~~ White
4. Date of Birth ~~Jan~~ Jan 10-10
5. Place of Birth, (Street and number) ~~Jan~~ Jan 27 E. Eden St
6. Full name of Mother, ~~Louise~~ Louise Caufield -
7. Mother's Maiden Name, ~~Bro~~ Bro.
8. Mother's Birthplace, ~~Ind~~ Ind.
9. Full name of Father, Bartholomew Caufield.
10. Father's Occupation, ~~Laborer~~ Laborer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, H. W. Talbott

Address, Mercy Hospital

Remarks,

1910 0001665

RECEIVED FOR RECORD MAR - 1 1910 JAS. BOSLEY, M.D. COMMR OF HEALTH

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, then it shall be the duty of the person having charge of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

rm 1836.

RETURN OF A BIRTH. 454186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* Sadie / Rockland
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* Feb. 11 - 10.
5. *Place of Birth, (Street and number)* 139 E. Exeter St
6. *Full name of Mother,* Bessie Rockland
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Abraham Rockland
10. *Father's Occupation,* Glassblower
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. H. H. Talbott

Address, Mercy Hospital

Remarks, 1910009001666

CLOSED FOR RECORD MAR -1 1910 JAS. BOOLEY M.D. BOARD OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the father or mother of said child, residing in the house where it is born, or of the person or persons in charge of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect the duty of so reporting, or who shall refuse or wilfully omit to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by law.

1256.

A54187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, Virginia Dimmick
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Feb 16 1916
5. Place of Birth, (Street and number) 311 State St
6. Full name of Mother, Virginia Dimmick
7. Mother's Maiden Name, Bailey Md.
8. Mother's Birthplace, Baltimore Dimmick
9. Full name of Father, Baltimore Baker
10. Father's Occupation, Baltimore Md.
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000167

RECEIVED FOR RECORD MAR -1 1916 A.S. BOSLEY M.D. REGISTRAR OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1234

RETURN OF A BIRTH. A54133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of child,* Ida Copeland
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 16 1910
5. *Place of Birth, (Street and number)* 25 S. Central Ave
6. *Full name of Mother,* Ida Copeland
7. *Mother's Maiden Name,* Zylbowitz
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Abraham Copeland
10. *Father's Occupation,* Junk Dealer
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1 9 1 0 U 0 0 1 6 6 8

RECEIVED FOR RECORD
FEB 1 1910
H.G. BOXLEY, M.D.
BOARD OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall report said birth, then the mother of such child shall report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1936.

RETURN OF A BIRTH. A54189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Luna V. Lyman
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb. 15 1910
5. *Place of Birth, (Street and number)* 2147 W. Lexington St
6. *Full name of Mother,* Luna V. Lyman
7. *Mother's Maiden Name,* Shultz
8. *Mother's Birthplace,* Bello. Md.
9. *Full name of Father,* George V. Lyman
10. *Father's Occupation,* Traveling Salesman
11. *Father's Birthplace,* Bello. Md.

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks,

1910000001669

RECORDED FOR RECORD
MAR - 1 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother of such child, being over the age of twenty-one years, shall make return of the particulars required, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

A54190

A54190 RETURN OF A BIF

To the Office of Registrar of Vital Statistics, Board of

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of child, Clemma Amelia Kuffner
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec. 23, 1910
5. Place of Birth, (Street and number) 53
6. Full name of Mother, Louise Kuffner
7. Mother's Maiden Name, [illegible]
8. Mother's Birt' place, Germany

RECEIVED FOR RECORD MAR — 1 1911 [illegible] M.D. HEALTH

John Kuffner

1910002670

...TC

...ffice of Registrar of

A54191

of a certificate ... shall ... be returned, duly signed by the ... or other ... within ... days after the birth, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or professional midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the mother shall be required to report the case to the Commissioner of Health, and such report shall be made within ... days after the birth. Any such person or persons neglecting or refusing to comply with the provisions of this section shall be subject to a fine of ... for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, ... B Slowinck

1. Name of child, Rachael
2. Sex, (state whether male or female) Fe.
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 27-10
5. Place of Birth, (Street and number) 76 D. Ave
6. Full name of Mother, Ida Slowinck
7. Mother's Maiden Name, " Bizenstein
8. Mother's Birthplace, Russia
9. Full name of Father, Samuel Slowinck
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, W. H. Talbot

Address, Mercy

Remarks,

RECEIVED FOR RECORD
... 1910
... BOSLEY, M.D.
COMR OF HEALTH

1910000167 1

1286

RETURN OF A BIRTH.

A54192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Rose Sugarfield
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 25 1910
5. Place of Birth, (Street and number) 1103 E High St
6. Full name of Mother, Rebecca Sugarfield
7. Mother's Maiden Name, Levin
8. Mother's Birthplace, Russia
9. Full name of Father, Jacob Sugarfield
10. Father's Occupation, Butcher
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000167 2

RECEIVED FOR RECORD MAR 4 1910 S. BOSLEY M.D. REGISTRAR OF HEALTH

Every child born within the City of Baltimore must be registered, and the certificate of birth delivered, duly signed by the practitioner in the form of a card, to the Registrar of Vital Statistics, Board of Health, at the office of the Commissioner of Health, within the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother at the birth, the owner, agent or lessee of the house in which the birth occurs shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A54193

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Name of child, [illegible]
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Feb 6th 1910
5. Place of Birth, (Street and number) 2232 Essex alley
6. Full name of Mother, Julia Reynolds
7. Mother's Maiden Name, Julia Speed
8. Mother's Birthplace, Balto
9. Full name of Father, John Reynolds
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M Taylor

Address, 611 S. Patterson Pk Ave Balto

Remarks,

1910000673

RECEIVED FOR RECORD
MAR - 1 1910
JAS BOSLEY M.D.
COMR OF HEALTH

Every child born within the limits of Baltimore City shall be registered, and a certificate of such birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of this form, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the time required under section 1 of this ordinance, and any person hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Female
2. *Sex, (state whether male or female)* White
3. *Race or color, (if not of the White Race)* Dec. 8th 1910
4. *Date of Birth* 23 N. East Ave
5. *Place of Birth, (Street and number)* Balto.
6. *Full name of Mother,* Rosa Bauch
7. *Mother's Maiden Name,* Rosa Zimmer.
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* John Bauch
10. *Father's Occupation,* Painter.
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, 611 S. Patterson Park Ave Balto.

Remarks, 1910U001674

RECEIVED FOR RECORD
MAR -1 1910
JAS BOSLEY M.D.
COMR OF HEALTH

Every midwife or other person (except a physician or practitioner of midwifery) who shall be in attendance upon the mother, immediately thereafter is shall become the duty of the person or parents of such child, to report in writing to the Commissioner of Health, in the manner and form prescribed by the Board of Health, all births attended by them, and who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Name of child, Female
2. Sex, (state whether male or female)
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 10th 1910
5. Place of Birth, (Street and number) 1117 E. East Ave. Balto.
6. Full name of Mother, Barbara Moll
7. Mother's Maiden Name, Barbara Vanwinkle
8. Mother's Birthplace, Balto.
9. Full name of Father, Clarence Moll
10. Father's Occupation, Laborer
11. Father's Birthplace, Lexington Va

Name of Medical Attendant, or other person who makes this Return. Miss Mary H. Taylor

Address, 611 E. Patterson Ave Balto.

Remarks,

1910000675

RECEIVED FOR RECORD MAR 1 1910 H. C. BOSLEY, M.D. COM'R OF HEALTH

Every child born alive in this State shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third days of life, and every stillbirth after the sixth month of gestation shall be reported to the Board of Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioners of Health, in the manner and within the time required by the rules and regulations of the Board hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,* Lina Jesina Ruperto
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Italian
4. *Date of Birth* Sept. 12th 1910
5. *Place of Birth, (Street and number)* 510 N. Kenwood Ave 1st
6. *Full name of Mother,* Meta H. Ruperto
7. *Mother's Maiden Name,* Meta H. Fisher
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Alfonso Ruperto
10. *Father's Occupation,* Bookbinder
11. *Name of Medical Attendant, or other person who makes this Return,* Mrs Mary McTaylor
    Address, 611 S. Patterson Park Ave Balto.
    Remarks,

RECEIVED FOR RECORD MAR -1 1910 JAS. BOSLEY M.D. COMM'R OF HEALTH

1910000001676

Every midwife, physician or other person who shall attend upon any birth shall, within ten days after the birth, cause the same to be registered in the Office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health in the manner aforesaid, and every person neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 14th 1910
5. Place of Birth, (Street and number) 2714 E. Fayette St. Balto.
6. Full name of Mother, Barbara Seitz
7. Mother's Maiden Name, Barbara Bartholomew
8. Mother's Birthplace, Balto
9. Full name of Father, August Seitz
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

RECEIVED FOR RECORD MAR -1 1910 J. S. BOGLEY M.D. BOARD OF HEALTH

Name of Medical Attendant, or other person who makes this Return, Dr. Mary M. Taylor

Address, 61 S. Patterson Park Ave Balto.

Remarks, 1910000167 7

Of a parent, the of a certificate between the ... shall be delivered, duly signed by the Practitioner in the form ... Health. In case the birth of any child shall occur without the attendance of a physician or ... midwifery, or should no other person be in attendance upon the mother, immediately thereafter it ... shall become the duty of the person or parents of such child to report its birth to the Commissioner of ... Health, in the manner above prescribed, and any person neglecting to make such report as aforesaid ... hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars ... for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Female
2. Sex, (state whether male or female) White
3. Race or color, (if not of the White Race) Feb 14th 1910
4. Date of Birth
5. Place of Birth, (Street and number) 2320 Cambridge St Balt.
6. Full name of Mother, Theresa Fonseca Haines
7. Mother's Maiden Name, Theresa Fonseca Haines
8. Mother's Birthplace, Balt.
9. Full name of Father, Henry Haines.
10. Father's Occupation, Laborer
11. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Wm. Mans. McCann.

Address, 6 N. Patterson Pk. Ave Balt.

Remarks,

RECEIVED FOR RECORD MAR -1 1910 JAS. BOSLEY M.D. COMR. OF HEALTH

1910 00 01678

of a certificate between the first and third day of each and every month to the Bureau of Vital Statistics of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parent of such child to report the birth to the Commissioner of Health, in the manner prescribed by law, and any person who shall neglect or refuse to do so hereafter shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-54199-D

OF BIRTH: Baltimore, Maryland
of hospital or institution; if at home give street number:
altimore, Maryland
r's stay before delivery:
l or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State ... (b) County ...
(c) City or town ... (If outside city or town limits, write RURAL)
(d) Street No. ... (If rural give location)

me of child Katherine Ball Jay
4. Date of birth February 15, 1910 (Month) (Day) (Year)

ale | 6. Twin or triplet ... If so—born 1st, 2d, or 3rd ... | 7. Number weeks of pregnancy ... | 8. Hour of birth -- M.

FATHER OF CHILD

ame Charles Edward Jay
r race White 11. Age at time of this birth 47 yrs.
lace Baltimore, Md.
(City, town, or county) (State or foreign country)
occupation Letter Carrier
ry or business U.S. Post Office Dept.
children born to mother (not including present child):
many other children of this mother are now living?
many other children were born alive but are now dead?
many children were born dead?

MOTHER OF CHILD

15. Full Maiden Name Isabel Flemming
16. Color or race White 17. Age at time of this birth 41 yrs.
18. Birthplace Baltimore, Md.
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business
22. Mother's mailing address for registration notice:

by certify to the birth of this child, who was born alive on the date and hour stated above. The information given above
hed by ..., related to this child as ...

(Signed) 679 M. D.
Physician (or midwife) who attended this birth (Midwife)
or Huntington Williams, M.D.
Commissioner of Health and Registrar

cc'd by local registrar March 4th 1910
James Bosley, M.D.
Registrar

name added ... by Registrar per ...

Address ...

NOV 25 1952
Date

RETURN OF A BIRTH. A54200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. *Name of child,* Catherine
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 22 February 1910
5. *Place of Birth, (Street and number)* 120 S. Durham St.
6. *Full name of Mother,* Louise Alberts
7. *Mother's Maiden Name,* Blair
8. *Mother's Birthplace,* Australia
9. *Full name of Father,* John Alberts
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs K Kley

Address, 2324 E Lombard St.

Remarks,

1910000 1680

RECEIVED FOR RECORD MAR -4 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

The name, place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, or such person as he may appoint to receive the same. A like certificate shall be given by the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or his deputy, within the period above required, and the said Commissioner of Health shall be supplied with the proper blanks for the purpose. Any person violating any of the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Name of child, ~~Louise~~ Ernestine Marie Heithenser
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth 5 February 1910
5. Place of Birth, (Street and number) 116 N. Kenwood Ave
6. Full name of Mother, ~~Louise~~ ~~Lothauser~~ Heithenser
7. Mother's Maiden Name, Packse
8. Mother's Birthplace, Balto Md
9. Full name of Father, John ~~Lothauser~~ Heithenser
10. Father's Occupation, Barber
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs K Keey

Address, 2224 E Lanvale St

Remarks,

1910000001681

RECORD
MAR -1 1910
BOSLEY M.D.
BOARD OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, or such other person as may be appointed by the Board of Health for the purpose. Every midwife or other person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Name of child,* Francis
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 4. February 1910
5. *Place of Birth, (Street and number)* 403 N. Washington St.
6. *Full name of Mother,* Carlie Ulrich
7. *Mother's Maiden Name,* Rose
8. *Mother's Birthplace,* Balto Md.
9. *Full name of Father,* John Ulrich
10. *Father's Occupation,* Embalmer
11. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs K. Kley

Address, 2224 E. Lombard St.

Remarks,

1 9 1 0 0 0 0 1 6 8 2

RECEIVED FOR RECORD MAR 1 1910 [illegible] M.D. COMR OF HEALTH

Name and Place of Birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Births, at the office of the Board of Health, within ten days after the birth of any child born without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and form above provided, and any person who shall neglect or refuse hereafter to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* ~~Female~~ White
4. *Date of Birth* Feb 5 - 1910
5. *Place of Birth, (Street and number)* 242 South East
6. *Full name of Mother,* Sarah Edna McLaurin
7. *Mother's Maiden Name,* Sarah Edna Linthicum
8. *Mother's Birthplace,* Baltimore city
9. *Full name of Father,* William Francis McLaurin
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return. Nurse Mrs McClaurin

Address, 1933 Orleans st

Remarks, 1 9 1 0 0 0 0 1 6 8 3

CERTIFICATOR RECORD MAR - 1 1910 M.S. BOSLEY, M.D. COMR OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or persons so shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so shall be subject to the same penalty as the person or persons upon whom the duty would otherwise for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 23rd 1910
5. *Place of Birth, (Street and number)* 600 S. Montford Ave Balto.
6. *Full name of Mother,* Annie Lipman
7. *Mother's Maiden Name,* Annie Lopal
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Bohy Lipman
10. *Father's Occupation,* Barber
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary H. Cattell

Address, 611 S. Catherine cor Ave Balto.

Remarks,

RECEIVED FOR RECORD MAR - 1 1910 JAS BOSLEY M.D. REGR OF HEALTH

1 9 1 0 0 0 0 1 6 8 4

Every midwife, physician or other person who shall be in attendance upon the birth of any child, shall, within ten days after the birth, deliver, duly signed by the practitioner in the form of a certificate between the dates, and duly sworn to before the Office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. All persons who shall violate any of the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Name of child, Sophia L. Stancliff
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 19th 1910
5. Place of Birth, (Street and number) 1720 Cantrell Ave Balto
6. Full name of Mother, Lucy Stancliff
7. Mother's Maiden Name, Lucy Priester
8. Mother's Birthplace, Balto
9. Full name of Father, Lester Stancliff
10. Father's Occupation, Carpenter
11. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Mrs Ward Balto

Address, 1711 Patterson Park Ave Balto

Remarks,

1 9 1 0 0 0 0 1 6 8 5

RECEIVED FOR RECORD MAR - 1 1910 J.H.O. DOSLEY M.D. COMR OF HEALTH

Every certificate between the first and fifth day of each month shall be delivered, duly signed by the practitioner in the form required by the Board of Health, to the person designated by the Commissioner of Health, to receive the same, within five days after the date of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the same shall be recorded upon a blank to be furnished by the Board of Health; and any person who shall neglect or fail to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Helen Ethel King
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 18th 1919
5. *Place of Birth, (Street and number)* 251 S Washington St Balto
6. *Full name of Mother,* Jessie King
7. *Mother's Maiden Name,* Jessie Moran
8. *Mother's Birthplace,* Md Balto
9. *Full name of Father,* Walter King
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Taylor

Address, 611 S Patterson Pk Ave Balto

Remarks, OTHER NAME ADDED 10-19-53

1910000168 M

RETURNED FOR RECORD MAR - 1 1919 H.S. BUDLEY M.D. COMR OF HEALTH

Every person required by law to report the birth of a child, who shall neglect or refuse to report the same within the time prescribed by the Board of Health, or who shall report any false information relative thereto, or concerning the child, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and in default thereof such person or parents shall be subject to a fine of ten dollars. Every midwife or practitioner of midwifery who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. A54207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifteenth.

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 23 | 10.
5. *Place of Birth, (Street and number)* 1048 N. Gay St.
6. *Full name of Mother,* Annie Virginia Romano
7. *Mother's Maiden Name,* " " Litchfield
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* William Burton Romano
10. *Father's Occupation,* Carpenter.
11. *Father's Birthplace,* New York City.

Name of Medical Attendant, or other person who makes this Return. L. P. McLean

Address, 115 W. Barre St. Evening Dispensary

Remarks, 1910001687

RECEIVED FOR RECORD
MAR -4 1910
JAS. BOSLEY M.D.
SUPT. OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the mother of such child, within three days after the birth, to notify the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 154203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Michael John Mackowiak
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth,* 24 of February 1910
6. *Place of Birth, (Street and number)* 714 s. Milton Ave
6. *Full name of Mother,* Bessie (Wankowiak) Mackowiak
7. *Mother's Maiden Name,* Wodnik
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* John (Wankowiak) Mackowiak
10. *Father's Occupation,* Labourer
11. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Lehnken (Weiss)

Address, 816 s. Rose Street.

Remarks,

1910000001688

RECEIVED FOR REGISTRY MAR - 1 1910 H.S. BOSLEY M.D. REGISTRAR OF HEALTH

Every physician or midwife, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR - 1 1910
S. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of Child,
2. Sex, (state whether male or female) male.
3. Race or color, (if not of the White Race) White.
4. Date of Birth, 26 of February 1910.
6. Place of Birth, (Street and number) 1123 Benny Street.
6. Full name of Mother, Baranyeczuska Junken.
7. Mother's Maiden Name, ~~Senk~~ Junken.
8. Mother's Birthplace, Russion.
9. Full name of Father, Frank Junken.
10. Father's Occupation, Laborer.
11. Father's Birthplace, Russion.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Bobinken (Nurse.)

Address, 816 S. Rose Street.

Remarks, 1910000168 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case no birth of any child shall occur within any month, a similar certificate to that effect shall be made by the person in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1230.

RETURN OF A BIRTH. A54210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c), 1

1. *Name of child,* Robert Baer
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 2 - 10
5. *Place of Birth, (Street and number)* 1151 Granby St
6. *Full name of Mother,* Mary E. Baer
7. *Mother's Maiden Name,* Mary E. Young
8. *Mother's Birthplace,* Frederick Md
9. *Full name of Father,* James Baer
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Frederick Md

Name of Medical Attendant, or other person who makes this Return, W. H. Talbott

Address, Mercy Hospital

Remarks,

1910001690

RECEIVED FOR RECORD MAR - 1 1910 HENRY A. FOOLEY, M.D. COMM'R OF HEALTH

Section 1 of Ordinance 1 approved March 1, 1910. Provides that a certificate of every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1956.

RETURN OF A BIRTH. A54211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE AMENDED 2/3/71

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child, HILBERT ~~Harry~~ Bernstein
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb. 2-10
5. Place of Birth, (Street and number) 98 N Front St
6. Full name of Mother, Minnie Bernstein
7. Mother's Maiden Name, Bressler
8. Mother's Birthplace, Russia
9. Full name of Father, Harry Bernstein
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. W. W. Talbott

Address, Mercy Hospital

Remarks, 1910000169 1

CERTIFIED FOR RECORD
MAR -1 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

Section 1. And be it further ordained, that the certificate required by this Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, then it shall be the duty of the person or persons in charge of the mother or of the child within the period above required, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

1236.

Arch

A54212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Sheehan

1. Name of child, John Timothy Sheehan
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 9- 1910
5. Place of Birth, (Street and number) 2 7 E. Federal St
6. Full name of Mother, Mrs. Timothy Sheehan Sheehan
7. Mother's Maiden Name, Bartley Dillon
8. Mother's Birthplace, Ireland
9. Full name of Father, Timothy Sheehan Sheehan
10. Father's Occupation, Stenographer
11. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, W. H. of Sheehan

Address, Mercy Hospital

Remarks, 1910000 1692

RECEIVED FOR RECORD MAR - 1 1910 JAS. BOGLEY M.D. BOARD OF HEALTH.

Health Dept.

And be it further enacted, That the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required to report said birth, then the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1938

CERTIFICATE CORRECTED 4-22-

RETURN OF A BIRTH.

A54213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of child, Charles (David) Wolfe
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 14- 1910
5. Place of Birth, (Street and number) 535 Pine St
6. Full name of Mother, Lea Wolfe
7. Mother's Maiden Name, Bean
8. Mother's Birthplace, Russia
9. Full name of Father, David Wolfe
10. Father's Occupation, Junk Dealer
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this return, W. H. Talbott

Address, Mercy Hospital

Remarks,

1910000693

RECEIVED FOR RECORD MAR -1 1910 H. E. BOSLEY M.D. COMM'R OF HEALTH

Every midwife, or other person required by this section to report births, who shall neglect or refuse to report any birth within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required by this section report such birth, it shall be the duty of the parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who

1936

RETURN OF A BIRTH. A54214

CERTIFICATE CORRECTED 5-11-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* ~~[illegible]~~ Berlin, JULIUS
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 23-19
5. *Place of Birth, (Street and number)* 133 S Spring St
6. *Full name of Mother,* Rollie Berlin
7. *Mother's Maiden Name,* " Finkel
8. *Mother's Birthplace,* ~~[illegible]~~ Russia
9. *Full name of Father,* ~~[illegible]~~ Berlin, ISAAC
10. *Father's Occupation,* Blacksmith
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000169 4

RECEIVED FOR RECORD MAR 1 1910 J. S. BIXLEY, M.D. COMR OF HEALTH

The midwife or other person required by law to report births shall deliver, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or parent in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1234.

RETURN OF A BIRTH. A54215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of child,* Charles Spicer
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 15 - 10
5. *Place of Birth, (Street and number)* Maternity
6. *Full name of Mother,* Maggie Spicer
7. *Mother's Maiden Name,* Maddux
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Isaac Maddux Spicer
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, H. H. Talbott

Address, Mercy Hospital

Remarks, 1910000169 5

RECEIVED FOR RECORD
MAR -1 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

The full name of Child and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or persons in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1098.

RETURN OF A BIRTH. A54216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* Solomon Wittenberg
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* Feb 25 - 10
5. *Place of Birth, (Street and number)* 1047 E. Granby St
6. *Full name of Mother,* Celia Wittenberg
7. *Mother's Maiden Name,* Bugatt
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Solomon Wittenberg
10. *Father's Occupation,* Rubber Layer
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. W. H. Talbott

Address, Mercy Hospital

Remarks,

1910000001696

RECEIVED FOR RECORD MAR -1 1910 SAM'L COOLEY, M.D. BOARD OF HEALTH

Under the penalty of Perjury and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, then the said schedule shall be delivered, duly signed by the householder or head of family present at the birth, to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

1936.

RETURN OF A BIRTH. A54217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Herbert Zelnick

1. *Name of child,* Herbert Zelnick
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* W. White
4. *Date of Birth* Feb. 27-
5. *Place of Birth, (Street and number)* 3 3d. 2 B Fyselin St
6. *Full name of Mother,* Agnes Zelnick
7. *Mother's Maiden Name,* Fuller
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Herbert Zelnick
10. *Father's Occupation,* Ex Prize Fighter
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. H. H. Talbott

Address, Mercy Hospital

Remarks,

1 9 1 0 0 0 0 1 6 9 7

RECEIVED FOR RECORD MAR — 1 1910 J. S. EDSLEY, M.D. COM'R OF HEALTH

Sec. 20. Be it further enacted, That the said schools shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of medicine or midwifery, then it shall be the duty of the person in charge of the house where such birth shall occur to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. *Name of child,* Harold Smith
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* Feb. 17-10
5. *Place of Birth, (Street and number)* Maternity
6. *Full name of Mother,* Clara Clemm
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Frederick Co. Md
9. *Full name of Father,* Palmer
10. *Father's Occupation,* Baltimore Md
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. H. H. Talbott

Address, Mercy Hospital

Remarks,

RECEIVED FOR RECORD MAR -1 1910 GEO. BOSLEY M.D. COMR OF HEALTH

1910000169 8

date and place of birth and the said schools shall be kept open for the attendance of children during the same hours as the public schools of the city. Name and occupation of its parents, the name of a certificate on each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother of such child to make such return to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED- 1/31/73

RETURN OF A BIRTH. A54219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Name of child,* CHARLES MILTON FICK
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb. 14th 1910
5. *Place of Birth, (Street and number)* 816 Aliceanna St. Balto.
6. *Full name of Mother,* Agnes Fick.
7. *Mother's Maiden Name,* Agnes Faubiennez.
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Milton Fick.
10. *Father's Occupation,* Painter.
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary McGaffer.

Address, 611 S. Patterson Ave Balto

Remarks,

19100001699

Rec'd: 3/4/1910

RECEIVED FOR RECORD MAR -4 1910 L.S. BOSLEY, M.D. COMR OF HEALTH

Take ab pass of birth and be said schedule shall be delivered, duly signed by the person giving the information, to the Registrar of the district within which the birth occurred, within ten days after the birth, and every month thereafter a return of births in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father or mother of such child, or in case of the absence or inability of both father and mother, then the person occupying the house in which the birth occurred, to report the same to the Registrar of the district, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1296.

RETURN OF A BIRTH.

54220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White.
4. Date of Birth Feb 14/10.
5. Place of Birth, (Street and number) 1116 Light St.
6. Full name of Mother, Edna May Elberts.
7. Mother's Maiden Name, " George.
8. Mother's Birthplace, Baltimore
9. Full name of Father, Allen Caspin Elberts.
10. Father's Occupation, Wood-finisher.
11. Father's Birthplace, Frederick, Maryland.

Name of Medical Attendant, or other person who makes this return, S. S. McLean

Address, Evening Dispensary, 115 W. Barre St.

Remarks, 1910000 1700

RECEIVED FOR RECORD MAR -4 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person, in attendance, report such birth, the parent or parents, or in default thereof, the occupant of the house where such child is born, shall be required to report, in person or in writing, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A54221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Name of child,* Charles.
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 15. February 1910.
5. *Place of Birth, (Street and number)* 2022 Fountain St. (Castera)
6. *Full name of Mother,* Florence Dolsch.
7. *Mother's Maiden Name,* " Sanoft.
8. *Mother's Birthplace,* Balto Md.
9. *Full name of Father,* Charles Dolsch
10. *Father's Occupation,* Box maker
11. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Wm K. Klay.

Address, 2224 E. Lombard St.

Remarks,

RECEIVED FOR RECORD MAR -1 1910 REGISTRAR M.D. BOARD OF HEALTH

1910000017 01

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the physician, midwife or other person in attendance upon the mother, to make a return of the birth of each child born, which return shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics of the district in which the birth occurs, within ten days after the birth of such child, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics of the district in which the birth occurs, within ten days after the birth of such child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health of the district in which the birth occurs, and such person or persons shall be subject to the penalties hereinafter fixed to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A54222

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. *Name of child,* William.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* 15 February 1910
5. *Place of Birth, (Street and number)* 2222 Essex St (Couture)
6. *Full name of Mother,* Marie Wittenhooft.
7. *Mother's Maiden Name,* Ottenbad
8. *Mother's Birthplace,* Germany.
9. *Full name of Father,* August Wittenhooft.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Wm H. Keay

Address, 2224 E. Lombard St.

Remarks,

1910000 1702

RESERVED FOR RECORD
MAR -4 1910
JAS. BOBLEY M.D.
SUPT. OF HEALTH

...date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the form of a certificate aforesaid, to the Registrar of Vital Statistics of the City of Baltimore within ten days after the birth, and if any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

dren and place of birth; and the said persons shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, then the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Name of child, John Trozdy
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth February 28th 1910
5. Place of Birth, (Street and number) 1847 N. Chester St.
6. Full name of Mother, Charlotte Trozdy
7. Mother's Maiden Name, Charlotte Hawlon
8. Mother's Birthplace, England
9. Full name of Father, John Mark Trozdy
10. Father's Occupation, Machinist
11. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Mrs. S. J. Bauer M.D.

Address, 1836 N. Chester St.

Remarks,

1910000703

SIGNED FOR RECORD MAR -1 1910 JAS. EDGLEY M.D. COMR OF HEALTH

GIVEN NAME ADDED - 11/8/74

RETURN OF A BIRTH. A54224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child, JOHN FRANKLIN JAMES
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Col'd
4. Date of Birth Feb 26th 1910
5. Place of Birth, (Street and number) 20 N Stricker St, Balto
6. Full name of Mother, Charlotte James
7. Mother's Maiden Name, Charlotte Redmond
8. Mother's Birthplace, Balto.
9. Full name of Father, Henry James
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Miss Mary M. Taylor

Address, 1128 Pierson St Balto

Remarks, 19100001704 Filed: 3/4/10

RECEIVED FOR RECORD MAR 4 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

Sec. 8. Be it further enacted, That it shall be the duty of the Commissioner of Health to furnish to the Physician, Midwife or other person in attendance upon the mother, at the birth of any child, a blank form of the certificate of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form aforesaid, to the Commissioner of Health within ten days after the birth of such child; and every Monday to the office of Commissioner of Health to which shall be delivered the certificates of births received during the preceding week. And every Physician, Midwife, or other person in attendance upon the mother, immediately thereafter shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to procure a certificate of birth, as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-22-65

RETURN OF A BIRTH. A54225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of child,* Edward Willis Thron
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 27th 1910
5. *Place of Birth, (Street and number)* 434 N. Fenwood Ave Balto.
6. *Full name of Mother,* Margaret L. Thron
7. *Mother's Maiden Name,* Margaret L. Lowe
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Edward Thron
10. *Father's Occupation,* Baker
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary [illegible] Taylor

Address, 6 S. Patterson Park Ave Balto

Remarks,

1 9 1 0 0 0 0 1 7 0 5

RECEIVED FOR RECORD MAR 1 1910 WM. R. STANDLEY, M.D. REGISTRAR OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Oct 17th 1910
5. Place of Birth, (Street and number) 2416 Foster Ave Balto.
6. Full name of Mother, Katie Wagner.
7. Mother's Maiden Name, Katie Kempfer.
8. Mother's Birthplace, Balto
9. Full name of Father, Fred Wagner
10. Father's Occupation, Lawyer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor

Address, 611 S Patterson Pk Ave Balto.

Remarks, 1910000706

RECEIVED FOR RECORD MAR -4 1910 JAS. BOSLEY M.D. COMM'R OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the parent, guardian or householder, within thirty days after the birth, and before the interment of the child. In case the Birth of any person be in attendance upon or report, the Physician who shall neglect to report the same within the time required, and any such person or midwife, or should the person or parents of such child neglect to report it immediately thereafter it shall become the duty of the Physician, midwife or householder, in whose house the birth occurs, to report the same in manner and within the time required by this section shall be subject to a fine of ten (10) dollars Health. In case of any failure to comply with the provisions of this section shall be subject to a fine of ten (10) dollars Register fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.

RETURN OF A BIRTH. A54227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* Feb 20/10
5. *Place of Birth, (Street and number)* 418 S. Parkish St.
6. *Full name of Mother,* Mary Ellen McCarney
7. *Mother's Maiden Name,* " " Rollins.
8. *Mother's Birthplace,* Baltimore.
9. *Full name of Father,* Frank James McCarney.
10. *Father's Occupation,* Steam-fitter.
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. S. S. McClean

Address, Evening Dispensary 115 W. Barre St.

Remarks, 1910000170 7

RECEIVED FOR RECORD
MAR -4 1910
H. S. BOSLEY, M.D.
COMR OF HEALTH

date and place of birth; and be said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or if the person or parents of such child to report it a birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

1236.

RETURN OF A BIRTH. A54228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 1 1910
J.S. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Harry
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 13 1910.
5. Place of Birth, (Street and number) 1734 E. Lombard St.
6. Full name of Mother, Helen King
7. Mother's Maiden Name, " Thompson
8. Mother's Birthplace, Baltimore
9. Full name of Father, William Thomas King
10. Father's Occupation, Driver
11. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, S. S. McLean

Address, Evening Dispensary 1115 W. Barre St.

Remarks, 1910 0001708

date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, it shall be the duty of the person having charge of the premises to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1286.

RETURN OF A BIRTH. A54229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -4 1910
JOHN S. BOBLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 8 | 10.
5. Place of Birth, (Street and number) 412 Fawcett St.
6. Full name of Mother, Mamie MacFadden
7. Mother's Maiden Name, " Kaissling
8. Mother's Birthplace, Philadelphia Pa.
9. Full name of Father, Harry MacFadden
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. S. J. McVean

Address, Evening Dispensary - 115 W. Barré St.

Remarks, 1 9 1 0 0 0 0 1 7 0 9

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or should no other person be in charge of such child to report it's birth to the Commissioner of Health, it shall become the duty of the person in whose house or premises it was born, to report the same within the period above required, and any such person or persons so offending shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1230.

RETURN OF A BIRTH. A54230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 9/10.
5. Place of Birth, (Street and number) 416 S. Bond St.
6. Full name of Mother, Victoria Kardanski.
7. Mother's Maiden Name,
8. Mother's Birthplace, Austria
9. Full name of Father, Antonia Kardanski.
10. Father's Occupation, Carpenter.
11. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this return. S. Shewan

Address, 115 W. Barre St - Evening Dispensary

Remarks,

1910000171 0

RECEIVED FOR RECORD
MAR -4 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

Be it enacted by the Mayor and City Council of Baltimore, That it shall be the duty of every practitioner of midwifery, or other person in attendance upon the mother, immediately after the birth of a child, to make a return thereof, in writing, to the Commissioner of Health, in such manner and within the period above required, and the said practitioner shall become the duty of the person or persons in attendance upon the mother, immediately after the birth of a child, to make a return thereof, in writing, to the Commissioner of Health, in such manner and within the period above required, and the said practitioner shall be entitled to a fee of ten (10) dollars for each return; and the said practitioner shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of Commissioner of Health. Immediately after the birth of a child shall occur without the attendance of a midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons residing in the house in which the birth occurs, to report such birth

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54231

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Maryland General Hosp. St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes.	Feb. 9 1910.

	FATHER	MOTHER
(8) FULL NAME	Emil Welker.	(14) FULL MAIDEN NAME: Annie Rudl.
(9) RESIDENCE	1514 Friendsbury Place.	(15) RESIDENCE: 1514 Friendsbury Pl.
(10) COLOR	White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years)	42	(17) AGE AT LAST BIRTHDAY (Years): 42.
(12) BIRTHPLACE	Germany.	(18) BIRTHPLACE: Germany.
(13) OCCUPATION	Laborer.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1-15 a. M., on the date above stated.

(23) Signature: E. J. Lewis M.D. (Physician or Midwife)

Address: Maryland General Hosp.

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

(24) Given name added from a supplemental report, 19

Filed MAR – 1 1910 JAS. BOSLEY M.D. COMR OF HEALTH, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 606 Clinton Ave St.; Ward)

(2) FULL NAME OF CHILD Howard Melvin Bramble — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male			Yes	Feb.	16	1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Chas. Melvin Bramble	Caroline F. Lloyd
(9) RESIDENCE / (15) RESIDENCE	606 Clinton Ave	606 Clinton Ave
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	24	20
(12) BIRTHPLACE / (18) BIRTHPLACE	Virginia	Virginia
(13) OCCUPATION / (19) OCCUPATION	Motorman	—
(20) Number of children born to this mother, including present birth	One	
(21) Number of children of this mother now living		One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.10 P. M., on the date above stated.

(23) Signature H. G. Jones M.D. (Physician or Midwife)

Address 1350 N. Lafayette Ave

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

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

RECORDED
0 0 0 0 1 7 1 2
MAR -4 1910
C. S. BOLEY
COM'R OF HEALTH

CERTIFICATE CORRECTED 6-6-56

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A 84233

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 1603 E. Pratt St. St.; Ward)

(2) FULL NAME OF CHILD Edward Solomon Leon (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Feb (Day) 25 (Year) 1910
Male				

FATHER

(8) FULL NAME Israel Lynn Leon

(9) RESIDENCE 1603 E. Pratt St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Laborer

MOTHER

(14) FULL MAIDEN NAME Dora Mankowitz

(15) RESIDENCE 1603 E. Pratt St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth Three

(21) Number of children of this mother now living Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.35 A. M., on the date above stated.

(23) Signature S. J. McLean Physician (Physician or Midwife)

Address Evening Dispensary 115 W. Bal[illegible]

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

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

RECD MAR -1 1960 COPD

J. C. BOSLEY, M.D. COMM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54234

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 517 Cecil ave ~~St.~~; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes.	July 20 1910

FATHER		MOTHER	
(8) FULL NAME	Harry M. Lear	(14) FULL MAIDEN NAME	Annie E. Cook
(9) RESIDENCE	517 Cecil ave	(15) RESIDENCE	517 Cecil ave.
(10) COLOR		(11) AGE AT LAST BIRTHDAT 46 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE	Westminster, Md	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Foreman (Carpenter)	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth Seven (21) Number of children of this mother now living Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A. M., on the date above stated.

RECORD AUG 1 1910 JAS BOSLEY M.D. COM'R OF HEALTH

(23) Signature Chas J. Keller

Physician or Midwife

Address 722 W. Monument St

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

0 0 1 7 1 4

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54235

(1) PLACE OF BIRTH — CITY OF BALTIMORE (No. 1819 N. Montford St., 5 Ward) — Registered No. B

(2) FULL NAME OF CHILD — Clinton Joseph Braun — If child is not yet named, make supplemental report, so stated

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2	Yes	February 7, 1910

FATHER

(8) FULL NAME	Milton Braun
(9) RESIDENCE	1819 N Montford Ave
(10) COLOR	White
(11) AGE AT LAST BIRTHDAY	25 years
(12) BIRTHPLACE	Baltimore
(13) OCCUPATION	Motorman
(20) Number of children born to this mother, including present birth	Two

MOTHER

(14) FULL MAIDEN NAME	Lena Ott
(15) RESIDENCE	1819 N Montford
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY	25 years
(18) BIRTHPLACE	Baltimore
(19) OCCUPATION	Housewife
(21) Number of children of this mother now living	Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 A. M., on the date above stated.

RECEIVED FOR MAR — 9 1910 JAS. FOSLEY M.D. COMR OF HEALTH

(23) Signature William Francis Ray (Physician or Midwife)

Address 1467 N. Ray

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

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54236

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 633 N Schroeder St.; 16 Ward)

(2) FULL NAME OF CHILD Thomas Paul Cook

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 26 1910

	FATHER	MOTHER
(8) FULL NAME	Charles R Cook	(14) FULL MAIDEN NAME Mary V. Cook
(9) RESIDENCE	633 N Schroeder	(15) RESIDENCE 633 N Schroeder
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years) 24
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION	Constable	(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.30 A. M., on the date above stated.

(23) Signature [illegible] M.D. (Physician or Midwife)

Address [illegible] Harlem Ave.

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

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19 .

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAR -4 1910 J. H. ROSLEY M.D. REGISTRAR OF HEALTH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-54237-D

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Baltimore, Maryland
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL)
(d) Street No. ..... (If rural give location)

3. Full name of child: Harriett Pearl Dulaney

4. Date of birth: Feb. 3, 1910 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth: 11 A. M.

FATHER OF CHILD

9. Full Name: George E. Dulaney
10. Color or race: White 11. Age at time of this birth: 13 yrs.
12. Birthplace: Virginia (City, town, or county) (State or foreign country)
13. Usual occupation: Carpenter
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name: Isabelle Shoemaker
16. Color or race: White 17. Age at time of this birth: 24 yrs.
18. Birthplace: Savage, Maryland (City, town, or county) (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar: Mar. 4th 1910

25. Signed: James Bosley, M.D. Registrar

26. Given name added ..... by Registrar per .....

(Signed) 7 1 7 M. D. (Midwife)
Physician (or midwife) who attended this birth
or Robert E. Faber M.D.
Commissioner of Health and Registrar

Address ..... AUG 22 1969 Date

VS 100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 3-5-73

(1) PLACE OF BIRTH — Registered No. B A 54238

CITY OF BALTIMORE. (No. 409 S. Bond St.; Ward)

(2) FULL NAME OF CHILD HELEN JEANNETTE PLOCH (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 25. 1910

FATHER		MOTHER	
(8) FULL NAME	John Ploch	(14) FULL MAIDEN NAME	Martha Werner
(9) RESIDENCE	409 S. Bond St.	(15) RESIDENCE	409 S. Bond St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	24	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Cabaret	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.10 P. M., on the date above stated.

1 9 1 0 (23) Signature J. F. McClean M.D. Physician (Physician or Midwife)

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

(24) Given name added from a supplemental report ____, 19 ____

Address Evening Dispensary 115 W[illegible]

Filed MAR. 4. 1910

Registrar

Registrar

(READ THE REVERSE SIDE)

RECORD MAR - 1910 JAS. H. REED COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54239

CITY OF BALTIMORE. (No. 30 N. Fulton Ave. St.; Ward)

(2) FULL NAME OF CHILD Jane Perry Nicholls

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
female			Yes	Feb. 22nd 1910
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER

(8) FULL NAME: Walter Lee Nicholls

(9) RESIDENCE: 30 N. Fulton Ave.

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: Alabama

(13) OCCUPATION: Physician

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Mary Claire Maguire N—

(15) RESIDENCE: 30 N. Fulton Ave.

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 30 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION:

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10-30 a. M., on the date above stated.

(23) Signature: W. L. Nicholls, M. D. (Physician or Midwife)

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

RECORD 17 19

MAR -1 1910

U.S. BOARD OF HEALTH REGISTRAR OF HEALTH

(24) Given name added from a supplemental report _____, 19__

Address 130 N. Fulton Ave.

Filed Feb. 28, 19__

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

AC 1240

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. — Maryland Genl Hosp. St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.	(To be answered only in event of plural births)		yes.	Jul. 25 1910

FATHER	MOTHER
(8) FULL NAME — Wm. Johnson	(14) FULL MAIDEN NAME — Mable Smith
(9) RESIDENCE — 328 N. Eutaw St.	(15) RESIDENCE — 328 N. Eutaw St.
(10) COLOR — Black. (11) AGE AT LAST BIRTHDAY — 24 (Years)	(16) COLOR — Black. (17) AGE AT LAST BIRTHDAY — 20. (Years)
(12) BIRTHPLACE — Balto.	(18) BIRTHPLACE — Balto.
(13) OCCUPATION — Laborer.	(19) OCCUPATION — Maid.
(20) Number of children born to this mother, including present birth — 2	(21) Number of children of this mother now living — 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a. M., on the date above stated.

(23) Signature — E. R. Lewis MD. (Physician or Midwife)

Address — Maryland Genl Hosp.

Filed MAR -4 1910, 19 . Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

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

0 0 0 1 7 2 0

(24) Given name added from a supplemental report ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54241

(1) PLACE OF BIRTH — Registered No. B. ,

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
Male	____	5	Yes	Feb 9 1910

FATHER

(8) FULL NAME: James H. Kingold

(9) RESIDENCE: 1124 Willmer Alley

(10) COLOR: Negro

(11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Balto Md

(13) OCCUPATION: Laborer

(20) Number of children born to this mother, including present birth: 5

MOTHER

(14) FULL MAIDEN NAME: Florence Johnson

(15) RESIDENCE: 1124 Willmer Alley

(16) COLOR: Negro

(17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: Balto. Md

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 45 P M., on the date above stated.

(23) Signature: Stanford Carvell. (Physician or Midwife)

Address: 3 Madison Ave.

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

U 0 0 1 7 2 4

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD MAR -4 1910 WM. BOSLEY M.D. COM'R OF HEALTH

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54242

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 826 Wacott St. St.; Ward) — Registered No. B.

(2) FULL NAME OF CHILD — { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes.	Jan. 25 1910

FATHER	MOTHER
(8) FULL NAME: Henry Jones.	(14) FULL MAIDEN NAME: Henrietta Smith
(9) RESIDENCE: 826 Wacott St.	(15) RESIDENCE: 826 Wacott St.
(10) COLOR: Negro (11) AGE AT LAST BIRTHDAY: 26 (Years)	(16) COLOR: Negro. (17) AGE AT LAST BIRTHDAY: 22. (Years)
(12) BIRTHPLACE: Balto. Md.	(18) BIRTHPLACE: Cumberland Md.
(13) OCCUPATION: Laborer.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 1 30 P.M., on the date above stated.

(23) Signature: Wm. F. Patton (Physician or Midwife)

Address: 130 N. Eutaw St.

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

0 0 0 1 7 2 2

(24) Given name added from a supplemental report_____, 19____

Filed MAR -4 1910, 19____

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54243

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Maryland Genl Hosp St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			no	Feb. 9 1910

	FATHER	MOTHER
(8) FULL NAME	Ed. Jones.	(14) FULL MAIDEN NAME Lucy King
(9) RESIDENCE	867 Boyd St	(15) RESIDENCE 612 W. Lanvale St.
(10) COLOR	Black.	(16) COLOR Black.
(11) AGE AT LAST BIRTHDAY	24 (Years)	(17) AGE AT LAST BIRTHDAY 20. (Years)
(12) BIRTHPLACE	Va.	(18) BIRTHPLACE Va.
(13) OCCUPATION	Laborer.	(19) OCCUPATION Maid.
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.45 pm M., on the date above stated.

(23) Signature E. P. Lewis M.D. (Physician or Midwife)

Address Maryland Genl Hosp.

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

0 U 0 0 1 7 2 3

RECEIVED FOR RECORD MAR -1 1910 JAS. BOWLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____

Registrar Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54244

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 619 Greenwillow St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			yes.	Feb. (Month) 6 (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(6) FULL NAME: Marshall Thomas	(14) FULL MAIDEN NAME: Anita Thomas. Maiden name unknown.
(9) RESIDENCE: 619 Greenwillow St.	(15) RESIDENCE: 619 Greenwillow St.
(16) COLOR: Black (11) AGE AT LAST BIRTHDAY: (Years)	(16) COLOR: Black (17) AGE AT LAST BIRTHDAY: (Years)
(12) BIRTHPLACE:	(16) BIRTHPLACE:
(13) OCCUPATION: Laborer.	(19) OCCUPATION: Housemaid.
(20) Number of children born to this mother, including present birth:	(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: J. C. Murdock. (Physician or Midwife)

Address: 1026 N. Eutaw St.

Filed ____, 19 .

Registrar

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

(24) Given name added from a supplemental report ____, 19

Registrar

0 0 0 1 7 2 4

RECEIVED FOR RECORD MAR 1 1910

JAMES BIGLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54245

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 7 Maryland Genl Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Jan (Day) 1 19 11 (Year)
Male			Yes.	

FATHER

(8) FULL NAME: Dan. Hopkins

(9) RESIDENCE:

(10) COLOR: Black (11) AGE AT LAST BIRTHDAT: 7 (Years)

(12) BIRTHPLACE: ?

(13) OCCUPATION: Waiter

MOTHER

(14) FULL MAIDEN NAME: Alice Sharps.

(15) RESIDENCE: 308 Canal St.

(16) COLOR: Black (17) AGE AT LAST BIRTHDAT: 18 (Years)

(18) BIRTHPLACE: Balto.

(19) OCCUPATION: Maid.

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 a. M., on the date above stated.

(23) Signature: E. P. Lewis M.D. (Physician or Midwife)

Address: Maryland Genl Hosp.

Filed ..... 19 .....

Registrar

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

(24) Given name added from a supplemental report ....., 19 .....

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAR -4 1911 JAMES H. PRESSTMAN CLERK OF BALTIMORE

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A 52246

(1) PLACE OF BIRTH Baltimore — Registered No. B

CITY OF BALTIMORE. (No. 825 Plum Alley St.; Ward)

(2) FULL NAME OF CHILD John F. Mercer Jr. — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				Feb. 28, 1910

FATHER		MOTHER	
(8) FULL NAME	Basil G. Mercer	(14) FULL MAIDEN NAME	Emma F. Mercer
(9) RESIDENCE	825 plum Alley	(15) RESIDENCE	825 plum Alley
(10) COLOR	Color	(11) AGE AT LAST BIRTHDAY (Years)	27
(16) COLOR	Color	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Linwood Carroll	(18) BIRTHPLACE	Baltimore Md
(13) OCCUPATION	Driver	(19) OCCUPATION	Labor
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 825 plum Alley M., on the date above stated.

(23) Signature Mary Maker
105 N. Hughes St
(Physician or Midwife)

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

RECEIVED BALTIMORE CITY REGISTER OF VITAL STATISTICS MAR -4 1910 HEALTH DEPARTMENT

Address 105 N. Hughes St.

(24) Given name added from a supplemental report Estella Maker 1910

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54247

CITY OF BALTIMORE. (No. 534 Robert St.; Ward)

(2) FULL NAME OF CHILD Thos. Alexander Stevenson — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	July 20th 1910

	FATHER	MOTHER
(8) FULL NAME	John C. Stevenson	(14) FULL MAIDEN NAME Mary Sophia Bryan
(9) RESIDENCE	534 Robert St	(15) RESIDENCE 534 Robert St
(10) COLOR	Colored	(16) COLOR Colored
(11) AGE AT LAST BIRTHDAY (Years)	29	(17) AGE AT LAST BIRTHDAY (Years) 33
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE Annapolis
(13) OCCUPATION	Waiter	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	Two	(21) Number of children of this mother now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8. P. M., on the date above stated.

RECEIVED FOR RECORD MAR -4 1910

(23) Signature Chas. J. Keller (Physician or Midwife)

0 0 1 7 2 7

REGISTRAR'S OFFICE COMM'R OF HEALTH

Address 1711 Monument St

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

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

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54248

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2214 Hunter Ave. St.; Ward)

(2) FULL NAME OF CHILD Virginia Dalma

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female				Feb. 27, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME: Christopher Davis

(9) RESIDENCE: 2214 Hunter Ave

(10) COLOR: Colored

(11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Lancaster Co. Va.

(13) OCCUPATION: Waiter

(20) Number of children born to this mother, including present birth: 4th

MOTHER

(14) FULL MAIDEN NAME: Virginia

(15) RESIDENCE: 2214 Hunter Ave

(16) COLOR: Colored

(17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Lancaster Co Va

(19) OCCUPATION: Laundress

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7 P M., on the date above stated.

(23) Signature: Annie Thompson (Physician or Midwife)

Address: 3 E 23rd St.

(24) Given name added from a supplemental report ____, 19 ____

Filed March 3, 1910

Registrar

(READ THE REVERSE SIDE)

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

RECEIVED FEB 26 1910 7 2 8 MAR -4 1910 JAS. BOSLEY, M.D. COMR. OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54249

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 581 Orford St.; Ward)

(2) FULL NAME OF CHILD: Florettta Bishop

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1	Yes	Feb. 15 1910

FATHER

(8) FULL NAME: Abram Bishop

(9) RESIDENCE: 581 Orford St.

(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 22 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Teamster

MOTHER

(14) FULL MAIDEN NAME:

(15) RESIDENCE: 581 Orford St.

(16) COLOR: Black (17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.15 a M., on the date above stated.

(23) Signature: W. L. Stone (Physician or Midwife)

Address: 1613 Madison Ave

Filed MAR -4 1910, 19 . Registrar

(READ THE REVERSE SIDE)

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

U 0001729

(24) Given name added from a supplemental report , 19 . Registrar

CERTIFIED RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54250

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1705 Etting St.; Ward)

(2) FULL NAME OF CHILD Gordon Holmes

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		4	Yes	Feb. 21 1910

FATHER	MOTHER
(8) FULL NAME: John Holmes	(14) FULL MAIDEN NAME:
(9) RESIDENCE: 1705 Etting St	(15) RESIDENCE: 705 Etting St.
(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 41 (Years)	(16) COLOR: Black (17) AGE AT LAST BIRTHDAY: 37 (Years)
(12) BIRTHPLACE: Tysonstown Md	(18) BIRTHPLACE: Charlestown W Va.
(13) OCCUPATION: Coachman	(19) OCCUPATION: Housewife & Laundress
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 A. M., on the date above stated.

(23) Signature: Daniel E. Sullivan

(Physician or Midwife)

Address: 1056 N. Eutaw St.

Filed MAR -4 1910, 19

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

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

0 0 0 1 7 3 0

RECORD

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54251

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1124 Wilmar Alley St.; Ward)

(2) FULL NAME OF CHILD Thamie Jones — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	Yes	Jan 23, 19 10

FATHER	MOTHER
(8) FULL NAME Milton Taylor	(14) FULL MAIDEN NAME Thamie Jones
(9) RESIDENCE 1124 Wilmar Alley	(15) RESIDENCE 1124 Wilmar Alley
(10) COLOR Black	(16) COLOR Black
(11) AGE AT LAST BIRTHDAY 28 (Years)	(17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Laborer	(19) OCCUPATION Domestic
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9:45 am M., on the date above stated.

(23) Signature John J Kill (Physician or Midwife)

Address 541 E Hamilton Terrace

Filed MAR 1 1910, 19 . Registrar

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report, 19

Registrar

U 0 0 8 7 3 1

RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 454252

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 300 Dennison St St.; Ward)

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1	yes	Jan 13 1910

FATHER

(8) FULL NAME: John Jones

(9) RESIDENCE: 300 Dennison St.

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: North Carolina

(13) OCCUPATION: Meat dealer

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Florence Williams

(15) RESIDENCE: 300 Dennison St

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY: 27 (Years)

(18) BIRTHPLACE: Baltimore Md

(19) OCCUPATION: Domestic

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 a M., on the date above stated.

(23) Signature: Joseph Wells (Physician or Midwife)

Address: 1 Hamilton Terrace

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

(24) Given name added from a supplemental report ____, 19

Registrar

Filed MAR -1 1910, 19

Registrar

JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

AC 4253

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	____	1st	No	2 17 1910

FATHER

(8) FULL NAME

(9) RESIDENCE

(10) COLOR — (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Cora Key

(15) RESIDENCE 839 N. Hoffman St.

(16) COLOR Black — (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Baltimore Md

(19) OCCUPATION Chambermaid

(21) Number of children of this mother now living 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.20 A M., on the date above stated.

(23) Signature Geo L Speicher (Physician or Midwife)

U 0 0 1 7 3 3

Address 960 Druid Hill Ave

Filed MAR 4 1910, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

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

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54254

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Maryland Jail Hosp St.; Ward)

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			no.	Feb. 14 1910

FATHER		MOTHER	
(8) FULL NAME	Chas. Brogel.	(14) FULL MAIDEN NAME	Mary Dogwell.
(9) RESIDENCE	1507 Jackson St.	(15) RESIDENCE	1123 Jenkins Alley.
(10) COLOR	Black.	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	29.	(17) AGE AT LAST BIRTHDAY (Years)	17.
(12) BIRTHPLACE	Balto.	(18) BIRTHPLACE	Balto.
(13) OCCUPATION	Laborer	(19) OCCUPATION	Laborer.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a M., on the date above stated.

(23) Signature E. A. Lewis M.D. (Physician or Midwife)

Address Maryland Jail Hosp.

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

U 0 0 1 7 3 4

(24) Given name added from a supplemental report ____, 19 ____

Filed MAR 4 1910, 19 ____

Registrar

RECEIVED MAR 4 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54255

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Genl Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female			yes	Feb.	12	1910

FATHER

(8) FULL NAME: Chas. Jones.

(9) RESIDENCE: 416 Myrtle Ave.

(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Balto.

(13) OCCUPATION: Laborer.

MOTHER

(14) FULL MAIDEN NAME: Martha Gross

(15) RESIDENCE: 716 George St.

(16) COLOR: Black (17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE:

(19) OCCUPATION: Maid.

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 P. M., on the date above stated.

(23) Signature: C. A. Lewis M.D.

(Physician or Midwife)

Address: Maryland Genl Hosp

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

U 0 0 1 7 3 5

(24) Given name added from a supplemental report, 19

Filed MAR 1 1910, 19

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A51256

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Genl Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD —

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female			Yes	Feb.	12	1910

FATHER		MOTHER	
(8) FULL NAME	Arthur Thompson	(14) FULL MAIDEN NAME	
(9) RESIDENCE	510 Moore St.	(15) RESIDENCE	510 Moore St.
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	22.	(17) AGE AT LAST BIRTHDAY (Years)	20.
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE	Balto.
(13) OCCUPATION	Laborer.	(19) OCCUPATION	Domestic
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.20 P. M., on the data above stated.

(23) Signature E. P. Lewis M.D. (Physician or Midwife)

Address Maryland Genl Hosp.

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

U 0 0 1 7 3 5

(24) Given name added from a supplemental report ____, 19 ____

Filed MAR 2 1910, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED RECORD MAR 2 1910

S. BOGLEY, M.D. BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A34257

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Maryland Genl Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD —

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	Feb. 12 1910.

FATHER	MOTHER
(8) FULL NAME: Thos. Owens.	(14) FULL MAIDEN NAME: Nettie James.
(9) RESIDENCE: Pentestown Road.	(15) RESIDENCE: Pentestown Road.
(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY: 31 (Years)	(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Md.	(18) BIRTHPLACE: Balti.
(13) OCCUPATION: Laborer.	(19) OCCUPATION: Nurse.
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12. 40 a. M., on the date above stated.

(23) Signature E. P. Lewis M.D. (Physician or Midwife)

Address Maryland Genl Hosp

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

U 0 0 1 7 3 7

(24) Given name added from a supplemental report ____, 19 ____

Filed MAR 4 1910, 19 ____

RECEIVED FOR RECORD
JAS. BOSLEY M.D.
COMMR OF HEALTH

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54258

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Maryland Genl. Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Feb. (Day) 11 (Year) 1910.
Female.			Yes.	

FATHER

(8) FULL NAME: Morris Davis

(9) RESIDENCE: 417 Kent St.

(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 29 (Years)

(12) BIRTHPLACE: Balto.

(13) OCCUPATION: Laborer.

MOTHER

(14) FULL MAIDEN NAME: Florence Robinson

(15) RESIDENCE: 417 Kent St.

(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY: 31 (Years)

(18) BIRTHPLACE: Balto.

(19) OCCUPATION: Maid.

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P. M., on the date above stated.

(23) Signature E. R. Lewis-MD, (Physician or Midwife)

Address Maryland Genl Hosp.

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

U 0 0 1 7 3 8

RECEIVED FOR REGISTRATION MAR — 1 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54259

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1821 Kavanaugh. St.; Ward)

(2) FULL NAME OF CHILD Mary Jordan. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female.			yes	Feb. 8 19 10

FATHER

(8) FULL NAME Alex. Jordan

(9) RESIDENCE 1821 Kavanaugh.

(10) COLOR Black. (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Balto.

(13) OCCUPATION Driver

MOTHER

(14) FULL MAIDEN NAME Clara Smith.

(15) RESIDENCE 1821 Kavanaugh St.

(16) COLOR Black (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Balto.

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 5

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature E. M. Jones. (Physician or Midwife)

Address 1010 McCulloh

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

U 0 0 1 7 3

RECEIVED FOR RECORD MAR -4 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report, 19

Filed, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54280

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Just Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	19 (Year)
Female			yes.	Feb	3	1910

	FATHER	MOTHER
(8) FULL NAME	John Wilson	(14) FULL MAIDEN NAME Maggie Seton
(9) RESIDENCE	314 Butler St.	(15) RESIDENCE 314 Butler St.
(10) COLOR	Black.	(16) COLOR Black
(11) AGE AT LAST BIRTHDAY	26 (Years)	(17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE	Balto. Co. Md.	(18) BIRTHPLACE Balto. Md.
(13) OCCUPATION	Laborer.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 15 a. M., on the date above stated.

(23) Signature E. P. Lewis M.D. (Physician or Midwife)

Address Maryland Just Hosp.

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

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

RECORDED FOR U 0 0 0 7 4 0

MAR -4 1940

U.S. SOCIAL SECURITY ADMINISTRATION

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54261

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1842 S Hanover St.; 23 Ward)

(2) FULL NAME OF CHILD _____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 21 1910

FATHER		MOTHER	
(8) FULL NAME	Geo Ernst	(14) FULL MAIDEN NAME	Olia Linton
(9) RESIDENCE	1842 Hanover St.	(15) RESIDENCE	1842 Hanover St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Germany	(18) BIRTHPLACE	Md
(13) OCCUPATION	Brakeman	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10-10 P. M., on the date above stated.

Mar 1 1910

(23) Signature P. E. Campbell (Physician or Midwife)

Address 1844 Hanover St.

RECEIVED FOR RECORD MAR -5 1910 S. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report _____, 19 _____

Registrar

Filed _____, 19 _____

Registrar

(READ THE REVERSE SIDE)

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

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54262

(1) PLACE OF BIRTH

CITY OF BALTIMORE, (No. 830, W Lombard St.; Ward)

(2) FULL NAME OF CHILD Margerite League

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	I	—	yes	Feb. 10, 1910

FATHER	MOTHER
(8) FULL NAME Edgar League	(14) FULL MAIDEN NAME Jow. E. Cook
(9) RESIDENCE 830 W Lombard St	(15) RESIDENCE 830 W Lombard St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Cl.	(19) OCCUPATION Hsf.
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 a M., on the date above stated.

(23) Signature B. F. Grunch M.D. (Physician or Midwife)

Address 1514 Hollins St

Filed MAR -5 1910, 19.

Registrar

JAS. BOGLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

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

0 0 0 1 7 4 2

(24) Given name added from a supplemental report, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54263

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. East End Maternity St.; Ward)

(2) FULL NAME OF CHILD Marguerite Eliza Sophia Lyle

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

(3) Sex of Child	(4) ~~Twin, triplet,~~ or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	no	Feb 17 1913

FATHER

(8) FULL NAME Daniel Lyle

(9) RESIDENCE 117 Seldon Place

(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE St. Marys - Md

(13) OCCUPATION Labourer

(20) Number of children born to this mother, including present birth 1st

MOTHER

(14) FULL MAIDEN NAME Edith Lewis

(15) RESIDENCE 1104 Cairo St.

(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Balto Md

(19) OCCUPATION House work

(21) Number of children of this mother now living 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P M., on the date above stated.

(23) Signature 1743 Liddle, M.D. (Physician or Midwife)

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

1910

(24) Given name added from a supplemental report_____, 19

_____ Registrar

Address_____

RECEIVED FOR RECORD

Filed MAR 5 1910 19 .

JAS. BOOLEY M.D. COM'R of HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54264

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Pearl Elizabeth Price — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	No	Feb. 20 1910

FATHER	MOTHER
(8) FULL NAME Henry Price	(14) FULL MAIDEN NAME Bessie Brown
(9) RESIDENCE 245 Mich st	(15) RESIDENCE 610 N. Vincent st
(10) COLOR Black	(16) COLOR Black
(11) AGE AT LAST BIRTHDAY 20 (Years)	(17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Waiter Country Club.	(19) OCCUPATION House work
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:30 P.M., on the date above stated.

1910

(23) Signature Henry B Kolb MD (Physician or Midwife)

Address Franklin Square Hospital Baltimore

Filed MAR -5 1910, 19

RECEIVED FOR RECORD
MAR -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Registrar

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

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54265

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1941 Booth St. 12/23/74 St.; Ward)

AMENDED BY COURT ORDER

(2) FULL NAME OF CHILD ~~George Watts Jr.~~ CLARENCE WATTS WEST (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth (To be answered only in event of plural birth)	(6) Legitimate?	(7) Date of Birth (Month) Feb. (Day) 24th (Year) 1910
Male				

FATHER

(8) FULL NAME George B. Watt

(9) RESIDENCE 1941 Booth st.

(10) COLOR Colored

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE St. Marys County Md.

(13) OCCUPATION Waiter.

MOTHER

(14) FULL MAIDEN NAME Rosey Boyd.

(15) RESIDENCE 1941 Booth st.

(16) COLOR Colore

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Cumapolis, Md.

(19) OCCUPATION Domestic.

(20) Number of children born to this mother, including present birth 4

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 o'clock A.M., on the date above stated.

(23) Signature G. L. Fairchild Physician (Physician or Midwife)

Address [illegible] E. [illegible]

Filed March 15 [illegible], 1910

Registrar

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

(24) Given name added from a supplemental report _____, 19

Registrar

RECORDED IN RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(SEE THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54266

(1) PLACE OF BIRTH — Registered No. B 107

CITY OF BALTIMORE. (No. 2835 Hampden Ave St.; 12 Ward)

(2) FULL NAME OF CHILD Gladys Matilda Smallwood | If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 28, 1916

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	John Smallwood	Martha Matilda Lambert
(9) RESIDENCE / (15) RESIDENCE	2835 Hampden Ave	2835 Hampden Ave
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	42	39
(12) BIRTHPLACE / (18) BIRTHPLACE	Baltimore Md.	Baltimore Md.
(13) OCCUPATION / (19) OCCUPATION	Laborer	Housework
(20) Number of children born to this mother, including present birth	10	
(21) Number of children of this mother now living		8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.10 P. M., on the date above stated.

(23) Signature L. A. Richardson M.D.

U 001746 ~~112 W. 20~~

(Physician or Midwife)

112 W. 20th St

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

(24) Given name added from a supplemental report ____, 19 ____

Address

RECEIVED FOR RECORD MAR -5 1916

Filed ____, 19 ____

Registrar

JAS. BOWLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54267

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — Mary Bacher

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				Feb 25 1910

FATHER

(8) FULL NAME: Joseph Bachler

(9) RESIDENCE: 1820 Byrd st

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 31 (Years)

(12) BIRTHPLACE: Bills

(13) OCCUPATION: Labor

MOTHER

(14) FULL MAIDEN NAME: Marie Medzdolph

(15) RESIDENCE: 1820 Byrd st

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: Germany

(19) OCCUPATION: Housework

(20) Number of children born to this mother, including present birth: 6

(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

25 Feb 1910

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 1820 Byrd st M., on the date above stated. 6.30 A.M.

(23) Signature: Mrs Katie Lee

Midwife (Physician or Midwife)

Address: 1820 Byrd st

Filed MAR -5 1910, 19

Registrar

JAS. BOOLEY M.D.
COM'R OF HEALTH

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

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54268

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Margaret Catherine Mc Conaco — If child is not named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Feb (Day) 22 (Year) 1910
Female				

FATHER

(8) FULL NAME: William Mc Conaco

(9) RESIDENCE: 2612 Hamburg st

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 22 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Labor

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Maggie V Young

(15) RESIDENCE: 2612 Hamburg

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 19 (Years)

(18) BIRTHPLACE: Pennsylvania

(19) OCCUPATION: House Work

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* Feb 22 1910

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2612 E Hamburg 3 A M., on the date above stated.

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

(23) Signature: Mrs Katie L Lee

Midwife (Physician or Midwife)

Address: 1200 Lynch st

(24) Given name added from a supplemental report ____, 19 ____

Filed MAR -5 1910 19 ____

JAS. BOOLEY M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54269

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. 2249 E Biddle St.; 8 Ward)

(2) FULL NAME OF CHILD Elizabeth Bond Christopher — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	July 28 1910

FATHER	MOTHER
(8) FULL NAME Wm. Bond Christopher	(14) FULL MAIDEN NAME Rose E. Guckert
(9) RESIDENCE 2249 E Biddle St	(15) RESIDENCE 2249 E Biddle St
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 23 (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Balto Md	(18) BIRTHPLACE Balto Md
(13) OCCUPATION Bkt Salesman	(19) OCCUPATION H W
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.45 A. M., on the date above stated.

(23) Signature E W Schaefer M D
Physician
(Physician or Midwife)

Address 2250 E Hoffman St

Filed MAR -5 1910, 19

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

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

U 0 0 1 7 4 9

RECORD

JAS BOGLEY M.D.
COM'R OF HEALTH

(OVER)

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54270

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD: Claudia Ford { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female			Yes	Feb (Month), 10 (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME: George M. Ford	(14) FULL MAIDEN NAME: Claudia L. Rice
(9) RESIDENCE: 1145 Homewood ave	(15) RESIDENCE: 1145 Homewood ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 21 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Clerk B. O	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* ~~Feb 10 1910~~

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1145 Homewood ave 6 P.M., on the date above stated.

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

(23) Signature: Mrs Katie Lee
Medical (Physician or Midwife)

Address: 1145 Byrd st

Filed MAR -5 1910, 19

(24) Given name added from a supplemental report ____, 19

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54271

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — Coleheaven — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	July 10 1910

FATHER

(8) FULL NAME: Coleheaven

(9) RESIDENCE: 603 Fort ave

(10) COLOR: White (11) AGE AT LAST BIRTHDAY ____ (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Boiler maker

MOTHER

(14) FULL MAIDEN NAME: Mary Ludwick

(15) RESIDENCE: 603 E Fort ave

(16) COLOR: White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: House work

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 603 Fort ave on the date above stated.

(23) Signature: Mrs Katie Leon, Midwife (Physician or Midwife)

U 0 0 1 7 5 1

Address: 1205 Byrd st

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

(24) Given name added from a supplemental report ____, 19

Filed MAR -5 1910, 19

Registrar

JAS. BOSLEY, M.D.
COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 54272

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — Elsey Mabel

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	Feb 10 1910

FATHER	MOTHER
(8) FULL NAME: William Mabel	(14) FULL MAIDEN NAME: Elizabeth Kagel
(9) RESIDENCE: 1711 Byrd st	(15) RESIDENCE: 1711 Byrd st
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 36 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 38 (Years)
(12) BIRTHPLACE: Germany	(18) BIRTHPLACE: Germany
(13) OCCUPATION: Carpenter	(19) OCCUPATION: House Work
(20) Number of children born to this mother, including present birth: 6	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* Feb 10 1910

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1711 Byrd st M., on the date above stated. 2:30 PM

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

(23) Signature: Mrs Katie Lear
(Physician or Midwife)

Address: 1711 Byrd st

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 ____ Registrar

Registrar

RECEIVED FOR RECORD MAR -5 1910 S.S. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 2-4-64

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No.) 1828 W. Mulberry St. (St.; Ward) — Registered No. A54273

(2) FULL NAME OF CHILD — Verna Agnes Lane — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	Dec 2 1910

FATHER		MOTHER	
(8) FULL NAME	Alonza Lane	(14) FULL MAIDEN NAME	Mary Beck
(9) RESIDENCE	1828 W Mulberry	(15) RESIDENCE	1828 W Mulberry st
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	40	(17) AGE AT LAST BIRTHDAY (Years)	39 yrs
(12) BIRTHPLACE	Canada	(18) BIRTHPLACE	Van Buren Ohio
(13) OCCUPATION	Clay Potter	(19) OCCUPATION	House wife
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	5

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 A.M. on the date above stated.

(23) Signature G. W. Slatemul. M.D.

Address 1703 Vic Day Bldg

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

(24) Given name added from a supplemental report _____, 19

Registrar

RECEIVED FOR RECORD MAR -5 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Filed _____ 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No.) 2 Tyson St. (St.; Ward) — Registered No. B. A54274

(2) FULL NAME OF CHILD — Alice MacKenzie Howie (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child — Female (4) Twin, triplet, or other? X (To be answered only in event of plural births) (5) Number in order of birth — 2nd (6) Legitimate? — Yes (7) Date of Birth — Feb. (Month) 26. (Day) 1901 (Year)

FATHER	MOTHER
(8) FULL NAME — Robt Main Howie	(14) FULL MAIDEN NAME — Alice McKenzie
(9) RESIDENCE — 2 Tyson St.	(15) RESIDENCE — 2 Tyson St
(10) COLOR — White (11) AGE AT LAST BIRTHDAY — 26 (Years)	(16) COLOR — White (17) AGE AT LAST BIRTHDAY — 25 yrs (Years)
(12) BIRTHPLACE — Scotland	(18) BIRTHPLACE — Scotland
(13) OCCUPATION — Carpenter	(19) OCCUPATION — House wife
(20) Number of children born to this mother, including present birth — 2	(21) Number of children of this mother now living — 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9. A.M., on the date above stated.

(23) Signature — Geo. W. Slater, M.D. (Physician or Midwife)

Address — 1702 W. Fayette St.

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

(24) Given name added from a supplemental report _____, 19

Filed MAR -5 1910, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54275

CITY OF BALTIMORE. (No. 1427 N Fulton Av St.; Ward)

(2) FULL NAME OF CHILD Augustus Adelian Clark (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
M.		2nd	Yes	March 3, 1910

FATHER	MOTHER
(8) FULL NAME: Aaron A. Clark	(14) FULL MAIDEN NAME: Clara Bell Enson
(9) RESIDENCE: 1427 N. Fulton Av	(15) RESIDENCE: 1427 N Fulton Av
(10) COLOR: W. (11) AGE AT LAST BIRTHDAY: 27 (Years)	(16) COLOR: W. (17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Md.	(18) BIRTHPLACE: Md
(13) OCCUPATION: Draughtsman	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: Two	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7:30 P M., on the date above stated.

(23) Signature: J. Frederick Lentz (Physician or Midwife)

Address: 1363 N North Av

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

0 0 0 1 7 5 5

(24) Given name added from a supplemental report _____, 19 _____

Registrar

RECORD

Filed MAR -5 1910, 19 .

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54276

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Martin Frances Elmore — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			yes	Feb 21 1910

FATHER	MOTHER
(8) FULL NAME: William P. Elmore	(14) FULL MAIDEN NAME: Mary B. Cavenall
(9) RESIDENCE: 116 Rosedale ave	(15) RESIDENCE: 116 Rosedale ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 21 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 19 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Waiter	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 116 Rosedale ave M., on the date above stated. Feb 21 1910 11.55 P.M.

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

0 1 0 0 0 1 7 5 4

(23) Signature Mrs. Katie Lear
Midwife
(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 116 S. Gilmor

Registrar

RECORD
MAR -5 1910
Filed ____, 19

Registrar

JAS. BOBLEY M.D.
COM'R OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54277

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.: ____ Ward)

(2) FULL NAME OF CHILD: Joseph Curley

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 14 1910

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	John Curley	(14) FULL MAIDEN NAME	Maggie Baine
(9) RESIDENCE	1620 Light St	(15) RESIDENCE	1620 Light St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years) 32	(16) COLOR White	(17) AGE AT LAST BIRTHDAY (Years) 34
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE	Balto
(13) OCCUPATION	Barber	(19) OCCUPATION	House Work
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* Feb 14 1910

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1620 Light St M., on the date above stated. 2.30. A.M.

(23) Signature Mrs Katie Linz

U 0 0 1 7 5 7 Midwife (Physician or Midwife)

Address 1620 Byrd St

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

(24) Given name added from a supplemental report ____, 19

Filed MAR -5 1910, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54278

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Thomas Gilbert Schlereth

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				Feb. 23 19 10

FATHER	MOTHER
(8) FULL NAME: August J. Schlereth	(14) FULL MAIDEN NAME: Mary K. Golsler
(9) RESIDENCE: 1623 olive st	(15) RESIDENCE: 1623 olive st
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 27 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Labor	(19) OCCUPATION: House Work
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Feb 23 1910

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1623 Olive St M., on the date above stated. 2. A. M.

(23) Signature Miss Katie Lean (Physician or Midwife)

Address 1405 Byrd st

Filed ____, 19 ____ Registrar

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

U 0 0 1 7 5 8

(24) Given name added from a supplemental report ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54279

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Rudolf Frederick Goette St.; Ward)

(2) FULL NAME OF CHILD (Robert) (Rudolph) (Goettie) — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Feb (Day) 23 (Year) 1910
Male				

FATHER

(8) FULL NAME: Robert (Goettie)

(9) RESIDENCE: 1912 Chruston st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 23 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Labor B. O

MOTHER

(14) FULL MAIDEN NAME: Daisy Titchnell

(15) RESIDENCE: 1912 Christon st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 19 (Years)

(18) BIRTHPLACE: Philadelphia

(19) OCCUPATION: House work

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Feb 23 1910

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~1912 Christon st~~ M., on the date above stated. 10.30. A.M.

(23) Signature: Mrs Katie Lee

(Physician or Midwife)

Address: 1238 Byrd st

Filed ... 19 ...

Registrar

(24) Given name added from a supplemental report ..., 19 ...

Registrar

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

U 8100 U 3001 1759

RECEIVED FOR RECORD MAR -5 1910 S. S. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54280

(1) PLACE OF BIRTH — GIVEN NAME ADDED 1-20-60 — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — Harry Wilbur Keys — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				Feb 28 1910

FATHER

(8) FULL NAME — Charles Keys

(9) RESIDENCE — 1720 William st

(10) COLOR — White — (11) AGE AT LAST BIRTHDAY — 25 (Years)

(12) BIRTHPLACE — Balto

(13) OCCUPATION — Labor

(20) Number of children born to this mother, including present birth — 3

MOTHER

(14) FULL MAIDEN NAME — Mary Oliphant

(15) RESIDENCE — 1720 William

(16) COLOR — White — (17) AGE AT LAST BIRTHDAY — 31 (Years)

(18) BIRTHPLACE — Balto

(19) OCCUPATION — House work

(21) Number of children of this mother now living — 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Febr 1910

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1720 William 10. A.M., on the date above stated.

(23) Signature — Mrs Katie Lee — Midwife (Physician or Midwife)

Address — 1720 Bryant

Filed ____, 19 ____ — Registrar

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

U 0 0 1 7 6 0

RECEIVED FOR RECORD MAR -5 1910

JAS. E. KELLEY M.D. COMM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54281

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Edward Schultz

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)			Feb 28 1910

FATHER

(8) FULL NAME Charles E. Schultz

(9) RESIDENCE 1256 William st

(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Md

(13) OCCUPATION Railroader B. O

(20) Number of children born to this mother, including present birth 2

MOTHER

(14) FULL MAIDEN NAME Lula Murphey

(15) RESIDENCE 1256 William st

(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Washington

(19) OCCUPATION Housework

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* ~~Feb 28 1910~~

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~1256 William~~ 9 A.M., on the date above stated.

(23) Signature Mrs Katie Lee

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

0 0 0 1 7 6 1 (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 1132 Argyle st

Filed ____, 19 ____ Registrar

Registrar

RECEIVED FOR RECORD MAR -5 1910 JAS. BOSLEY, M.D. REGISTRAR

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54282

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Edward W. (Joseph) (Beasmen) Berryman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)			Feb. 8 1910

FATHER	MOTHER
(8) FULL NAME Joseph Berryman (Beasmen)	(14) FULL MAIDEN NAME Bertha Meyers (Mears)
(9) RESIDENCE 1207 Hanover St	(15) RESIDENCE 1207 Hanover St
(10) COLOR White (11) AGE AT LAST BIRTHDAT 24 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAT 20 (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Cambrige
(13) OCCUPATION Painter	(19) OCCUPATION House Work
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* Feb 8. 1910

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1207 Hanover St. M., on the date above stated. 2. P M

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

(23) Signature Mrs Katie Lear (Physician or Midwife)

0 0 0 1 7 6 2

Address 1215 Byrd st

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

RECEIVED FOR RECORD MAR -5 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54283

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — William Russell

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Male			Yes	Feb. 5 1910

FATHER		MOTHER	
(8) FULL NAME	Robert Russell	(14) FULL MAIDEN NAME	Carrie Marcell
(9) RESIDENCE	1109 Durst st	(15) RESIDENCE	1109 Durst st
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	39	(17) AGE AT LAST BIRTHDAY (Years)	36
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE	Balto
(13) OCCUPATION	Trucking House	(19) OCCUPATION	House Work

(20) Number of children born to this mother, including present birth 10

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* Feb 5 - 1910

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1109 Durst st M., on the date above stated. 6. P.M

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

(23) Signature Mrs Katie Lear

U 0 0 1 7 6 3

Midwife (Physician or Midwife)

RECEIVED FOR RECORD MAR -5 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Address 1105 Dayton st

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54284

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 107 E Clement St. Ward)

(2) FULL NAME OF CHILD William Owen Townsend

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
M			Yes	Mar	3	1910

FATHER

(8) FULL NAME John G. Townsend

(9) RESIDENCE 107 E Clement St

(10) COLOR W (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION Tin worker

(20) Number of children born to this mother, including present birth 7th

MOTHER

(14) FULL MAIDEN NAME Clara M. Richardson

(15) RESIDENCE 107 E Clement

(16) COLOR W (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Md

(19) OCCUPATION Housework

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 P M., on the date above stated.

(23) Signature Wm Lee Tuttle Physician (Physician or Midwife)

Address 1439 Light St

Filed MAR -5 1910 19 .

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

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

U 001764 RECEIVED FOR RECORD

(24) Given name added from a supplemental report , 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54285

CITY OF BALTIMORE. (No. ____ St.: ____ Ward)

(2) FULL NAME OF CHILD Samuel Limeburger { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	Feb. 11 19 1

FATHER	MOTHER
(8) FULL NAME Samuel Limeburger	(14) FULL MAIDEN NAME Ida Cosby
(9) RESIDENCE	(15) RESIDENCE 1643 N. Charles
(10) COLOR White (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Balto
(13) OCCUPATION paper Hanger	(19) OCCUPATION House work
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 1643 Charles

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Feb 11 1910. 4.30 P. M., on the date above stated.

(23) Signature Mrs Katie Lee Midwife (Physician or Midwife)

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

U 0 0 1 7 6 5

(24) Given name added from a supplemental report ____, 19

Address 1643 Brd st

Filed MAR — 5 1910, 19 .

Registrar

Registrar

JAS. H. BLOOMLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54236

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — William Broten — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	Feb 9 1910

FATHER	MOTHER
(8) FULL NAME: William Broten	(14) FULL MAIDEN NAME: Jennie Hennaway
(9) RESIDENCE: 44 E Mongoman	(15) RESIDENCE: 44 East Mongomay
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 30 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 29 (Years)
(12) BIRTHPLACE: England	(18) BIRTHPLACE: New York
(13) OCCUPATION: Laber	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Feb 9 1910

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~44 E Mongomay~~ 11 45 P.M., on the date above stated.

(23) Signature: Mrs Kate Lear (Physician or Midwife)

Address: 1706 Bridal

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

U 0 0 0 1 7 6 5

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECORD

Filed MAR 5 1910, 19 .

Registrar

JAS. BOSLEY, M.D. (READ THE REVERSE SIDE)
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54287

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 752, Dolphin St.; Ward)

(2) FULL NAME OF CHILD Jerome J. Kelly Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child M. | (4) Twin, triplet, or other? and | (5) Number in order of birth (2) | (6) Legitimate? Yes | (7) Date of Birth Feb. 28, 1910 (Month, Day, Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Jerome J Kelly	(14) FULL MAIDEN NAME Ellen O'Brien
(9) RESIDENCE 752 Dolphin St	(15) RESIDENCE 752 Dolphin St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Brownsville Md.
(13) OCCUPATION Clerk.	(19) OCCUPATION Home Wife
(20) Number of children born to this mother, including present birth Second	(21) Number of children of this mother now living Second

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Feb 28, 1, P. M., on the date above stated.

(23) Signature J. T. Munro. M.d. (Physician or Midwife)

0 0 0 1 7 6 7

Address 1008 Edmondson Ave

Filed MAR -5 1910, 19

Registrar

(24) Given name added from a supplemental report , 19

Registrar

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

RECEIVED RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54288

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 108 N. Poppleton St.; Ward)

(2) FULL NAME OF CHILD not named

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Yes	Feby. 26 1910

FATHER

(8) FULL NAME Harry F. Card

(9) RESIDENCE 108 N. Poppleton St

(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Balto

(13) OCCUPATION Night Watchman

(20) Number of children born to this mother, including present birth First

MOTHER

(14) FULL MAIDEN NAME Sadie Donovan

(15) RESIDENCE 108 N. Poppleton St

(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Balto. City

(19) OCCUPATION none

(21) Number of children of this mother now living First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 15 A.M., on the date above stated.

(23) Signature C. C. Jumps M.D. (Physician or Midwife)

Address 1415 Madison Ave

Filed March 31, 1910. Registrar

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

(24) Given name added from a supplemental report_____, 19

Registrar

RECEIVED MAR 31 1910 JAS BOOLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54289

CITY OF BALTIMORE. (No. 911 N. Woodley St.; Ward)

(2) FULL NAME OF CHILD Frank Romantus Chason — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
M.	—	—	Yes	Feb. 3, 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Jos. H. Chason	(14) FULL MAIDEN NAME Ella Wainwright
(9) RESIDENCE 911 Woodley St. N.	(15) RESIDENCE 911 Woodley St. N.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Fireman (City)	(19) OCCUPATION at home
(20) Number of children born to this mother, including present birth 5	(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at (2) two P. M., on the date above stated.

(23) Signature Wm Lewis

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

U 0 0 1 7 6 9 — Physician

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 1220 Linden ave

Filed MAR -5 1910, 19

Registrar

Registrar

BUREAU OF VITAL STATISTICS RECORD

JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54290

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD George Ellsworth Vogler — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 20 1910

FATHER	MOTHER
(8) FULL NAME: Robert Vogler	(14) FULL MAIDEN NAME: Sarah Heckrotte
(9) RESIDENCE: 1403 Allen st	(15) RESIDENCE: 1403 Allen st
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 35 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 21 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Tuber	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* Feb 20 1910

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 1403 Allen st 6.30 A M., on the date above stated.

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

(23) Signature Mrs Katie Loos

U 0 0 1 7 7 0 Midwife (Physician or Midwife)

RECEIVED FOR RECORD MAR -5 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Address 1403 Boyd st

(24) Given name added from a supplemental report ____, 19 ____

Filed ____ 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54231

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.: ____ Ward)

(2) FULL NAME OF CHILD James W. Raffety (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	July 19 1910

FATHER	MOTHER
(8) FULL NAME: James Raffety	(14) FULL MAIDEN NAME: Kate Wagner
(9) RESIDENCE: 1841 Bet ave	(15) RESIDENCE: 1841 Bet
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 25 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Labor	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* Feb 19 1910

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1841 Bet ave 4 P. M., on the date above stated.

(23) Signature: Mrs Katie Lear (Physician or Midwife)

Address: 1228 Byrd st

Filed MAR 5 1910, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19 .

Registrar

U 0 0 1 7 7 1

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

RECORDED

BOOLEY, M.D.

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54292

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — Julia Calem

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
			Yes	Feb. 19 1910

FATHER		MOTHER	
(8) FULL NAME	Julis Calem	(14) FULL MAIDEN NAME	Lina Bollinger
(9) RESIDENCE	1431 Jackson st	(15) RESIDENCE	1431 Jackson
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	40	(17) AGE AT LAST BIRTHDAY (Years)	38
(12) BIRTHPLACE	Polen	(18) BIRTHPLACE	Sweden
(13) OCCUPATION	Brewery	(19) OCCUPATION	House work
(20) Number of children born to this mother, including present birth	10	(21) Number of children of this mother now living	8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* ~~Feb 19 1910~~

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~1431 Jackson st~~ 2.30 P.M., on the date above stated.

(23) Signature Mrs Katie Isac (Physician or Midwife)

Address 1431 Byrd st

Filed MAR -5 1910, 19 . Registrar

JAS. BOGLEY M.D. BOARD NO.

(READ THE REVERSE SIDE)

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

0 0 0 1 7 7 2

(24) Given name added from a supplemental report ____, 19 ____

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54293

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Charles Thompson — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Feb. (Day) 19 (Year) 10
Male				

FATHER

(8) FULL NAME: Redard L. Thompson

(9) RESIDENCE: 1648 Jackson st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 36 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Labor

MOTHER

(14) FULL MAIDEN NAME: Birdie Palmer

(15) RESIDENCE: 1640 Jackson st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 31 (Years)

(18) BIRTHPLACE: Hartfat Co

(19) OCCUPATION: House work

(20) Number of children born to this mother, including present birth: 6

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

~~Feb 19, 1910~~

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~1640 Jackson st~~ 10 AM M., on the date above stated.

(23) Signature: Mrs Katie Lear, Midwife (Physician or Midwife)

Address: 1640 Jackson st

Filed MAR 3 1910, 19 .

Registrar

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

U 0 0 0 1 7 7 3

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54294

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Henry Schewm

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 15 1910

FATHER	MOTHER
(8) FULL NAME: William Schewm	(14) FULL MAIDEN NAME: Kate Kunkell
(9) RESIDENCE: 1834 Westphall pl	(15) RESIDENCE: 1834 Westphall pl
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 22 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 34 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Germany
(13) OCCUPATION: Brewery	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Feb 15 1910

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1834 Westphall pl M., on the date above stated. 10.30. A.M.

(23) Signature Mrs Katie Lux

U 0 0 1 7 7 4 Midwife (Physician or Midwife)

Address 1705 Orleans

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

(24) Given name added from a supplemental report ____, 19

Filed MAR 5 1910, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54295

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — Thomas Johnson

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 13 1910

FATHER	MOTHER
(8) FULL NAME: Thomas Johnson	(14) FULL MAIDEN NAME: Martha Comanay
(9) RESIDENCE: 5 E. Barney st	(15) RESIDENCE: 5 E. Barney st
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 34 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 32 (Years)
(12) BIRTHPLACE: Balto	(16) BIRTHPLACE: Balto
(13) OCCUPATION: Labr	(19) OCCUPATION: Town work

(20) Number of children born to this mother, including present birth: 6

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~5 E Barney~~ 11:30 A.M., on the date above stated.

(23) Signature: Mrs Katie Lear

Midwife (Physician or Midwife)

Address: 1228 E Dyer st

Filed Feb 15 1910, 19 .

Registrar

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

U 0 0 1 7 7 5

(24) Given name added from a supplemental report ____, 19

Registrar

RECORDED
JAS. BOGLEY M.D.
REGISTRAR

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

Registered No. B. A54296

(2) FULL NAME OF CHILD — Fredrick Hendrick

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 12 1916

FATHER	MOTHER
(8) FULL NAME: John T. Hendrick	(14) FULL MAIDEN NAME: Liza Gledhill
(9) RESIDENCE: 1307 Clarkson st	(15) RESIDENCE: 1307 Clarkson st
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 36 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 36 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Wilmington Del
(13) OCCUPATION: Meat packer	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth: 6	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* ~~Father etc~~

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1307 Clarkson st M., on the date above stated. 11.30 A M

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

(23) Signature: Mrs Kate Lee

U 0 0 0 1 7 7 5

Midwife (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 1307 Clarkson st

Filed MAR 5 1916 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54297

(1) PLACE OF BIRTH

CITY OF BALTIMORE, (No. 663 W. Baltimore St. St.; Ward)

(2) FULL NAME OF CHILD Alfred Bean Cole. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3d.	Yes	Feb. 10th 19/0

FATHER		MOTHER	
(8) FULL NAME	Arthur Ivan Cole	(14) FULL MAIDEN NAME	Cora agnes Bean
(9) RESIDENCE	663 W. Balto. St.	(15) RESIDENCE	663 W. Balto. St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	34	(17) AGE AT LAST BIRTHDAY (Years)	34
(12) BIRTHPLACE	Balto md	(18) BIRTHPLACE	Knoxville Tenn.
(13) OCCUPATION	Printer	(19) OCCUPATION	House wife

(20) Number of children born to this mother, including present birth 3d.

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 A. M., on the date above stated.

(23) Signature G. W. Slater m.d.

(Physician or Midwife)

Address 1703 W. Baltimore St.

Filed MAR -3 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 454298

CITY OF BALTIMORE (No. 1702 Fredrick Road St.; Ward)

(2) FULL NAME OF CHILD Elmer Meredeth Jefferson (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Yes	Feb 8 1910

FATHER

(8) FULL NAME: Meredeth Clayton Jefferson

(9) RESIDENCE: 1702 Fredrick Rd

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Winchester Va

(13) OCCUPATION: Grain Weigher

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Edith Viola Briley

(15) RESIDENCE: 1702 Fredrick Rd

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Carroll Co. Md.

(19) OCCUPATION: House wife

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 A. M., on the date above stated.

(23) Signature: Geo. W. Slater M.D.

Address: 1702 E. N. Fayette St.

(24) Given name added from a supplemental report _____, 19

Filed MAR -5 1910, EDGLEY M.D., 19 .

COMR OF HEALTH

Registrar

Registrar

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

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54299

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 536 N. Fulton Ave ~~St.~~ Ward)

(2) FULL NAME OF CHILD Walter Howard Clemmons { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	Feb. (Month) 20. (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME: Joseph Augustus Clemmons	(14) FULL MAIDEN NAME: Samuella Gertrude Wagner
(9) RESIDENCE: 536 N. Fulton Ave	(15) RESIDENCE: 536 N. Fulton Ave
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 23 yrs (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 21 (Years)
(12) BIRTHPLACE: Fort Smith, Arkansas	(18) BIRTHPLACE: New Orleans, La.
(13) OCCUPATION: Clerk (R. G. Dunn & Co)	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: One	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7:15 a. M., on the date above stated.

(23) Signature Edgard Plummer M.D.
Physician (Physician or Midwife)

Address 5329 N. Fulton Ave

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

(24) Given name added from a supplemental report ..... 19 ..... Registrar

an application of Mother, filed by Dr. S. E. Helm, Aug. 5-1910

RECEIVED FOR RECORD MAR 9 1910

Filed ..... 19 ..... Registrar

S. BOGLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54300

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1211 Cookie St.; Nf Ward)

(2) FULL NAME OF CHILD Henry Berner

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate? Yes	(7) Date of Birth (Month) 2/20 (Day), 19/0 (Year)
M				

FATHER	MOTHER
(8) FULL NAME August Berner	(14) FULL MAIDEN NAME Margaret Wirth
(9) RESIDENCE 1211 Cookie	(15) RESIDENCE 1211 Cookie St
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 32 (Years)	(17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE England
(13) OCCUPATION Cabinet Finisher	(19) OCCUPATION H W K
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:45 am M., on the date above stated.

(23) Signature L J Dunnington MD (Physician or Midwife)

Address 102 E Fort ave

Filed MAR -7 1910, 19

Registrar

(24) Given name added from a supplemental report, 19

Registrar

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

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RECORDS

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

1910 - 16

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54301

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No.) 1523 N. Patterson Ave. (St.; Ward)

(2) FULL NAME OF CHILD — Neale Edgar

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		5th	Yes	January 23 1910

FATHER		MOTHER	
(8) FULL NAME	Bruce S. Edgar	(14) FULL MAIDEN NAME	Mary Neale
(9) RESIDENCE	1523 N. Patterson Ave.	(15) RESIDENCE	1523 N. Patterson Ave.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	40 years	(17) AGE AT LAST BIRTHDAY (Years)	35 years
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Machinist	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth	5th	(21) Number of children of this mother now living	5 yes

number of each, in order of birth, state

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature — William Frazer Jr. M.D. (Physician or Midwife)

Address — 1407 N. Mary

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

U 0 0 1 7 8 1

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

RECEIVED FOR RECORD MAR -7 1910 WM. S. BOSLEY M.D. Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54302

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1505, Rutland Ave St.; 8 Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2	Yes	Feb. 26, 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME: William C Baer	(14) FULL MAIDEN NAME: Margaret A Bear
(9) RESIDENCE: 1505 Rutland ave	(15) RESIDENCE: 1505 Rutland ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 34 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Balto City	(18) BIRTHPLACE: Balto City
(13) OCCUPATION: Machinist	(19) OCCUPATION: Wife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.30 a. M., on the date above stated.

(23) Signature: J P Pickrell M D

0 0 0 7 8 Physician (Physician or Midwife)

Address 212 E Balto St

Filed MAR -7 1910, 19 Registrar

RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

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

(24) Given name added from a supplemental report, 19 Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54303

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	Dec. 20, 1910

FATHER

(8) FULL NAME: Nathan L Butler

(9) RESIDENCE: 624 Stockton St.

(10) COLOR: Col.

(11) AGE AT LAST BIRTHDAY (Years): 22

(12) BIRTHPLACE: Balto Md.

(13) OCCUPATION: Porter

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Catherine Washington

(15) RESIDENCE: 624 N. Stockton St

(16) COLOR: Col.

(17) AGE AT LAST BIRTHDAY (Years): 20

(18) BIRTHPLACE: Balto, Md.

(19) OCCUPATION: Laundress

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: Jane Malinda Green
Midwife
(Physician or Midwife)

Address: 425 N. Coppleton St.

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

1000017183

ORIGINAL RECORD
MAR -7 1910

(24) Given name added from a supplemental report , 19

Filed S. BOGLEY M.D. 19

COMM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 54304

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
	(To be answered only in event of plural births)			

FATHER

(8) FULL NAME: Clinton Winder

(9) RESIDENCE: 10 Woodyear Street

(10) COLOR: Colored (11) AGE AT LAST BIRTHDAY ____ (Years)

(12) BIRTHPLACE: Cape Charles Va.

(13) OCCUPATION: Laboring work

(20) Number of children born to this mother, including present birth 2

MOTHER

(14) FULL MAIDEN NAME: Gertrude Conig

(15) RESIDENCE: 10 Woodyear Street

(16) COLOR: Colored (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE: Cambridge Md

(19) OCCUPATION: Laundry work

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at Still Born M. on the date above stated.

(23) Signature Mary A Allen Midwife (Physician or Midwife)

Address 1 1/2 Monroe Street

Filed MAR -7 1910, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

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

U 0 0 1 7 8 4

BALTIMORE CITY RECORDS

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54385

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1305 Booth St.; Ward)

(2) FULL NAME OF CHILD — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Girl			yes	March 3, 1910

FATHER		MOTHER	
(8) FULL NAME	William Edwards	(14) FULL MAIDEN NAME	Annie Coffin
(9) RESIDENCE	1305 Booth St.	(15) RESIDENCE	1305 Booth St.
(10) COLOR	Col.	(16) COLOR	Col.
(11) AGE AT LAST BIRTHDAY (Years)	45	(17) AGE AT LAST BIRTHDAY (Years)	41
(12) BIRTHPLACE	Annapolis, Md.	(18) BIRTHPLACE	Essex Co. Va.
(13) OCCUPATION	Oyster Schucker	(19) OCCUPATION	Domestic
(20) Number of children born to this mother, including present birth	13	(21) Number of children of this mother now living	9

number of sock, in or of which found

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Jane Wakelin Green, Midwife (Physician or Midwife)

Address 1125 E. Preston St. Baltimore Co. Appleton Md.

Filed MAR — 7 1910 19

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

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

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RECEIVED RECORD MAR 7 1910 JAS. BOSLEY REGR'R OF HEALTH

(OVER)

GIVEN NAME ADDED 11-20-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 670 W Lexington St. Registered No. B. A54306

CITY OF BALTIMORE. (No. 670 W Lexington St.; Ward)

(2) FULL NAME OF CHILD Tobias Weinberg

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male	(To be answered only in event of plural births)		yes	March	3	1910

FATHER		MOTHER	
(8) FULL NAME	David Weinberg	(14) FULL MAIDEN NAME	Jetta Goodman
(9) RESIDENCE	670 W Lexington St.	(15) RESIDENCE	670 W Lexington St.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	33
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	32
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Manager Tailoring Estab.	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	Two	(21) Number of children of this mother now living	Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 a. M., on the date above stated.

(23) Signature H. Collenberg (Physician or Midwife)

Address 810 E Baltimore St.

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

(24) Given name added from a supplemental report _____, 19

Registrar

Filed MAR -7 1910, 19

Registrar

RECEIVED VOR RECORD MAR -7 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

U 0 0 1 7 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54307

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 421 Falls Road St.; 13 Ward)

(2) FULL NAME OF CHILD Walter L. Morris — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M			Yes	Feb. 24, 1910

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	Lewis A. Morris	(14) FULL MAIDEN NAME	Laura Brown
(9) RESIDENCE	421 Falls Rd.	(15) RESIDENCE	421 Falls Rd
(10) COLOR	W	(16) COLOR	W
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Va	(18) BIRTHPLACE	Md
(13) OCCUPATION	Sheet Paper	(19) OCCUPATION	Home work
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

number of each, in order of birth, dead

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 M., on the date above stated.

(23) Signature Harry C. Blyer

0 0 0 1 7 8 3 4 0 Columbia Ave (Physician or Midwife)

Address

Filed , 19

Registrar

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

(24) Given name added from a supplemental report , 19

Registrar

RECEIVED FOR RECORD MAR -7 1910 JAS. BOSLEY M.D. COMR. OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 54308

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1805 N. Monroe St. ; Ward)

(2) FULL NAME OF CHILD: _____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		7th	Yes	May 28, 1910

FATHER		MOTHER	
(8) FULL NAME	Wm A. Fennell	(14) FULL MAIDEN NAME	Mary Dill
(9) RESIDENCE	1805 N Monroe St.	(15) RESIDENCE	1805 N Monroe St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	31	(17) AGE AT LAST BIRTHDAY (Years)	29
(12) BIRTHPLACE	Canada	(18) BIRTHPLACE	Chicago
(13) OCCUPATION	Bond Broker & Banker	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	7th	(21) Number of children of this mother now living	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.50 P. M., on the date above stated.

(23) Signature E. A. Speck M.D. (Physician or Midwife)

Address 1605 N. North Ave.

Filed MAR -7 1910, 19 .

JAS. BOGLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

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

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(24) Given name added from a supplemental report _____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54309

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 929 Hanover St.; 23 Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	____	____	Yes	Feb 17 1910

FATHER

(8) FULL NAME: John A Keser

(9) RESIDENCE: 929 Hanover St

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 29 (Years)

(12) BIRTHPLACE: Baltimore Md

(13) OCCUPATION: Butler

MOTHER

(14) FULL MAIDEN NAME: Florence Elizabeth Nelson

(15) RESIDENCE: 929 Hanover St

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Calvert Co Md

(19) OCCUPATION: None

(20) Number of children born to this mother, including present birth: 3

(21) Number of children of this mother now living: 3

number of each, in order of birth, should be stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.50 A. M., on the date above stated.

(23) Signature: Otto M Reinhardt M.D.

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

0 0 0 1 7 8 9

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Address: Cor S Charles St

RECEIVED FOR RECORD MAR -7 1910

Filed ____, 19 ____

JOS. BOSLEY M.D. COM'R OF HEALTH

Registrar ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54310

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 109 E. Hughes Ave St.; 22 Ward)

(2) FULL NAME OF CHILD _____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 1 1910

FATHER	MOTHER
(8) FULL NAME Thomas A Williams	(14) FULL MAIDEN NAME Catherine Mc Cormick
(9) RESIDENCE 109 E. Hughes Ave	(15) RESIDENCE 109 E. Hughes St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 38 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Dorchester Co Md	(18) BIRTHPLACE Baltimore Md
(13) OCCUPATION Policeman	(19) OCCUPATION none
(20) Number of children born to this mother, including present birth 10	(21) Number of children of this mother now living 9

number of each, in or out of wedlock

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6. A. M., on the date above stated.

(23) Signature Otto M Reinhardt M.D. (Physician or Midwife)

Address 907 S. Charles St

Filed _____, 19 _____ Registrar

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

(24) Given name added from a supplemental report _____, 19 _____ Registrar

RECEIVED FOR RECORD MAR -7 1910 GEO. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54311

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 4014 Park Heights Ave St.; 15 Ward)

(2) FULL NAME OF CHILD: Edward Washington Baker

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			yes	March 4th 1910

FATHER

(8) FULL NAME: Edgar L. Baker

(9) RESIDENCE: No. 4014 Park Heights Ave

(10) COLOR: white

(11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Baltimore, Md.

(13) OCCUPATION: Salesman

(20) Number of children born to this mother, including present birth: two

MOTHER

(14) FULL MAIDEN NAME: Miss Henrietta A. Morgan

(15) RESIDENCE: No. 4014 Park Heights Ave

(16) COLOR: white

(17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Worcester, Mass.

(19) OCCUPATION: not any.

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.40 A. M., on the date above stated.

(23) Signature: Fred'k A. Conrade, M.D. (Physician or Midwife)

Address: No. 2221 East Baltimore St.

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

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(24) Given name added from a supplemental report _____, 19

Filed MAR -7 1910, 19

Registrar

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54312

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1214 Battery ave St.; Ward)

(2) FULL NAME OF CHILD George Krapp. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			yes	2 . 10 1910

FATHER	MOTHER
(8) FULL NAME Josiph B Krapp.	(14) FULL MAIDEN NAME Anthonette Dengler
(9) RESIDENCE 1214 Battery ave.	(15) RESIDENCE 1214 Battery ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Springfield Ohio	(18) BIRTHPLACE Maryland
(13) OCCUPATION Fireman	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

Number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8:15 P. M., on the date above stated.

(23) Signature G. H. Buxton M.D.
(Physician or Midwife)

Address 222 E. Eager St

Filed MAR 7 1910 19

Registrar

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

(24) Given name added from a supplemental report _____, 19

Registrar

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RECEIVED FOR RECORD
MAR 7 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

TAYLOR **CERTIFICATE OF BIRTH**

A54313

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 814 Covington St.; Ward)

(2) FULL NAME OF CHILD Clayton Taylor — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			yes	2, 2, 1910

FATHER	MOTHER
(8) FULL NAME: Jasper Clayton Taylor	(14) FULL MAIDEN NAME: Charlotte Jording
(9) RESIDENCE: 814 Covington St	(15) RESIDENCE: 814 Covington St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 24 (Years)	(17) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Driver	(19) OCCUPATION: housewife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

Number of Sheets, if More Than One, Used

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 a M., on the date above stated.

(23) Signature: G. F. Buxton M. D. (Physician or Midwife)

Address 842 East Cross St

Filed , 19 . Registrar

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

(24) Given name added from a supplemental report , 19 . Registrar

(READ THE REVERSE SIDE)

RECEIVED MAR -7 1910 JAS. BOSLEY, M.D. COMMISSIONER OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54314

(1) PLACE OF BIRTH 305 Herbert st — Registered No. B

CITY OF BALTIMORE. (No. — St.; Ward)

(2) FULL NAME OF CHILD George P. Velten — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legit. or Illegit.	(7) Date of Birth	
Male		7th		February 10 (Month) (Day)	1910 (Year)

FATHER		MOTHER	
(8) FULL NAME	George P. Velten.	(14) FULL MAIDEN NAME	Amira C Sinnacker.
(9) RESIDENCE	305 Herbert st.	(15) RESIDENCE	305 Herbert st.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	32 yrs.	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	Baltimore.	(18) BIRTHPLACE	Baltimore.
(13) OCCUPATION	Barber.	(19) OCCUPATION	
(20) Number of children born to this mother, including present birth	7	(21) Number of children of this mother now living	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 11 a. M., on the date above stated.

(23) Signature Mrs Amelia Boarge (Physician or Midwife)

Address 711 N. Gouss St

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

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RECEIVED FOR RECORD MAR 7 1910 WAS. BOWLEY M.D. BOARD OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54315

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD John Harry Herman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes.	Feb 5, 1910

FATHER	MOTHER
(8) FULL NAME: Louis Le Roy Herman	(14) FULL MAIDEN NAME: Clara Mary Rice
(9) RESIDENCE: 728 W. Hamburg St	(15) RESIDENCE: 728 W. Hamburg
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 27	(17) AGE AT LAST BIRTHDAY (Years): 24
(12) BIRTHPLACE: Baltimore Md	(18) BIRTHPLACE: Baltimore Md.
(13) OCCUPATION: Clerk + salesman	(19) OCCUPATION:

(20) Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 6 9. M., on the date above stated.

(23) Signature Mrs Amelia Bonger (Physician or Midwife)

Address 1 W. Cross St.

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

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RECEIVED FOR RECORD MAR 7 1910

(24) Given name added from a supplemental report , 19

Filed , 19

JAS. EDGLEY M.D. REGISTRAR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54316

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. X (No. 1714 Aisquith St. St.; Ward)

(2) FULL NAME OF CHILD Charles Edward Klein (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.	—	1st	Yes	Feb 24, 1910

FATHER		MOTHER	
(8) FULL NAME	Wm Robt. Klein	(14) FULL MAIDEN NAME	Laura Buckner
(9) RESIDENCE	1714 Aisquith St	(15) RESIDENCE	1714 Aisquith St
(10) COLOR	W.	(11) AGE AT LAST BIRTHDAY (Years)	26
(16) COLOR	W.	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Fullerton Balto Co.	(18) BIRTHPLACE	Balto Co. Maryland
(13) OCCUPATION	Engraved-Card Maker	(19) OCCUPATION	—
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.15 P. M., on the date above stated.

(23) Signature C. Edward Klein, M.D. (Physician or Midwife)

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

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RECORDED MAR -7 1910 JAS BOSLEY M.D. COMR OF HEALTH.

(24) Given name added from a supplemental report ____, 19

Address 1414 E. Eager St.

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54317

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1500 Bolton St. St.; Ward)

(2) FULL NAME OF CHILD Robert Paul Cooksey — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Feb. 18 1910

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: Lemuel Thos. Cooksey

(9) RESIDENCE: 1500 Bolton St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: Somerset Co., Md

(13) OCCUPATION: Grocer.

MOTHER

(14) FULL MAIDEN NAME: Marion Hopkley Hipsley

(15) RESIDENCE: 1500 Bolton St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 33 (Years)

(18) BIRTHPLACE: Chestnut Ridge, Balto. Co. Md.

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 4

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.10 A. M., on the date above stated.

(23) Signature: Maurice Lazenby M. D. (Physician or Midwife)

Address: 721 W. North Ave

Filed MAR -7 1910 19

JAS. BOSLEY, M.D. REGISTRAR OF RECORDS

Registrar

(READ THE REVERSE SIDE)

(24) Given name added from a supplemental report ____, 19

Registrar

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

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54318

Registered No. B

(1) PLACE OF BIRTH Hamilton Balto. Co. Md. ~~CITY OF BALTIMORE~~. (No. , St.; Ward)

(2) FULL NAME OF CHILD Brooks Lazenby Walker (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	X	X	yes	Jan. 23, 1910

FATHER

(8) FULL NAME John Hamilton Walker

(9) RESIDENCE Hamilton, Md.

(10) COLOR White

(11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Baltimore Md.

(13) OCCUPATION Mechanical Engineer

MOTHER

(14) FULL MAIDEN NAME Elsie Louise Atkinson

(15) RESIDENCE Hamilton, Md.

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Baltimore, Md.

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Midnight M., on the date above stated.

(23) Signature Maurice Lazenby M.D. (Physician or Midwife)

Address 721 W. North Ave.

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

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(24) Given name added from a supplemental report , 19

Registrar

Filed MAR — 7 1910, 19

JAS. BOSLEY, M.D. COM'R

Registrar

(OVER)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54319

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1348 James St St.; Ward)

(2) FULL NAME OF CHILD Allen F. Brown Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 3rd 1910

FATHER	MOTHER
(8) FULL NAME: Allen F. Brown	(14) FULL MAIDEN NAME: Rebecca Sweetman
(9) RESIDENCE: 1348 James St.	(15) RESIDENCE: 1348 James St.
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 40 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 40 (Years)
(12) BIRTHPLACE: Anne Arundle	(18) BIRTHPLACE: Carroll Co
(13) OCCUPATION: Car builder	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 6	(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 a M., on the date above stated.

(23) Signature: Fairchild (Physician or Midwife)

Address: 1348 James St

Filed Feb 7 1910, 19 10

Registrar

JAS. BOGLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

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

U 0001799

RECEIVED OF RECORD Hospital

(24) Given name added from a supplemental report ____, 19 ____

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

454320

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Chonvette Merrill (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	None	2nd	yes	Feb 6th, 1910

FATHER	MOTHER
(8) FULL NAME Fred C Merrill	(14) FULL MAIDEN NAME Ada L. Hayman
(9) RESIDENCE 1309 Harlem ave	(15) RESIDENCE 1309 Harlem ave
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 25 (Years)	(17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Accomoke Md	(18) BIRTHPLACE Accomoke Md
(13) OCCUPATION Salesman	(19) OCCUPATION House work
(20) Number of children born to this mother, including present birth two	(21) Number of children of this mother now living two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature B. C. Cadin M D

Address 1004 Linden Ave (Physician or Midwife)

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

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RECEIVED FOR RECORD MAR -7 1910 JAS. BOGLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54321

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 703 N. Payson St.; Ward)

(2) FULL NAME OF CHILD Hannah Jane Foster — If child is not yet named, make supplemental report, as directed

(3) Sex of Child: Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth: Feb. (Month) 27 (Day) 1910 (Year)

FATHER

(8) FULL NAME: William M. Foster

(9) RESIDENCE: 703 N. Payson

(10) COLOR: White | (11) AGE AT LAST BIRTHDAY: 29 (Years)

(12) BIRTHPLACE: Baltimore Md

(13) OCCUPATION: Conductor (Street R.R.)

(20) Number of children born to this mother, including present birth: Three

MOTHER

(14) FULL MAIDEN NAME: Mary Lucinda Foster

(15) RESIDENCE: 703 N. Payson

(16) COLOR: White | (17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Johnstown, Pa

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.57 P. M., on the date above stated.

(23) Signature: Edward Rummer M.D. Physician (Physician or Midwife)

Address: 539 N. Fulton, Ave

Filed MAR -7 1910 19

Registrar

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

(24) Given name added from a supplemental report ____, 19

Registrar

BIRTH RECORD

JAS. BOSLEY COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54322

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 706 Ridgewood Av St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(9) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.	—	3rd	Yes	March 3, 1910

	FATHER	MOTHER
(8) FULL NAME	Chas. E. Myers.	(14) FULL MAIDEN NAME Minnie B. Marsh
(9) RESIDENCE	2106 Ridgewood Av	(15) RESIDENCE 2106 Ridgewood Av
(10) COLOR	Wht.	(16) COLOR Wht.
(11) AGE AT LAST BIRTHDAY (Years)	28	(17) AGE AT LAST BIRTHDAY (Years) 35
(12) BIRTHPLACE	Frdk. Co. Md.	(18) BIRTHPLACE Ohio
(13) OCCUPATION	Painter	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 20 A. M., on the date above stated.

(23) Signature E. A. Smith M.D. (Physician or Midwife)

Address 1005 W North Av.

Filed MAR -7 1910, 19

Registrar

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report ____, 19

Registrar

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RECORD
JAS. BOSLEY M.D.
COMM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE AMENDED A54323

(1) PLACE OF BIRTH — name Glen Ed 481 — Registered No. B

CITY OF BALTIMORE. (No. 727 N Appleton St.; Ward)

(2) FULL NAME OF CHILD Ruth E. Sollers

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.		4	Yes	March 3, 1910

FATHER	MOTHER
(8) FULL NAME Edgar D. Sollers	(14) FULL MAIDEN NAME Lula Medcalf
(9) RESIDENCE 727 N. Appleton St.	(15) RESIDENCE 727 N. Appleton St.
(10) COLOR Wht. (11) AGE AT LAST BIRTHDAY 03 (Years)	(16) COLOR Wht. (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Balto.	(18) BIRTHPLACE Frederick Md.
(13) OCCUPATION Conductor	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 30 A. M., on the date above stated.

(23) Signature E. A. Smith M.D.

(Physician or Midwife)

Address 1608 W North Ave.

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

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(24) Given name added from a supplemental report ____, 19

Registrar

COPY FOR RECORD MAR -7 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 2-20-24

A54324

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2529 McCulloh St.; Ward)

(2) FULL NAME OF CHILD Thelma Elizabeth Gross

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.		1st	Yes	Feby 26, 1910

	FATHER	MOTHER
(8) FULL NAME	Wm C. Gross	(14) FULL MAIDEN NAME Annie E. Soper
(9) RESIDENCE	2529 McCulloh St.	(15) RESIDENCE 2529 McCulloh St.
(10) COLOR	Wht.	(16) COLOR Wht.
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years) 32
(12) BIRTHPLACE	Balto.	(18) BIRTHPLACE Montgomery Co. Md.
(13) OCCUPATION	Barber Cigar Store	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 45 P. M., on the date above stated.

(23) Signature E. E. Speicher M.D. (Physician or Midwife)

Address 1605 N. Broadway

Filed MAR -7 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(HEAD THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

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(24) Given name added from a supplemental report , 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54325

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1131 N. Fremont St.; Ward)

(2) FULL NAME OF CHILD Evelyn Mary Dorsey

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Fem.		7th	Yes	July 17th 1909

FATHER	MOTHER
(8) FULL NAME: John C. Dorsey	(14) FULL MAIDEN NAME: Mary A ~~Dorsey~~ Dorsey
(9) RESIDENCE: 1131 N. Fremont	(15) RESIDENCE: 1131 Fremont st
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 43 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 37 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Driver	(19) OCCUPATION: none
(20) Number of children born to this mother, including present birth: Seven	(21) Number of children of this mother now living: Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1131 N. Fremont St., I. A. M., on the date above stated.

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

(23) Signature: Brian Blackmore M.D.
(Physician or Midwife)

Address: 700 W. Lafayette av.

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RECEIVED FOR RECORD MAR -7 1910

Filed _____, 19 .

S. S. BUGLEY M.D. COMR OF HEALTH

Registrar

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54326

(1) PLACE OF BIRTH ~~1430 Ulrick Alley~~ Registered No. B

CITY OF BALTIMORE. (No. 1430 Ulrick alley St.; Ward)

(2) FULL NAME OF CHILD Rachel Cohen (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female				Feb.	27,	1910

FATHER

(8) FULL NAME Louis Cohen

(9) RESIDENCE 1430 Ulrick Alley

(10) COLOR White

(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Presser

MOTHER

(14) FULL MAIDEN NAME Lena Yoffa

(15) RESIDENCE 1430 Ulrick Alley

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION ———

(20) Number of children born to this mother, including present birth 7

(21) Number of children of this mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~February~~ 27, 1910 M., on the date above stated.

(23) Signature Mrs. Tillie Snyder (Physician or Midwife)

Address 29 S. Caroline St.

Filed Mar. 6, 1910. Per E. Snyder Registrar

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

(24) Given name added from a supplemental report ———, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54327

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 720 St.; Ward)

720 N. Baltimore St.

(2) FULL NAME OF CHILD Sadie Feldman

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

(3) Sex of Child: Female

(4) Twin, triplet, or other? (5) Number in order of birth (To be answered only in event of plural births)

(6) Legitimate? Yes

(7) Date of Birth: Feb. (Month) 27 (Day) 1910 (Year)

FATHER

(8) FULL NAME: Joseph Feldman

(9) RESIDENCE: 720 N. Baltimore St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 39 (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Furniture Dealer

(20) Number of children born to this mother, including present birth: 6

MOTHER

(14) FULL MAIDEN NAME: Minnie Bearman

(15) RESIDENCE: 720 N. Baltimore St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 36 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.05 A. M., on the date above stated.

(23) Signature: Robt. L. Murray, M.D.
Physician (Physician or Midwife)

Address: 516 N. Fremont Ave.

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

(24) Given name added from a supplemental report, 19

Registrar

Filed, 19

Registrar

(READ THE REVERSE SIDE)

MAR 7 1910
GEO. L. BOGLEY M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54328

CITY OF BALTIMORE. (No. 705 S. Green St.; Ward)

(2) FULL NAME OF CHILD [illegible] (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Girl | (4) Twin, triplet, or other? 1 | (5) Number in order of birth 1 | (6) Legitimate? | (7) Date of Birth 12 (Month) 15 (Day) 19 11 (Year)

FATHER

(8) FULL NAME [illegible]

(9) RESIDENCE 705 S. Green St.

(10) COLOR White | (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Driver

MOTHER

(14) FULL MAIDEN NAME Bertha [illegible]

(15) RESIDENCE 705 South Green St.

(16) COLOR White | (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Washington Co

(19) OCCUPATION House Keeper

(20) Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at [illegible] M., on the date above stated.

(23) Signature [illegible] (Physician or Midwife)

Address 705 S. Green St

Filed MAR -7 1911 19

[illegible] ROSLEY M.D. Registrar

(24) Given name added from a supplemental report [illegible], 19

Registrar

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

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN ~~NAME~~ ADDED 5/7/13 A54329

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE, (No. 1135 Hochholm St.; Ward)

(2) FULL NAME OF CHILD JULIA ELIZABETH KOCHER — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
girl	/			Febr 23 1910

	FATHER	MOTHER
(8) FULL NAME	Philip Kocher	(14) FULL MAIDEN NAME Julia Hasbick
(9) RESIDENCE	1125 Hochholm str	(15) RESIDENCE 1126 Hochholm str
(10) COLOR	white	(16) COLOR white
(11) AGE AT LAST BIRTHDAY (Years)	26 Yrs 7 Mo 1883	(17) AGE AT LAST BIRTHDAY (Years) 1827 Yrs 12 Mo
(12) BIRTHPLACE	Austrian Hungary	(18) BIRTHPLACE Austrian Hungary
(13) OCCUPATION	Barber	(19) OCCUPATION

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 P. M., on the date above stated.

(23) Signature Mrs Amelia Borge (Physician or Midwife)

Address 1809 RECEIVED FOR RECORD MAR -7 1910 M. Cross Fr

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed MAR. 7, 1910 ____ Registrar

WM. R. BOSLEY M.D. REGISTRAR OF HEALTH

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

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 54330

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1131 Ward St St.; Ward)

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	/		qul	February 23rd 1910

	FATHER	MOTHER
(8) FULL NAME	William Franklin Palmer	(14) FULL MAIDEN NAME Katherine G. Klappenberger
(9) RESIDENCE	1131 Ward St	(15) RESIDENCE 1131 Ward St
(10) COLOR	white	(16) COLOR white
(11) AGE AT LAST BIRTHDAY (Years)	26 yrs	(17) AGE AT LAST BIRTHDAY (Years) 30 yrs
(12) BIRTHPLACE	Baltimore City Md	(18) BIRTHPLACE Baltimore City Md
(13) OCCUPATION	Press Feeder	(19) OCCUPATION

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 9, M., on the date above stated.

(23) Signature Mrs Amelia Bange (Physician or Midwife)

Address 711 N. Cross St

Filed MAR 7 1910 , 19 .

C. BOSLEY M.D.
R OF HEALTH

Registrar

(24) Given name added from a supplemental report , 19

Registrar

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

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RECEIVED FOR RECORD MAR 7 1910

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. 154331

CITY OF BALTIMORE. (No. 3106, Walbrook Ave St.; Ward)

(2) FULL NAME OF CHILD — Eve Sophia Eiselt

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			Yes	December 10, 1909

FATHER	MOTHER
(8) FULL NAME: Emil Eiselt	(14) FULL MAIDEN NAME: Lina ~~E~~ Zwermann
(9) RESIDENCE: 3030 Bakerstreet	(15) RESIDENCE: 3030 Bakerstreet
(10) COLOR: white (11) AGE AT LAST BIRTHDAY: 28 (Years)	(16) COLOR: white (17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Lemia, Austria	(18) BIRTHPLACE: Wehrheim, Germany
(13) OCCUPATION: Civil-Engineer	(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P M., on the date above stated.

(23) Signature: Maurice Lazenby M. D. (Physician or Midwife)

Address: 224 W. North Ave.

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

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(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

REGISTRAR'S RECORD MAR -7 1910 JAS. BOSLEY M.D. COMR. OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54332

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1501 W. Saratoga St. St.; Ward)

(2) FULL NAME OF CHILD Gertrude Marie Unruh

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	5	yes	3 4 1910

FATHER

(8) FULL NAME: Franklin Berg Unruh

(9) RESIDENCE: 1501 W. Saratoga St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: Hagerstown, Md

(13) OCCUPATION: Carriage painter

(20) Number of children born to this mother, including present birth: 5

MOTHER

(14) FULL MAIDEN NAME: Margarete S. Unruh

(15) RESIDENCE: 1501 W. Saratoga St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 32 (Years)

(18) BIRTHPLACE: Quebec - Canada

(19) OCCUPATION: House wife

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5:45 A M., on the date above stated.

(23) Signature: H. M. Little, M.D. (Physician or Midwife)

Address: Franklin Square Hosp.

Filed MAR -7 1910, 19

RECEIVED FOR REGISTRATION JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

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

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54333

CITY OF BALTIMORE. (No. West End Maternity St.; Ward)

(2) FULL NAME OF CHILD Not named (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		1	no	3 - 7 - 19 10

FATHER

(8) FULL NAME: Walter Iley

(9) RESIDENCE: Carroll Co, Md

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 19 (Years)

(12) BIRTHPLACE: Carroll Co., Md

(13) OCCUPATION: Farmer

MOTHER

(14) FULL MAIDEN NAME: Grace Kennedy

(15) RESIDENCE: Carroll Co., Md

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 19 (Years)

(18) BIRTHPLACE: Carroll Co., Md.

(19) OCCUPATION: House work

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 P. M., on the date above stated.

(23) Signature: J. [illegible] Riehle, M.D. (Physician or Midwife)

Address: Franklin Square Hospital

Filed MAR -7 1910, 19

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

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

1910 U 0 0 0 1 8 1 3

RECEIVED RECORD

JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54334

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 316 N. Paca St.; Ward)

(2) FULL NAME OF CHILD — Mary Wyshan

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	Yes	Jan. 30th 1910

FATHER

(8) FULL NAME — Wm E. Wyshan

(9) RESIDENCE — 316 N. Paca St

(10) COLOR — White

(11) AGE AT LAST BIRTHDAY — 38 (Years)

(12) BIRTHPLACE — Baltimore Md

(13) OCCUPATION — Salesman

MOTHER

(14) FULL MAIDEN NAME — Annett McElwain

(15) RESIDENCE — 316 N. Paca St

(16) COLOR — White

(17) AGE AT LAST BIRTHDAY — 25 (Years)

(18) BIRTHPLACE — Baltimore Md

(19) OCCUPATION

(20) Number of children born to this mother, including present birth — 4

(21) Number of children of this mother now living — 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.45 a. M., on the date above stated.

(23) Signature — C. H. Scudder, M.D. (Physician or Midwife)

Address — 2 S. Pattison St.

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

(24) Given name added from a supplemental report _____, 19

Registrar

Filed MAR 7 1910, 19

Registrar

JAS. BOSLEY M.D.

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

10/16/69

GIVEN NAME ADDED

(1) PLACE OF BIRTH — Registered No. B 454335

CITY OF BALTIMORE. (No. ____, St.; ____ Ward)

(2) FULL NAME OF CHILD EMMA ESTELLE RAPP — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				Feb. 17, 1910

FATHER		MOTHER	
(8) FULL NAME	John Henry Rapp	(14) FULL MAIDEN NAME	Gertrude Hill
(9) RESIDENCE	1301 Lyndon Ave	(15) RESIDENCE	
(10) COLOR	W	(16) COLOR	
(11) AGE AT LAST BIRTHDAY (Years)	27	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Baltimore City	(18) BIRTHPLACE	Queen Anne's Co.
(13) OCCUPATION	Produce dealer	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 A. M., on the date above stated.

1910 (23) Signature [illegible] (Physician or Midwife)

Address [illegible]

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

1815

FILED FOR RECORD MAR -7 1910 JAS BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____ 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54336

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD: Kathrine Amelia

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female.				Oct. 4, 1910.

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Charles Bunge.	Viola Bowers.
(9) RESIDENCE / (15) RESIDENCE	754 Columbia Ave.	—
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY / (17) AGE AT LAST BIRTHDAY	31 (Years)	26. (Years)
(12) BIRTHPLACE / (18) BIRTHPLACE	Egg Harbor.	Balto.
(13) OCCUPATION / (19) OCCUPATION	Ice cream Manufact'r.	
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 a M., on the date above stated.

1910 (23) Signature Wm. Lin Bunge. (Physician or Midwife)

Address 754 Colum Ave.

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

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

RECEIVED FOR RECORD MAR -7 1911 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54337

CITY OF BALTIMORE. (No. 2209 Rustan Av. St.; Ward)

(2) FULL NAME OF CHILD Margaret Thelma Kemp. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female				Feb. 17 1916 (Month) (Day) (Year)

(To be answered only in event of plural birth)

FATHER

(8) FULL NAME: Richard V. Kemp

(9) RESIDENCE: 2209 Rustan Av

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 33 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Insurance Agent

MOTHER

(14) FULL MAIDEN NAME: Margaret T. Gordon

(15) RESIDENCE: Balto 2209 Rustan Av

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 31. (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: None

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3:30 A M., on the date above stated.

(23) Signature: A. C. Pole (Physician or Midwife)

Address: 2038 Madison Av

Filed ..., 19 ... Registrar

(24) Given name added from a supplemental report ..., 19 ... Registrar

U 0 0 1 8 1 7

RECEIVED FOR RECORD MAR -7 1916 GEO. BOSLEY M.D. COMR. OF HEALTH

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

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54338

CITY OF BALTIMORE. (No. 913 Harmony Lane St.; 18th Ward)

(2) FULL NAME OF CHILD Walter Augustus Miles — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) ~~Twin, triplet, or other?~~ (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Boy		5	yes	March 3, 1910

FATHER		MOTHER	
(8) FULL NAME	James Allen Miles	(14) FULL MAIDEN NAME	Malinda Liddons
(9) RESIDENCE	913 Harmony Lane	(15) RESIDENCE	913 Harmony Lane
(10) COLOR	Colored	(16) COLOR	Colored
(11) AGE AT LAST BIRTHDAY (Years)	42	(17) AGE AT LAST BIRTHDAY (Years)	39
(12) BIRTHPLACE	Carroll Co. Md.	(18) BIRTHPLACE	Balto. Md.
(13) OCCUPATION	Laborer	(19) OCCUPATION	—
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature Jane Malinda Green Midwife (Physician or Midwife)

Address 1125 N. Appleton St

Filed MAR -7 1910, 19 .

Registrar

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report ____, 19

Registrar

1 0 0 0 1 8 1 8

RECEIVED FOR RECORD

JAS BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54339

(1) PLACE OF BIRTH #802 Burgundy Place. Registered No. B

CITY OF BALTIMORE. (No.) St.; Ward)

(2) FULL NAME OF CHILD Gilbert A. Martindale. Wm. B. Martindale

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Twins	6	yes.	Feb 16, 1910

FATHER

(8) FULL NAME Wallace A. Martindale

(9) RESIDENCE #802 Burgundy Place

(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Grand Rapids Mich

(13) OCCUPATION Sheet Metal worker.

MOTHER

(14) FULL MAIDEN NAME Mary E. Easton

(15) RESIDENCE

(16) COLOR White (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Washington D. C.

(19) OCCUPATION Paper Box making

(20) Number of children born to this mother, including present birth 7

(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 A. M., on the date above stated.

(23) Signature Mrs Amelia Barge (Physician or Midwife)

Address

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

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(24) Given name added from a supplemental report , 19

Registrar

Filed MAR -7 1910, 19

Registrar

RECORD

JAS. BOSLEY COM'R OF HEALTH

(OVER FOR REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54340

CITY OF BALTIMORE. (No. 807 Burgundy Place St.; Ward)

(2) FULL NAME OF CHILD William B. Martindale (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Twins	7	yes	Feb. 16, 1910

FATHER		MOTHER	
(8) FULL NAME	Wallace A Martindale	(14) FULL MAIDEN NAME	Mary E Easton
(9) RESIDENCE	807 Burgundy Place	(15) RESIDENCE	807 Burgundy Place
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years)	33
(12) BIRTHPLACE	Grand Rapids Mich	(18) BIRTHPLACE	Washington D.C.
(13) OCCUPATION	Sheet Metal Worker	(19) OCCUPATION	Paper Box making
(20) Number of children born to this mother, including present birth	7	(21) Number of children of this mother now living	0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 P. M., on the date above stated.

(23) Signature Mrs Amelia Bunge (Physician or Midwife)

Address 711 N. Gilmor St.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

RECEIVED FOR RECORD MAR -7 1910 JAS. BOSLEY M.D. COMR. OF HEALTH

(READ THE REVERSE SIDE)

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

1910 U.S. 1820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54341

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 12 S. Pulaski St.; Ward)

(2) FULL NAME OF CHILD — Bennett Grymes Hanway (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	Feb. 21, 1910

FATHER

(8) FULL NAME: Edward C. Hanway

(9) RESIDENCE: 12 S. Pulaski St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAT: 23 (Years)

(12) BIRTHPLACE: Harford Co. Md

(13) OCCUPATION: Iron Construction foreman

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Paulitta George

(15) RESIDENCE: 12 S. Pulaski St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAT: 20 (Years)

(18) BIRTHPLACE: Baltimore, Md.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: E. A. Dickey, M.D. (Physician or Midwife)

Address: 14 N. Monroe St.

Filed MAR -7 1910, 19

JAS. BOSLEY M.D. COMR OF HEALTH — Registrar

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54342

CITY OF BALTIMORE. (No. 2026 Lanvale St St.; Ward)

(2) FULL NAME OF CHILD Sylvester Allen Duff — { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 2 1910

FATHER

(8) FULL NAME	Sylvester Allen Duff
(9) RESIDENCE	2026 Lanvale St
(10) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	29
(12) BIRTHPLACE	Virginia
(13) OCCUPATION	Carpenter

MOTHER

(14) FULL MAIDEN NAME	Anna May Fairbank
(15) RESIDENCE	2026 Lanvale St
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	23
(18) BIRTHPLACE	Woodstock, Md.
(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature C. G. Dickey, M.D. (Physician or Midwife)

Address 1 N. Monroe St

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD MAR -7 1910

Filed ____, 19 ____

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A54343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), Second

1. *Name of Child,* Charles Marshall Price
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* February 17 1910
6. *Place of Birth, (Street and number)* 627 Eutaw Ave
6. *Full name of Mother,* Elizabeth Temple Price
7. *Mother's Maiden Name,* " " Marshall
8. *Mother's Birthplace,* Pennsylvania
9. *Full name of Father,* Elmer Wales Price
10. *Father's Occupation,* Insurance Asst Sub Local Office
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Josh Evans MD

Address, 602 Eutaw Ave

Remarks, 1 9 1 0 U 0 0 1 8 2 3

RECEIVED FOR RECORD
MAR -7 1910
HAS. BOSLEY, M.D.
COMR OF HEALTH

The full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents; the date and place of birth; and the said schedule shall be delivered, duly signed by one of the persons above named, to the Registrar of the district in which the birth shall occur within ten days after the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to this Commissioner of Health. In case the birth of any child is not reported as herein required, the person required to report shall forfeit and pay for each offense, after fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JAN 7 1910
J.S. DORSEY, M.D.
REGR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,* Harry Edward Scraggs.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 17th 1910.
5. *Place of Birth, (Street and number)* 102. West Cutting Street.
6. *Full name of Mother,* Mary Jane Scraggs.
7. *Mother's Maiden Name,* Mary Jane Monaghan.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Joseph William Scraggs.
10. *Father's Occupation,* Black Smith Helper.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. B. Mayer

Address, 711 Cross St.

Remarks,

1910000001824

...or each child (if any shall have been conferred) and the name to be given to the child. Which have occurred under ...ce and Place of Birth; and the said schedule shall be delivered by the said Registrar or his assistants to the ...Health. In case the first and third day of each and every month to the Registrar of Vital Statistics at his office. ...midwifery, or should no other person be in attendance, then it shall be the duty of the person or parents of such child to ...shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics ...shall fail to do so within the period above required, and any such person or persons hereafter shall ...hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars ...for each offense, to be recovered as other fines and forfeitures are recoverable.

F 511 9-16-77 LW CERTIFICATE AMENDED

RETURN OF A BIRTH. A54345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 08
MAR -7 1910
J.S. BOGLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* James Lee Brooks
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* February 5th 1910
5. *Place of Birth, (Street and number)* 821 Edmonson Ave
6. *Full name of Mother,* Babette Margaret Brooks
7. *Mother's Maiden Name,* Babette Margaret Kyle
8. *Mother's Birthplace,* Gamber, Carroll County Md.
9. *Full name of Father,* James M. Brooks.
10. *Father's Occupation,* Accountant
11. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs B Brooks

Address, 711 Carroll St.

Remarks,

19100001825

...ge or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born) and the sex, color, the full name and occupation of the father, and place of birth: And the said schedule shall be signed by the Practitioner in the form of a certificate as follows: I certify that I attended on the mother, immediately Practitioner or Midwife, or should no other person be in attendance, the attendance of a physician or Midwife shall be required, and the duty of the person or parent of such child to report its birth to the Commissioner of Health, to the same extent as is required of the Practitioner or Midwife in attendance. Any Practitioner or Midwife who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -7 1910
J. S. BOSLEY, M.D.
CITY REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Walter Edward Kennedy
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Tuesday February 1
5. Place of Birth, (Street and number) 1421 Stockholm St
6. Full name of Mother, Mrs Lenay Kennedy
7. Mother's Maiden Name, Miss Lena Mumgrave
8. Mother's Birthplace, Baltimore
9. Full name of Father, Mr Walter Kennedy
10. Father's Occupation, Mechanist
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Camp

Address, 711 E Fayette St.

Remarks,

19100001826

All persons having charge of births shall set forth as far as the same can be ascertained the full name and date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, to the Commissioner of Health. In case the birth of a child occurs without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth of such child, the duty of the person or parent of such child to report its birth to the Commissioner of Health shall become absolute and shall be performed within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 7 1910
JOHN S. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Name of Child, Evelyn Lania Robinson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, October 26th 1909
6. Place of Birth, (Street and number) 1417 Belvidere St
6. Full name of Mother, Evelyn Gertrude Robinson
7. Mother's Maiden Name, Evelyn Gertrude Bolen
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Samuel MacDonald Robinson
10. Father's Occupation, Musician
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Swan Butler

Address, 2843 Kennington Ave

Remarks, This is the second administration to my wife and can say that she performs her services well.

19100 01827

...shall state the full name and occupation of its parents; the date and place of birth; and the sex, color, and number of children born of each parent; and whether the child be the first and only child, or twin, or triplet, or one of quadruplets, or quintuplets, or other issue of a birth. And the said certificate shall be delivered to the Commissioner of Health, or to such person as he may designate, within ten days after the birth has occurred, and every month, to the office of Commissioner of Health, there to be recorded. And no child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the case within the time and manner as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 7 1910
J.S. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of Child,* Anita Matilda Harris
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Sept 26 1909
6. *Place of Birth, (Street and number)* 1 Pennsylvania Ave
6. *Full name of Mother,* Matilda Harris
7. *Mother's Maiden Name,* Matilda Gray
8. *Mother's Birthplace,* Caroline Co Va
9. *Full name of Father,* Alfred H Harris
10. *Father's Occupation,* Coachman
11. *Father's Birthplace,* Brooklyn West Va

Name of Medical Attendant, or other person who makes this Return, Susan Butler

Address, Mrs Susan Butler 28 S Pennington Ave

Remarks, no Doctor attended

1910000828

be conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said child shall reside. Every midwife or other person who shall attend at the birth of any child shall within ten days thereafter, and before the expiration of the first month after such birth, report to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the same to the Commissioner of Health, in the manner and within the time prescribed in this section. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore

1. *Name of Child,* Not Name 9
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* Colored.
4. *Date of Birth,* January 27
6. *Place of Birth, (Street and number)* 1 Remington Ave
6. *Full name of Mother,* Rosa Harrington
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,*
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Susan Butler

Address, 1 E 43 Remington Ave

Remarks,

1910000 4829

RECEIVED FOR RECORD
MAR - 7 1910
JAS. BOSLEY, M.D.
BOARD OF HEALTH

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the person in charge of each house as aforesaid, before the birth of each child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the parents of such child shall report its birth to the office of Commissioner of Health, within ten days after the occurrence, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Name of child,*	Julia J. Brown
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	Colored
4. *Date of Birth*	Mar 6 1910
5. *Place of Birth, (Street and number)*	1720 David Hillare
6. *Full name of Mother,*	Sara Brown
7. *Mother's Maiden Name,*	Sara Redmond
8. *Mother's Birthplace,*	Lancaster Pa
9. *Full name of Father,*	Ernest Brown
10. *Father's Occupation,*	Laboring
11. *Father's Birthplace,*	Richmond Co Va
Name of Medical Attendant, or other person who makes this Return,	Dr. Quimby Thomas
Address,	2106 David Hillare.
Remarks,	

1910001830

RECEIVED FOR
MAR -7 1910
WOOLLEY M.D.
DEPT OF HEALTH.

Every physician, midwife, or other person who shall assist at the birth of any child, shall, within ten days thereafter, make a return of such birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 7 1910
W.S. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Name of Child,* not named
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* colored
4. *Date of Birth,* June 19 1909
6. *Place of Birth, (Street and number)* 2225 Remington Ave
6. *Full name of Mother,* Sarah Ellen Nash
7. *Mother's Maiden Name,* Sarah Ellen Price
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Spencer Marshall Nash
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Butler

Address, 2243 Remington Ave

Remarks, I find no fault of

1910000183 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, within the first week of each month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report said birth to the Commissioner of Health. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 54352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -7 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Name of Child, Herbert Irving Brown
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, April 17th 1909.
6. Place of Birth, (Street and number) 2424 Fox St.
6. Full name of Mother, Sadie A. Brown
7. Mother's Maiden Name, Sadie A. Baker
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Herbert Brown
10. Father's Occupation, Laborer
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Susan Butler

Address, 2413 Presstman Ave.

Remarks, Attended by Midwife

19100018832

Notice.—Every midwife shall report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth, and the sex, color, and full name of each child born, and attended by her, within ten days after the birth of such child, and shall also report the death of any child under her charge within ten days after the death of such child, and every month shall render to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report the same to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECORD
MAR -7 1910
J.S. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child living

1. Name of Child, James Edward Hall.
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, January 12, 1910
5. Place of Birth, (Street and number) 3847 Dill St.
6. Full name of Mother, Sallie Hall.
7. Mother's Maiden Name, Sallie Hall.
8. Mother's Birthplace, Stafford Co Virginia.
9. Full name of Father, James Hall.
10. Father's Occupation, Labor
11. Father's Birthplace, Stafford Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Susan Butler

Address, 3843 Pennington Ave.

Remarks, No fault to find in the attendance.

19100001837

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in attendance, to the parents of such child or, if there be no such person, then it shall be mailed by such person to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within ten days thereafter to send to said Commissioner the said schedule. Any person who shall refuse or neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -7 1910
H.S. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, Ira, Harold
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colo
4. Date of Birth, Sept 24 1909
6. Place of Birth, (Street and number) 2805 Remington ave
6. Full name of Mother, Ella Bantes
7. Mother's Maiden Name, Ella williman
8. Mother's Birthplace, Va.
9. Full name of Father, Thomas L. Bantes
10. Father's Occupation, laber
11. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Susan Buttle

Address, 2843 Remington ave Balto Md.

Remarks, I find no Death in medical 1960 Record 8834

been conferred) its sex, color the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, to the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance authorized by this section to make the return of birth, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -7 1910
JAS. BOOLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Name of Child, Charles b Dent
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, July 4th 1909
6. Place of Birth, (Street and number) 2828 Fox St.
6. Full name of Mother, Sarah, E. Dent
7. Mother's Maiden Name, Sarah, E. Stokes
8. Mother's Birthplace, Baltimore
9. Full name of Father, Charles b. Dent
10. Father's Occupation, Laborer
11. Father's Birthplace, St. Marys Co: Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Susan Butler

Address, 2843 Remington ave Balto

Remarks, A fine no fault in Medical Attendant

9 1 0 0 0 0 1 8 3 5 t

been conferred) its sex, color; the full name and occupation of its parents; the date and place of birth; and the name and address of the attendant or other person who makes this return. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth as required by this section. It is hereby made the duty of the board of health to furnish any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) child 1-

1. *Name of Child,* Clarence Johnson
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* February 3rd 1910
6. *Place of Birth, (Street and number)* 164 Dolphin St Balto
6. *Full name of Mother,* Hattie Johnson
7. *Mother's Maiden Name,* Hattie Johnson
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* Stiles Johnson
10. *Father's Occupation,* Laboring Work
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Susan Buettler

Address, 2843 Remington Ave

Remarks, 19100001836

RECEIVED FOR RECORD FEB 7 1910 S. BOSLEY, M.D. BOARD OF HEALTH

been conferred) its sex; color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first child third day of each and attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter; if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Childrun

1. *Name of child,* no name
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* colored
4. *Date of Birth* march 6th 1910
5. *Place of Birth, (Street and number)* 2127 Ettinge St
6. *Full name of Mother,* mary Beatrice Jones
7. *Mother's Maiden Name,* mary Beatrice Wright
8. *Mother's Birthplace,* Charles county Maryland
9. *Full name of Father,* Charles Normark Jones
10. *Father's Occupation,* Music teacher
11. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Julia Stevenson

Address, 2125 Ettinge St.

Remarks,

1 9 1 0 0 0 0 1 8 3 7

CONSIDERED FOR RECORD
NOV -8 1910
DR. GOSLEY M.D.
COMMISSIONER OF HEALTH

Every midwife or person other than a physician or practitioner of medicine who shall be in attendance upon the mother at the birth of any child shall report the same to the Commissioner of Health within the period above required, and any such person or physician who shall become the duty at the person or parent of such child to report the birth thereof shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, or be proceeded against by other fines and forfeitures as is recoverable.

1236

RETURN OF A BIRTH. A54358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD MAR -8 1910 JAS BOSLEY M.D. SUPT OF HEALTH.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4th

4. Place of Birth, (Street and Number) #4,563 Marymans ave

5. Full Name of Mother, Bertha Cohee

6. Mother's Maiden Name, Bertha Williamson

7. Mother's Birthplace, Eastern Shore Md

8. Full Name of Father, Harvey Cohee

9. Father's Occupation Conductor

10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other person who makes this Return, 1st. ave # 878 Lillian L Knust

Address, Hampden Baltimore

Remarks, # 1 9 1 0 0 0 0 1 8 3 8

Harry G Ohee Father

JUN 5 - 1935

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 6. The owner of each tenement, house or building in which a birth occurs, or the agent of such owner having charge thereof, shall cause the name of each child born therein, with the name of the parents, and the date of birth, to be registered with the Registrar of Vital Statistics within ten days after such birth occurs, and shall keep a record thereof, under penalty of ten dollars for each and every child not registered as herein required.

Sec. 7. The mother of each child born in the City of Baltimore, and in case of her death or inability to act, the father of such child, and in case of the death or inability to act of both parents, the person having charge of such child, shall, within ten days after the birth of such child, cause the same to be registered with the Registrar of Vital Statistics, and in default thereof shall be liable to a penalty of ten dollars.

Sec. 8. The duty imposed by the preceding section shall devolve upon the following persons in the order named, viz.: 1st, the physician in attendance upon the mother during her confinement; 2d, the midwife who may be employed to attend upon the mother during her confinement; 3d, the nurse who may be employed to attend upon the mother during her confinement; 4th, the father of the child; 5th, the mother of the child; 6th, the householder or owner of the premises where the birth occurs; 7th, the agent of the owner of the premises where the birth occurs; 8th, any person present at the birth.

Sec. 9. The duty imposed by section 7 shall be performed within ten days after the birth occurs, and the person upon whom the duty devolves shall state in the return all the facts required by said schedule to be stated, so far as the same can be ascertained from the father or mother of the child, or from the person having charge of the child, and shall state such facts as far as the same can be ascertained the full name, sex, color, the full name and occupation of its parents, the date and place of birth, and shall have power to administer oaths to the informant in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person in charge of the child to report the birth to the Commissioner of Health, in the manner and within the period above required, and in addition to the penalty hereinbefore provided, it shall become the duty of the person in charge of the child to cause the child to be examined by a physician or practitioner of medicine, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine often (10) dollar for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. A54359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -8 1910
JAS BOSLEY M.D.
REGISTRAR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	January 30th 1910
4. *Place of Birth, (Street and Number)*	1735 Edder ave
5. *Full Name of Mother,*	Fannie Delaven
6. *Mother's Maiden Name,*	Fannie Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Howard Delaven
9. *Father's Occupation*	Brakeman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Lillian C Knott
Address,	1910 0000 1839 Hampden Balto City
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no birth of any child shall occur in any month, a report to that effect shall be made by the person or persons required to report the births occurring in such month. The Commissioner of Health shall furnish blank forms for the certificates and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A54360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 D

1. *Name of child,* Helen Cimino
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb. 7 1910
5. *Place of Birth, (Street and number)* 1443 N. Bond st
6. *Full name of Mother,* Josphine Cimino
7. *Mother's Maiden Name,* Josphine Cimino
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Frank Cimino
10. *Father's Occupation,* Shoe maker
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Mondagna Midwife

Address, 405 Calvert st

Remarks,

1910000 1840

PASSED FOR RECORD MAR -8 1910 BOSLEY M.D. BOARD OF HEALTH

...of her care during the month, and shall set forth as fully as the same can be ascertained the full name of each child, if any, and whether living or dead, color, the full name and occupation of its parents, the number of children, if any, to whom the mother of such child has previously been delivered, and the number of a certificate between the first and third day of each and every month to the Board of Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of such person in attendance upon the mother, immediately thereafter (if practicable, but within the period above required) to report the particulars of such birth to the Commissioners of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been previously born, the number of such children living and dead.) The said certificate shall also state the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the other of Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

FILED FOR RECORD MAR -8 1910 WM. BOSLEY M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,*
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 11 February 1910
5. *Place of Birth, (Street and number)* 1612 Fayette st
6. *Full name of Mother,* Janetta Roe
7. *Mother's Maiden Name,* " " Kvitra
8. *Mother's Birthplace,* Bergen Norway
9. *Full name of Father,* Eyvind M. Roe
10. *Father's Occupation,* Captain
11. *Father's Birthplace,* Bergen Norway

Name of Medical Attendant, or other person who makes this Return. Martha E. Thurn

Address, 425 N. Fairmount

Remarks,

1910000184 1

RETURN OF A BIRTH.

454362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -8 1910
H.S. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 III

1. Name of Child, Esta Stella Katz
2. Sex, (state whether male or female) Girl
3. Race or color, (if not of the White Race)
4. Date of Birth, 26 November 1909
6. Place of Birth, (Street and number) 1309 Fleetwood st.
6. Full name of Mother, Rose Katz
7. Mother's Maiden Name, Hoffmann
8. Mother's Birthplace, Russia
9. Full name of Father, Josef L. Katz
10. Father's Occupation, Saloon Keeper
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Martha J. Wiam

Address, 725 W. Lanvale st.

Remarks,

1910000 1842

Any person who shall neglect or refuse to state the sex, color, the full name and occupation of its parents; the date and place of birth; and the number of children born to the mother, including the birth of any child that may be in existence at the time of making the return, as required by this act, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD MAR -8 1910 J. BOSLEY, M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Assunta Chiodo
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 7 1910
5. Place of Birth, (Street and number) 918 Lombard st
6. Full name of Mother, Lena Chiodo
7. Mother's Maiden Name, Lena Silvestri
8. Mother's Birthplace, Italy
9. Full name of Father, Adelino Chiodo
10. Father's Occupation, Tailor
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address, 1105 Colvin st

Remarks,

19100001843

Every child born within the limits of Baltimore City hereafter shall be registered, and the full name of each child shall be ascertained the full name of each child shall be registered, and the full name of each child shall be ascertained as far as the same can be ascertained the full name of each child shall be registered, and the full name of each child shall be ascertained as far as the same can be ascertained the full name of each child shall be registered, and the full name and occupation of the parents, the date and place of birth, and the sex, color, and

RETURN OF A BIRTH. A54364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 8 1910
REGISTRAR M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 D

1. Name of child, Jannnie Delnegre
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 13 1910
5. Place of Birth, (Street and number) 106 Front st
6. Full name of Mother, Lena Delnegre
7. Mother's Maiden Name Lena Tiracchi
8. Mother's Birthplace, Italy
9. Full name of Father, Angelo Delnegre
10. Father's Occupation, Presser
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Franco Montagna ~~M.D.~~ Midw.

Address, 405 Colvin st

Remarks,

1910000184 4

This certificate is to be filled out by the physician, midwife or other person in attendance upon the mother, immediately after the birth of the child, and delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the Commissioner of Health. In case the birth occur without the attendance of a physician or midwife, the father or mother or other person in attendance upon the mother, immediately thereafter it shall become the duty of the owner or agent of the premises where the birth occurred to report its birth to the Commissioner of Health, in the manner and within the period above required. And any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
NOV 8 1910
HENLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2D

1. Name of child, Domenica Dicarlo
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 14 1910
5. Place of Birth, (Street and number) 18 Albemarle st
6. Full name of Mother, Caterina Dicarlo
7. Mother's Maiden Name, Caterina Dengenio
8. Mother's Birthplace, Italy
9. Full name of Father, ~~Geo~~ Louis Dicarlo
10. Father's Occupation, Peasant.
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address,

Remarks,

19100001845

...case of delay the month, and shall set forth as far as the same can be ascertained the full name... of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the... date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case of delay in the delivery of a certificate beyond the first and third days as above required, duly signed by the practitioner in the form of a certificate between the first and third days as above required, duly signed by the practitioner in the form... Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person neglecting or hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD MAR -8 1910 H.S. BOSLEY M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 D

1. Name of child, Carolina Anello
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 18 1910
5. Place of Birth, (Street and number) 1138 Low st
6. Full name of Mother, Tresa Anello
7. Mother's Maiden Name, Trasa Aprea
8. Mother's Birthplace, Italy
9. Full name of Father, John Anello
10. Father's Occupation, Backery
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address, 405 Lobrin st

Remarks,

19100001846

Every midwife, physician or other person who shall attend upon any birth shall, within ten days thereafter, make a return thereof to the Registrar of Vital Statistics, Board of Health, at the office of the Board of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD MAR -8 1910 JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 D

1. *Name of child,* Catarina Luscina
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 23 1910
5. *Place of Birth, (Street and number)* 66 Washmarket Place
6. *Full name of Mother,* Rosa Luscina
7. *Mother's Maiden Name,* Rosa Pedone
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* John Luscina
10. *Father's Occupation,* Lunch room
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Francis Montagna Midwife

Address, 405 Calvin St

Remarks,

1910000001847

Every physician, midwife or other person who shall hereafter attend upon any birth, shall, within ten days after such birth, make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form prescribed by the Board of Health, and set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; sex, color, the full name and occupation of the parents; the date of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife in charge, to the father or mother of such child, or in the absence of both father and mother, to the householder of the house in which such birth shall occur, before the Registrar of Vital Statistics shall issue a certificate between the first and third day of each and every month to a physician or practitioner of Health. In case the birth of any child shall occur in an attendance upon the mother, immediately thereafter it midwifery, or in the absence of any physician or midwife, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall become subject to the penalties hereinafter provided. Every midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
SEP -8 1910
REGISTRAR M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Genevieve Rhea Bliveris (Jennie) (Bliveris)
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth 22 February 1910 Bal.
5. Place of Birth, (Street and number) 119 Fore St
6. Full name of Mother, Nora (Fore) (Bliveris) Bliveris
7. Mother's Maiden Name, " (Fore) Goldberg
8. Mother's Birthplace, Russia
9. Full name of Father, Aaron (Arry) (Bliveris) Bliveris
10. Father's Occupation, Salisman
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, miss a (Hurst)

Address, 1116 E. Fayette St.

Remarks, 1 9 1 0 U 0 0 1 8 4 8

Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parties of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, Commissioner of Health, in the manner and form prescribed by the Board of Health, and the said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein required, or the same shall be delivered, duly signed by the midwife or nurse in attendance, or by the parent or parents of such child,

[1230]

GIVEN NAME ADDED - 2/25/69

RETURN OF A BIRTH. A54369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARSHALL ALBERT ~~BURRIER~~

RECEIVED FOR RECORD
MAR -8 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 21st 1910
4. Place of Birth, (Street and Number) # 3336 Cedar ave
5. Full Name of Mother, Isabell Burrier
6. Mother's Maiden Name, Isabell Allen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. R. Burrier
9. Father's Occupation Brakeman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Lillian L Hurst

Address, 1910 00 018491 Hampden Balto City

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, to whom she has been confirmed; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or midwife, the mother, or in case of her inability, the person in attendance upon the mother, immediately hereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall, for each offense, upon conviction thereof before any court of competent jurisdiction, be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1230

RETURN OF A BIRTH. A54370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 8 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 22nd 1910
4. *Place of Birth, (Street and Number)*	Hill Street # 3
5. *Full Name of Mother,*	Lilly Davis Baker
6. *Mother's Maiden Name,*	Lilly Davis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Baker
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore county Md
Name of Medical Attendant, or other person who makes this Return,	William E. Lowe
Address,	1910 0000 #816 1850 Gist ave
Remarks,	Hampden Baltimore

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, in the manner and within the period above required, and shall receive a certificate of such delivery; and any midwife or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C... City Printers and Stationers.

RETURN OF A BIRTH. A54371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 D

1. *Name of child,* Anthonia Ammoscato
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Jan. 31 1910
5. *Place of Birth, (Street and number)* 21 Bck st
6. *Full name of Mother,* Paola Ammoscato
7. *Mother's Maiden Name,* Paola Dimaria
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Gordio Ammoscato
10. *Father's Occupation,* Peasant
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address, 705 Calvin at

Remarks,

1910000185 1

RECEIVED FOR RECORD MAR -8 1910 J. S. BOSLEY M.D. COMR OF HEALTH

of each child, if any shall have been omitted, as far as the same can be ascertained, the full name date and place of birth; and the said schedule shall be delivered, duly filled, to the person making the of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, in the manner and within the period above required, and any such person or persons who shall become the duty or the person or parents of such child to report the birth to the Commissioner of hereafter fail to comply with the provisions of this section shall be subjected to a fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FILED FOR RECORD
MAR -8 1910
[illegible] BOXLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 D

1. *Name of child,* Sam Pitarra
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb, 7. 1910.
5. *Place of Birth, (Street and number)* 526 N. Gay st
6. *Full name of Mother,* Concetta Muffoletto
7. *Mother's Maiden Name,* Concetta Pitarra
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Sam. Pitarra
10. *Father's Occupation,* Barber.
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Franas Montagna Midwife

Address, 404 Colvin st

Remarks,

1910000 1852

Every person having charge of any child born after the passage of this act shall report the birth of such child to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after such birth, and before the burial or removal from the house of such child, and shall state in such report the full name and occupation of its parents, the date and place of birth of such child, and such other particulars as may be required by the Registrar of Vital Statistics, Board of Health, to the end that a certificate of such birth may be made out and registered as provided in this act. Every midwife, or other person in attendance upon the mother, immediately thereafter if there be no physician or midwife in attendance, and every such person or persons who shall have charge of any child born after the passage of this act shall report the birth of such child to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -8 1910
C. C. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,*
2. *Sex, (state whether male or female)* boy
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 27 January 1910
6. *Place of Birth, (Street and number)* 1 E. Eager Ave.
6. *Full name of Mother,* Marie E. Leitner
7. *Mother's Maiden Name,* " " " Dawley
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Arthur Leitner
10. *Father's Occupation,* Fish Dealer
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Martha J Gunn

Address, 725 N. Germantown

Remarks,

1910000853

A copy of this certificate shall be delivered, duly signed by the person required to report the birth, to the parent or other person in charge of the child, within ten days after the birth; and the said schedule shall be delivered, duly signed as aforesaid, to the Commissioner of Health, at the office of the Commissioner, on the third day of each and every month, to the office of Commissioner of Health, for such births of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person named above be present at the birth, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered duly signed by the accoucheur or by a parent. The date and place of birth, and the name of each child born alive, must be entered in the certificate as soon as the same are known, and not later than the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and to furnish the information required by this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD MAR -8 1910 P.S. BOXLEY, M.D. BD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Name of Child,*
2. *Sex, (state whether male or female)* Boy
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 4 February 1910
6. *Place of Birth, (Street and number)* 214 N. Fayette St.
6. *Full name of Mother,* Rose Taylor
7. *Mother's Maiden Name,* " Hasburn
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Charles Taylor
10. *Father's Occupation,* Sign Painter
11. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return, Martha J. Winn

Address, 725 N. Carrollton

Remarks,

191000001854

RETURN OF A BIRTH. A54375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -8 1910
H.S. BRADLEY M.D.
BOARD OF HEALTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child,
2. Sex, (state whether male or female) boy
3. Race or color, (if not of the White Race)
4. Date of Birth, 3 February 1910
6. Place of Birth, (Street and number) 225 N. Gammon st.
6. Full name of Mother, (Bertha Lawton)
7. Mother's Maiden Name,
8. Mother's Birthplace, Norfolk Virginia
9. Full name of Father, Jesse Smith
10. Father's Occupation, Engineer Steamer
11. Father's Birthplace, Boston

Name of Medical Attendant, or other person who makes this Return, Martha E. Hearn

Address, 225 N. Gammon street

Remarks,

1910 0001855

Any physician, midwife or other person who shall neglect or refuse to make return of any birth at which he or she shall be present, or which shall come to his or her knowledge, within ten days after the occurrence thereof, in the form of a certificate between the first and third day of each and every month, to the office or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should neither the physician nor midwife attend the mother after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED

RETURN OF A BIRTH. A54376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -8 1910
JAS. BUSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* JESSE SOLOMON
2. *Sex, (state whether male or female)* boy
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 2 December 1909
6. *Place of Birth, (Street and number)* W 2033 Pennsylvania Ave
6. *Full name of Mother,* Anna S. ~~Sollomon~~ SOLOMON
7. *Mother's Maiden Name,* Sallomon
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* ~~Louis Sollomon~~ HENRY SOLOMON
10. *Father's Occupation,* Store Keeper
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Martha F. Wiener

Address, 705 W. Lemmon street

Remarks,

19100001856

The parents of every child born in this State, or the occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) # 1

1. Name of Child, [illegible]
2. Sex, (state whether male or female) Boy
3. Race or color, (if not of the White Race)
4. Date of Birth, 21 December 1909
6. Place of Birth, (Street and number) 625 N. Baltimore St.
6. Full name of Mother, Mrs. Maggie Easton
7. Mother's Maiden Name, Buckingham
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Fredrick Easton
10. Father's Occupation, Book Keeper
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Martha I. Mann

Address, 725 N. Germantown

Remarks,

1910000 1857

FILED FOR RECORD
MAR -8 1910
H. M. WILEY M.D.
COMMISSIONER OF HEALTH

§ 4. And be it further enacted, That the name and occupation of the parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then the owner, agent or lessee of the house where such birth occurs, or the nearest relative present, or the person or parents of such child, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Name of Child, John Frederick Burger Jr.
2. Sex, (state whether male or female) boy
3. Race or color, (if not of the White Race)
4. Date of Birth, 5 December 1909
6. Place of Birth, (Street and number) 1104 Hutchins Ave
6. Full name of Mother, Elisabeth Burger
7. Mother's Maiden Name, " Hinkel
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, John Frederick Burger
10. Father's Occupation, Hotel Captain
11. Father's Birthplace, Holland

Name of Medical Attendant, or other person who makes this Return, Mrs. Martha J. Warner

Address, 735 W. Lanvale St.

Remarks,

1910000 1858

FILED FOR RECORD
MAR -8 1910
H. E. BUTLER M.D.
CLERK OF HEALTH

Each householder in the City of Baltimore, or in charge of any institution, or the physician, midwife or other person in attendance upon any birth, shall cause the birth of any child occurring in such household or institution, or which he or she shall attend, to be registered in the Bureau of Vital Statistics, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -8 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Eleanor Gerhart Eude
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 19 January 1910
6. *Place of Birth, (Street and number)* 9 N. Fremont Ave
6. *Full name of Mother,* Bonnie E. Eude
7. *Mother's Maiden Name,* " " Hogan
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* John G. Eude
10. *Father's Occupation,* Blacksmith
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Martha J. Wilson

Address, 725 W. Fremont Ave

Remarks,

19100001859

Every physician, midwife, or other person in attendance upon any birth, shall, within ten days after such birth, deliver to the Registrar of Vital Statistics, Board of Health, Baltimore, Md., a certificate thereof, which shall state the name, sex, color, occupation of its parents; the date and place of birth; and the name of the child, if it has been named; and shall also state the number of children born to the mother, and the number now living. Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case such person or persons shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

FILMED FOR RECORD MAR -8 1978 MS. BOXLEY M.D. DEPT OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,*
2. *Sex, (state whether male or female)* boy
3. *Race or color, (if not of the White Race)* C
4. *Date of Birth,* January 15 1910
6. *Place of Birth, (Street and number)* W. Lemmon street 872 ½
6. *Full name of Mother,* Julia Fülinger
7. *Mother's Maiden Name,* Kaasa
8. *Mother's Birthplace,* Kaadskrusik (Moravia)
9. *Full name of Father,* Johann Fülinger
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Schakowa (Hungaria)

Name of Medical Attendant, or other person who makes this Return, Martha J. Wilson

Address, 725 W. Lemmon street

Remarks,

1910000860

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate hereto annexed, to the Registrar of Vital Statistics of the city or County where the birth occurred, within ten days after the birth; and the third day of each and every month, a like certificate for each birth that may have occurred during the month, attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above prescribed; and any such person or persons shall forfeit and pay to the use of the city of Baltimore, for each offense, a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A54381

To the Office of Regr:

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, John A. Evans
2. Sex, (state whether male or female) boy
3. Race or color, (if not of the White Race)
4. Date of Birth, 30 December 1909
6. Place of Birth, (Street and number) 730 W. Germania
6. Full name of Mother, Wilhelmine Evans
7. Mother's Maiden Name, " " Benns
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, John Evans
10. Father's Occupation, Stock Hat Maker
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Martha J. [illegible]

Address, 735 W. Germantown

Remarks, 19100001861

RETURN OF A BIRTH. A54382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 B

1. *Name of child,* Sam Correro
2. *Sex, (state whether male or female)* male
3. *Race or calor, (if not of the White Race)* White
4. *Date of Birth* 12 Feb 1910
5. *Place of Birth, (Street and number)* 523 Exeter st
6. *Full name of Mother,* Sarah Correro
7. *Mother's Maiden Name,* Sarah Garbo
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Saverio
10. *Father's Occupation,* Fruit store
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address,

Remarks,

1910001862

RECEIVED FOR RECORD
MAR -8 1910
J.S. BOSLEY M.D.
BD OF HEALTH

of each child of any female who shall be delivered of a child within the city of Baltimore, as far as the same can be ascertained the full name date and place of birth and to whom delivered, color, the full name and occupation of the parents, the of a certificate between the first and third day of each and every month, to the Office of Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or other person in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child to report to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Rosa Ugo Sposito
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 13, 1910
5. *Place of Birth, (Street and number)* 700 Gay st
6. *Full name of Mother,* Rosa Sposito
7. *Mother's Maiden Name,* Rosa Marrone
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Charle Sposito
10. *Father's Occupation,* Paint store
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna Midwife

Address, Italy 400 Colvin st

Remarks,

1910 0001863

RECEIVED FOR RECORD
MAR -8 1910
[illegible] M.D.
COMMISSIONER OF HEALTH

of each child (if any said) have been conferred, or as far as the same can be ascertained the full name, date and place of birth; and the said schedule shall be delivered, (by the midwife or person in charge of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the said schedule shall be delivered by the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to cause the same to be delivered as aforesaid. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5D

1. Name of child, Rosario Guglielmza
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 22 1910
5. Place of Birth, (Street and number) 400 Colvin st
6. Full name of Mother, Concetta Guglielmza
7. Mother's Maiden Name, Concetta Saltarino
8. Mother's Birthplace, Italy
9. Full name of Father, Dami Guglielmza
10. Father's Occupation, Backery
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Franca Montagna Midwife

Address, 400 Colvin st

Remarks,

1910U001864

RECEIVED FOR RECORD MAR -8 1910 H. B. BONLEY M.D. COMM'R OF HEALTH

Of each child (if any) that has been born alive to the mother of the child named in the 10th item of this certificate, and is not the same can be ascertained the 10th name of each child born alive to the mother shall be entered in the order of birth, and the fact stated if no such child has been born. Within six days after the birth of a child hereafter born in Baltimore City, it shall be the duty of the attending physician, midwife or other person who shall make a return of the birth of such child, to make and deliver to the Registrar of Vital Statistics, Board of Health, a certificate setting forth the full name and residence of the parents, the date of birth, sex and color of the child, and such other information as may be required by the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person who shall thereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Name of child, Michele Palmieri
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 25 1910
5. Place of Birth, (Street and number) 419 Peter st
6. Full name of Mother, Rosa Palmieri
7. Mother's Maiden Name, Rosa Daloi
8. Mother's Birthplace, Italy
9. Full name of Father, Nicola Palmieri
10. Father's Occupation, Peasant
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Frances Montagna Midwife

Address, 405 Catherine st

Remarks, 1 9 1 0 0 0 0 1 8 6 5

FILED FOR RECORD
MAR -8 1910
A. E. BOSLEY M.D.
PORT OF HEALTH

of each child, if any shall have been conferred (as sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the same, to the Commissioner of Health or such person as he may designate for the purpose, within ten days after the birth. In the making of such return the same can be ascertained the full name of the child shall be entered, and if the birth occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and time required as aforesaid, and any person or persons so shall be subject to the penalties of this section. shall be subjected to a fine of ten (10) dollars for each offense, to be Recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 11/6/75

RETURN OF A BIRTH. A54386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

NAME JAMES FRANKLIN ASH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 11

1. Name of Child, ~~Unknown~~
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 30 March 1910
6. Place of Birth, (Street and number) 2.15 Vincent at
6. Full name of Mother, Bertha D Ash
7. Mother's Maiden Name, Kines
8. Mother's Birthplace, Virginia
9. Full name of Father, Richard H. Ash
10. Father's Occupation, Labor
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Margaret C. Waters

Address, 16.14 West Baltimore st

Remarks, 1910000018666 Filed: 3/8/10

RECEIVED FOR RECORD MAR -3 1910 [illegible] BOARD OF HEALTH

Every midwife, nurse, or other person who shall assist at the birth of a child, or shall have charge of a child after birth, shall, within six days after such birth, make a return thereof to the Commissioner of Health, in the manner and within the period above required, and in such form as may be prescribed by him; and every person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th -

1. Name of Child, Margaret Herbert
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, March 6, 10
6. Place of Birth, (Street and number) 1911 Gough St
6. Full name of Mother Bertha Louisa Herbert
7. Mother's Maiden Name, " " " " Depro
8. Mother's Birthplace, Balto. Md.
9. Full name of Father, William Edmd. Herbert
10. Father's Occupation, Labor
11. Father's Birthplace, Charles Co. Md

Name of Medical Attendant, or other person who makes this Return, Geo. Haller M.D.

Address, 1937 Gough St

Remarks, Prematurity 3rd 1 0 0 0 1 8 6 7
6 Mo. Utero Gestation

RECEIVED FOR RECORD MAR -8 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Any midwife, nurse, physician or other person who shall attend upon any birth, shall, within ten days after the birth, make a return thereof to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, and shall sign the same; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the latter, or shall occur in the absence of the attendant upon the mother, the head of the family, or the person in charge of the house in which such child is born, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A54388

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md

RECEIVED FOR RECORD
MAR -8 1910
M. J. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Name of Child, Geo. Herbst
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, March 6, 10
6. Place of Birth, (Street and number) 1911 Gough St
6. Full name of Mother, Bertha Louisa Herbst
7. Mother's Maiden Name, Dyer
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, William Edw. Herbst
10. Father's Occupation, Laborer
11. Father's Birthplace, Charles Co. Md.

Name of Medical Attendant, or other person who makes this Return. Chas. Heller M.D.

Address, 1937 Gough St

Remarks, Premature Birth
6 Mos. Uterogestation.

P 1 0 0 0 0 1 8 6 8

Every child born within the limits of Baltimore City, or its birth-place, the name, residence, age, sex, color, and occupation of its parents; the date and place of birth; and the name and residence of the physician, midwife or other person in attendance at the birth, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, in the manner and within the period above required, and a similar return of the death of any person or persons occurring without the attendance of a physician or midwife, or should no other person be in attendance, then the undertaker, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54389

(1) PLACE OF BIRTH 523 N. Hoffman St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Rose Olivia Burrell (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female | (4) Twin, triplet, or other? Single | (5) Number in order of birth 1st | (6) Legitimate? Yes | (7) Date of Birth Feb. 11 (Month) (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Nelson Wm. Burrell

(9) RESIDENCE 523 N. Hoffman St.

(10) COLOR Negro (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Va.

(13) OCCUPATION Sailor

MOTHER

(14) FULL MAIDEN NAME Eva Mary Wyatt

(15) RESIDENCE 523 N. Hoffman St.

(16) COLOR Negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Va

(19) OCCUPATION Housework.

(20) Number of children born to this mother, including present birth One

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.20 9 M., on the date above stated.

(23) Signature Rose C. Faughnan Medical Student. (Physician or Midwife)

Address 1427 Madison Ave. Balto. Md.

RECEIVED FOR RECORD MAR -8 1910 JAS. BOSLEY, M.D. REGISTRAR OF VITAL STATISTICS

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

1 9 1 0 U 8 8 6 9

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54390

(1) PLACE OF BIRTH 547 Orchard St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Estella Henson Mitchell

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		First	No	Feb. 11, 1910

FATHER

(8) FULL NAME Summerfield Henson.

(9) RESIDENCE Druid Hill ave. near Dolphin St.

(10) COLOR Col. (11) AGE AT LAST BIRTHDAY 23 yrs. (Years)

(12) BIRTHPLACE Baltimore Md.

(13) OCCUPATION Waiter -

MOTHER

(14) FULL MAIDEN NAME Marie Mitchell

(15) RESIDENCE 547 Orchard St

(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 19 yrs. (Years)

(18) BIRTHPLACE Baltimore Md.

(19) OCCUPATION House Work.

(20) Number of children born to this mother, including present birth One - (21) Number of children of this mother now living One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3:10 P.M., on the date above stated.

(23) Signature Olga H. Pruitt M.D. (Physician or Midwife)

Loomans Medical College

Address 1900 W. Cullen St.

RECEIVED FOR RECORD MAR -8 1910 J.S. BOSLEY M.D. COM'R OF HEALTH

Filed MAR -8 1910, 19 .

Registrar

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

(24) Given name added from a supplemental report....., 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 15423

CITY OF BALTIMORE. (No. 2237 Brunt St.; Ward)

(2) FULL NAME OF CHILD Virgie May Patterson — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female		4	No	Jan. 14 1910

FATHER	MOTHER
(8) FULL NAME: Charles Lenard Patterson	(14) FULL MAIDEN NAME: Edith May Snowden
(9) RESIDENCE: 2237 Brunt St	(15) RESIDENCE: 2237 Brunt St
(10) COLOR: C (11) AGE AT LAST BIRTHDAY (Years): 24	(16) COLOR: C. (17) AGE AT LAST BIRTHDAY (Years): 18 yr.
(12) BIRTHPLACE: Pimlico Maryland	(18) BIRTHPLACE: Carrol County Md.
(13) OCCUPATION: Oil factory	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at Baltimore Md. on the date above stated.

(23) Signature: J. H. Legendre M.D. Womens Medical College (Physician or Midwife)

Address: Womens Medical College

RECEIVED FOR — Filed MAR -8 1910, 19 — J.S. EDGLEY M.D. REGISTRAR OF VITAL STATISTICS — Registrar

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

(24) Given name added from a supplemental report ____, 19 — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54392

(1) PLACE OF BIRTH 639 George St. Baltimore St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Royal Myer Richardson

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Dec, (Day) 19 (Year) 19 09
Female			Yes	

FATHER

(8) FULL NAME Henry S. Richardson

(9) RESIDENCE 639 George St.

(10) COLOR Negro. (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Fluvanna, Virg.

(13) OCCUPATION Butler

MOTHER

(14) FULL MAIDEN NAME Carrie James Richardson

(15) RESIDENCE 639 George St.

(16) COLOR Negro. (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Fluvanna, Virg.

(19) OCCUPATION

(20) Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 P.M., on the date above stated.

(23) Signature Florence Fuller. Med. Student Womens Medical College (Physician or Midwife)

Address 1100 W. Culloh & Hoffman St.

Filed MAR -8 1910, 19.

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report ____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54383

(1) PLACE OF BIRTH 553 Mosher St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Percie Boisseau. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day) 19 (Year)
Male			Yes	Feb. 6 1910

FATHER

(8) FULL NAME James Edward Boisseau

(9) RESIDENCE 553 Mosher St.

(10) COLOR Negro

(11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Musician

MOTHER

(14) FULL MAIDEN NAME Elmira Jefferson Boisseau

(15) RESIDENCE 553 Mosher St.

(16) COLOR Negro

(17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION

(20) Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:30 A.M., on the date above stated.

(23) Signature Florence Fuller. Med. Student Womens Medical College (Physician or Midwife)

Address 1100 W. Cullen & Hoffman St.

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

(24) Given name added from a supplemental report ....., 19 .....

Registrar

RECEIVED FOR RECORD MAR -8 1910 JAS. BOSLEY, M.D. COMM. OF HEALTH

Filed ....., 19 .....

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54394

(1) PLACE OF BIRTH 1210 Division St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD William Turbe. If child is not yet named, write Supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 1st 1910

FATHER

(8) FULL NAME Shedrick Turbe

(9) RESIDENCE 1210 Division St.

(10) COLOR Negro

(11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Ronoak, Virg

(13) OCCUPATION Butler

MOTHER

(14) FULL MAIDEN NAME Annie Turbe

(15) RESIDENCE 1210 Division St

(16) COLOR Negro

(17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Prince George Co.

(19) OCCUPATION

(20) Number of children born to this mother, including present birth 5

(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5. a M., on the date above stated.

1910 U 0 0 1874

(23) Signature Florence Fuller Med. Student
Womens Med. College
(Physician or Midwife)

Address Dr. McCulloh & Hoffman.

RECEIVED FOR RECORD MAR -8 1910 JAS. BOGLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

(READ THE REVERSE SIDE)

* When there was an attending physician or midwife, then the father, householder, etc., should make this returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

CERTIFICATE CORRECTED 11-18-33

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH ~~1125~~ 1123 Mason Alley. Registered No. B. A54395

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD George Alexander Johnson ~~(Cooper)~~ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 13 1909

FATHER

(8) FULL NAME Alexander ~~(Cooper)~~ Johnson

(9) RESIDENCE 1123 Mason Alley

(10) COLOR Negro

(11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Driver

MOTHER

(14) FULL MAIDEN NAME Mary ~~(Cooper)~~ Copper

(15) RESIDENCE 1123 Mason Alley

(16) COLOR Negro

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Easton, Maryland.

(19) OCCUPATION

(20) Number of children born to this mother, including present birth 3,

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10:30 A M., on the date above stated.

(23) Signature Florence Fuller, Med student. (Physician or Midwife) Womens Medical College

Address 1100 M. Culloh & Hoffman.

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

(24) Given name added from a supplemental report 19

Filed MAR -8 1910 19

Registrar

JAS. BOSLEY, M.D. COMMISSIONER OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54396

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1741 E Madison St.; 7th Ward)

(2) FULL NAME OF CHILD Elizabeth M Hains

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Twin	1st	Yes	1 , 3 1910

FATHER	MOTHER
(8) FULL NAME: Percy Hains	(14) FULL MAIDEN NAME: Elizabeth M. Hill
(9) RESIDENCE: Not known	(15) RESIDENCE: 1741 E Madison St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: Not known (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: Not Known	(18) BIRTHPLACE: Balto
(13) OCCUPATION: "	(19) OCCUPATION: None
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.45 a M., on the date above stated.

(23) Signature Alex. S. Sage M.D.

Address 1709 N Broadway (Physician or Midwife)

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

U 0 0 1 8 7

RECEIVED FOR RECORD

(24) Given name added from a supplemental report ____, 19

Filed MAR -8 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54397

CITY OF BALTIMORE. (No. 1612 Chapel St. St.; Ward)

(2) FULL NAME OF CHILD Rosa Grote (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		8th		Feb. 25 1910

FATHER	MOTHER
(8) FULL NAME Fredrick W. A. Grote	(14) FULL MAIDEN NAME Augusta Finck
(9) RESIDENCE 1612 Chapel St	(15) RESIDENCE 1612 Chapel St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Balto
(13) OCCUPATION Tinner	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 7	(21) Number of children of this mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Albt S. Engle
U 0 0 1 8 7 Physician (Physician or Midwife)

Address 709 N Broadway

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

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD MAR -8 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54398

CITY OF BALTIMORE. (No. 23 S. Eden St.; Ward)

(2) FULL NAME OF CHILD Rina Rebecca Herman (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	yes	March, 1910

FATHER	MOTHER
(8) FULL NAME: Harry Herman	(14) FULL MAIDEN NAME: Ray Harrison
(9) RESIDENCE: 23 S Eden	(15) RESIDENCE: 23 S Eden
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 25 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION: House Wife
(20) Number of children born to this mother, including present birth: one	(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.40 a M., on the date above stated.

(23) Signature Alex. A. Gage M.D. Physician (Physician or Midwife)

Address 709 N Broadway

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

C 0001878

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD MAR -8 1910 JAS. BUSLEY M.D. COM'R OF HEALTH

Filed ____, 19 .

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54389

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2013 E Preston St.; 8 Ward)

(2) FULL NAME OF CHILD Mary Elizabeth Schuman

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl				Feb. 26th 1910

FATHER	MOTHER
(8) FULL NAME Charles Adam Schuman	(14) FULL MAIDEN NAME Bertha Cook Miller
(9) RESIDENCE 2013 E. Preston St	(15) RESIDENCE 2013 E Preston St.
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 22 (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Balto. Md.	(18) BIRTHPLACE Woodbine Md.
(13) OCCUPATION Salesman	(19) OCCUPATION Dressmaker
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2013 Preston St M., on the date above stated.

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

(23) Signature [illegible] (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 1304 Hilton

RECEIVED FOR RECORD MAR -8 1910 JAS. BOSLEY M.D. COM'R OF H[illegible]

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54400

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2611 Hampden Ave St.; 12th Ward)

(2) FULL NAME OF CHILD Hall

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	Feb. 15 1910

FATHER	MOTHER
(8) FULL NAME George W. Hall	(14) FULL MAIDEN NAME Carrie H. Richards
(9) RESIDENCE 2611 Hampden Ave	(15) RESIDENCE 2611 Hampden Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Baltimore City, Md	(18) BIRTHPLACE Baltimore City, Md
(13) OCCUPATION Boilermaker	(19) OCCUPATION Wife

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.00 A. M., on the date above stated.

(23) Signature G.B. Marsden M.D. Physician (Physician or Midwife)

Address 2416 Maryland Ave

Filed MAR -8 1910, 19

Registrar

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

(24) Given name added from a supplemental report ____, 19

Registrar

RECORD

JAS. SOSLEY M.D. COMR OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54401

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 125, S. Register St.; Ward)

(2) FULL NAME OF CHILD Selatina Wehner

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

(3) Sex of Child: Female | (4) Twin, triplet, or other? (To be answered only in event of plural births) | (5) Number in order of birth: 3d | (6) Legitimate? Mairied | (7) Date of Birth: March 1st (Month) (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME: Henry W Wehner	(14) FULL MAIDEN NAME: Anna Wehner Kiebs
(9) RESIDENCE: 125 S Register St	(15) RESIDENCE: 125 S Register St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 29 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Huckster	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8:30 A.M., on the date above stated.

(23) Signature: Mrs S. Krow Midwife (Physician or Midwife)

Address: 203 N. Washington St.

Filed: March 7, 1910.

Registrar

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

0 U 0 0 1 8 8 1

(24) Given name added from a supplemental report, 19

Registrar

RECEIVED FOR RECORD MAR 8 1910 H. BOLTON JONES, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54402

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1915 Fairmount Ave St.; Ward)

(2) FULL NAME OF CHILD Gertrude Siemon (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		7th	Married	March 4th, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Andrew Siemon	Marie Becker Siemon
(9) RESIDENCE / (15) RESIDENCE	1915 Fairmount Ave	1915 Fairmount Ave
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	30	31
(12) BIRTHPLACE	Balto	Balto
(13) OCCUPATION / (19) OCCUPATION	Laborer	Housekeeper
(20) Number of children born to this mother, including present birth	7	
(21) Number of children of this mother now living		3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5-30 P.M., on the date above stated.

(23) Signature Mrs L Kron Midwife (Physician or Midwife)

Address 2203 W. Washington St.

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

RECEIVED FOR
MAR -8 1910
REGISTRY MD.

(24) Given name added from a supplemental report ____, 19

Filed March 7, 1910.

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B A54403

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 213, Knox Al. , St.; Ward)

(2) FULL NAME OF CHILD Katherine Marie Mintz Reckline (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth: March (Month) 6 (Day) 1910 (Year)

FATHER

(8) FULL NAME: Benjamin J. Reckline

(9) RESIDENCE: 213 Knox Al.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 25 Yrs (Years)

(12) BIRTHPLACE: Baltimore City

(13) OCCUPATION: Operator - Harness

(20) Number of children born to this mother, including present birth: Two

MOTHER

(14) FULL MAIDEN NAME: Elizabeth C. Fikora

(15) RESIDENCE: 213 Knox Al.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 25 Yrs (Years)

(16) BIRTHPLACE: Baltimore City

(18) OCCUPATION: Housework

(21) Number of children of this mother now living: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 A. M., on the date above stated.

(23) Signature: Robt J. Murray, M.D.
U 0001883 Physician (Physician or Midwife)

Address: 510 N. Fremont Ave.

Filed MAR -3 1910, 19

Registrar

(24) Given name added from a supplemental report, 19

Registrar

* When there was an attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 11/15/13

(1) PLACE OF BIRTH — Registered No. B. A54404

CITY OF BALTIMORE (No. 1913 E. Lafayette Ave St. 8 Ward)

(2) FULL NAME OF CHILD DOROTHY EVELYN BUCHANAN (If child is not yet named, make supplemental report, to be filed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F	—	5	Yes	March 1 1910

FATHER

(8) FULL NAME: Edward Leslie Buchanan

(9) RESIDENCE: 1913 E Lafayette Ave

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: Virginia

(13) OCCUPATION: Operator, Telegraph

(20) Number of children born to this mother, including present birth: 5

MOTHER

(14) FULL MAIDEN NAME: Anna Clara White

(15) RESIDENCE: 1913 E Lafayette Ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 29 yrs (Years)

(18) BIRTHPLACE: Penna

(19) OCCUPATION: —

(21) Number of children of this mother now living: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.15 a. M., on the date above stated.

(23) Signature: B. P. Jessop M.D. (Physician or Midwife)

Address: 1308 Patterson Park Ave

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

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(24) Given name added from a supplemental report ____, 19

Filed 3/8, 1910

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HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B. A54405

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1310 N. Stricker St. St.; 15 Ward)

(2) FULL NAME OF CHILD: Elsie Kasten

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

(3) Sex of Child: Female | (4) Twin, triplet, or other? — (To be answered only in event of plural births) | (5) Number in order of birth: 2 | (6) Legitimate? Yes | (7) Date of Birth: March (Month) 3 (Day) 1910 (Year)

FATHER

(8) FULL NAME: Charles Kasten

(9) RESIDENCE: 1310 N. Stricker St

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Germany

(13) OCCUPATION: Waiter

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Dora Hessman

(15) RESIDENCE: 1310 N. Stricker St

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Germany

(19) OCCUPATION: House-wife

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 P. M., on the date above stated.

(23) Signature: B. P. Herzog M.D. (Physician or Midwife)

Address: 1301 Patterson Pk Ave

Filed MAR -8 1910, 19

Registrar

(24) Given name added from a supplemental report, 19

Registrar

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

STATE FILE NO. 0 0 0 1 8 8 5

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JAS. BOOLEY, M.D.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54406

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 229 N. Monroe St.; Ward)

(2) FULL NAME OF CHILD ____ { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Mch. 5th 1910

FATHER		MOTHER	
(8) FULL NAME	Frank R. Sauter	(14) FULL MAIDEN NAME	Nora Myers
(9) RESIDENCE	229 N. Monroe	(15) RESIDENCE	229 N. Monroe
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Grocer	(19) OCCUPATION	
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.20 P M., on the date above stated.

(23) Signature H. J. Carrick. M.D (Physician or Midwife)

Address 1419 McCulloh St

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

2 0 0 0 1 8 8 5

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

RECEIVED FOR RECORD MAR -8 1910 HAS. BOSLEY, M.D.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 54407

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Wm. Donald Green

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 15 1910

FATHER	MOTHER
(8) FULL NAME Clarence Redman Green	(14) FULL MAIDEN NAME Florence Graves
(9) RESIDENCE 502 N. Calhoun St.	(15) RESIDENCE 502 N. Calhoun St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 38 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Balto. Md.	(18) BIRTHPLACE Balto. Md.
(13) OCCUPATION Clerk	(19) OCCUPATION Home-Keeper
(20) Number of children born to this mother, including present birth Two	(21) Number of children of this mother now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.25 A. M., on the date above stated.

(23) Signature D. Morse Wm. M.D. (Physician or Midwife)

Address

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD MAR -8 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Filed ____, 19 ____

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54408

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 163 St. Orleans St.; Ward)

(2) FULL NAME OF CHILD Williams Hickmann (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2nd	Married	March 4th, 1910

FATHER	MOTHER
(8) FULL NAME: Luther Hickmann	(14) FULL MAIDEN NAME: Amelia Hühlwein Hickmann
(9) RESIDENCE: 163rd Orleans St	(15) RESIDENCE: 163rd Orleans St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 24 (Years)	(17) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: Somerset County	(18) BIRTHPLACE: Balto.
(13) OCCUPATION: Laborer	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 630 P. M., on the date above stated.

(23) Signature Mrs S. Knox (Physician or Midwife) Midwife

Address 243 W. Washington St.

Filed March 7th, 1910. Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

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

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CERTIFICATE RECORDED MAR -8 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54409

CITY OF BALTIMORE (No. 108 N. Fremont St. St.; 16 Ward)

(2) FULL NAME OF CHILD Charles Joseph Schamberger { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	—	1	Yes	Mar. 4 1910

FATHER	MOTHER
(8) FULL NAME: Charles Louis Schamberger	(14) FULL MAIDEN NAME: Loretta Anna Verhage
(9) RESIDENCE: 108 N. Fremont.	(15) RESIDENCE: 108 N. Fremont St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 27 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 29 (Years)
(12) BIRTHPLACE: Baltimore Md.	(18) BIRTHPLACE: Baltimore Md.
(13) OCCUPATION: Editor	(19) OCCUPATION: House-wife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7 a. M., on the date above stated.

(23) Signature: B. P. Deyerle M.D. Physician (Physician or Midwife)

Address: 1301 N. Patterson Park Ave.

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

(24) Given name added from a supplemental report _____, 19

Registrar

RECEIVED FOR Filed MAR -8 1910, 19

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54410

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 708 Columbia Ave. St.; 21 st. Ward)

(2) FULL NAME OF CHILD Harry Morris Stillings (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	Jan. 28, 1910

FATHER	MOTHER
(8) FULL NAME: Harry Stillings	(14) FULL MAIDEN NAME: Fannie Hawes
(9) RESIDENCE: 708 Columbia Ave.	(15) RESIDENCE: 708 Columbia Ave.
(10) COLOR: white — (11) AGE AT LAST BIRTHDAY (Years): 25	(16) COLOR: white — (17) AGE AT LAST BIRTHDAY (Years): 19
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Locomotive Fireman	(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: First

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Seven a. M., on the date above stated.

(23) Signature: J. Morley Hoag (Physician or Midwife)

Address: 725 Columbia ave

Filed MAR -9 1910, 19

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

1810 0001890

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

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

Registered No. B A54411

(2) FULL NAME OF CHILD — Joyce

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male			✓	Feb.	10	1910

FATHER		MOTHER	
(8) FULL NAME	✓	(14) FULL MAIDEN NAME	Catherine Voyce
(9) RESIDENCE	✓	(15) RESIDENCE	1404 E. Chase St.
(10) COLOR	✓	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	✓	(17) AGE AT LAST BIRTHDAY (Years)	20
(12) BIRTHPLACE	✓	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	✓	(19) OCCUPATION	Home Work
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature F. C. Ames (Physician or Midwife)

Address 3 1910 [illegible] Hosp.

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

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

DAVID J. BOR... RECORD O... JAN 3 1910 ... BOSLEY, M.D. ... OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54412

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD — Malcouf — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
Male			Yes	Feb. 22. 16

	FATHER	MOTHER
(8) FULL NAME	Berg Malouff	(14) FULL MAIDEN NAME Mary ?
(9) RESIDENCE	1611 Lough St City	(15) RESIDENCE 1611 Lough St City
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	42	(17) AGE AT LAST BIRTHDAY (Years) 35
(12) BIRTHPLACE	Assyria	(18) BIRTHPLACE Assyria
(13) OCCUPATION	Peddler	(19) OCCUPATION Farm work
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature F C Cauley

(Physician or Midwife)

Address 1110 Lough

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

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

RECEIVED FOR RECORD, 19 MAR -3 1916 H. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54413

(1) PLACE OF BIRTH 1009 Wilcox St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Steadman (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male				Feb. 26th 1910.

FATHER

(8) FULL NAME Edward Steadman

(9) RESIDENCE 1009 Wilcox St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Paper hanger.

MOTHER

(14) FULL MAIDEN NAME Mary Cain

(15) RESIDENCE 1009 Wilcox St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 10. (21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature Arthur Meade Reed

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

U 0 0 1 8 9 3

(Physician or Midwife)

(24) Given name added from a supplemental report , 19

Address Johns Hopkins Hospital

Filed MAR -9 1910 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54414

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Davis

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			—	Feb. 23, 1915

FATHER

(8) FULL NAME Walton Davis

(9) RESIDENCE 1630 W. Baltimore St City

(10) COLOR White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Virginia

(13) OCCUPATION Salesman

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Effie Lantz

(15) RESIDENCE 1630 W. Baltimore St City

(16) COLOR White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION Home Work

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at — M., on the date above stated.

(23) Signature J. C. Anders (Physician or Midwife)

Address [illegible]

Filed MAR -9 1916, 19

S. BOSLEY M.D. COMM'R OF HEALTH

Registrar

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

U 0 0 1 8 9 4

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54415

(1) PLACE OF BIRTH Hebrew Hospital — Registered No. B.

CITY OF BALTIMORE. (No. E. Monument St.; Ward)

(2) FULL NAME OF CHILD Garrett Ryland

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Other	(To be answered only in event of plural births)	yes	Mar. 4 1910

FATHER	MOTHER
(8) FULL NAME Thomas James Ryland	(14) FULL MAIDEN NAME Katherene Ryland
(9) RESIDENCE 1228 E. North ave	(15) RESIDENCE 1228 E. North ave.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 30. (Years)
(12) BIRTHPLACE London England	(18) BIRTHPLACE Caroline County Va.
(13) OCCUPATION Paper Hanger	(19) OCCUPATION House Wife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P. M., on the date above stated.

(23) Signature G. C. Ney Physician (Physician or Midwife)

Address Hebrew Hospital

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

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(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

RECORD FOR MAR -9 1910 JAS. BUSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54416

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ~~Johns Hopkins Hospital~~ St.; Ward)

(2) FULL NAME OF CHILD ~~Johnson~~ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			—	Feb 15, 1910

FATHER		MOTHER	
(8) FULL NAME		(14) FULL MAIDEN NAME	Viola Johnson
(9) RESIDENCE		(15) RESIDENCE	Hagers Town Md
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	Wh (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	Virginia
(13) OCCUPATION		(19) OCCUPATION	School girl
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~Johns Hopkins Hospital~~ M., on the date above stated.

(23) Signature J. C. Airey (Physician or Midwife)

Address ~~Johns Hopkins Hospital~~

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

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RECEIVED BY RECORD

(24) Given name added from a supplemental report _____, 19

Registrar

Filed MAR 9 1910, 19

JAS. BOGLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Johns Hopkins Hospital, St.; Ward)

Registered No. B A54417

(2) FULL NAME OF CHILD — Copsey

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 22, 1910

FATHER		MOTHER	
(8) FULL NAME	—	(14) FULL MAIDEN NAME	Myrtle Copsey
(9) RESIDENCE	—	(15) RESIDENCE	Oakville Howard Co. Md
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White	(17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE	—	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	—	(19) OCCUPATION	Farm work
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at — M., on the date above stated.

(23) Signature H Mundy (Physician or Midwife)

Address Johns Hopkins Hosp

Filed MAR -9 1910, 19

Registrar

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

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J. S. BOGLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

8-31-72

A54413

(1) PLACE OF BIRTH CITY OF BALTIMORE. **GIVEN NAME ADDED** Registered No. B.

(No. [illegible] St.; Ward)

(2) FULL NAME OF CHILD MYRTLE ELIZABETH PRESTON (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.		4	Yes	3 2 1910

FATHER		MOTHER	
(8) FULL NAME	Jesse Burl Preston	(14) FULL MAIDEN NAME	Mary E. Farrington
(9) RESIDENCE	Bel Air, Harford Co. Md.	(15) RESIDENCE	Bel Air, Harford Co. Md.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	Bel Air, Harford Co. Md.	(18) BIRTHPLACE	Baltimore, Md.
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 15 A. M., on the date above stated.

(23) Signature Louis Phillip Wiesenfeld M.D.
(Physician or Midwife)

Address 827 Hamilton Terrace

Filed MAR -9 AM 10 19 . FILED: MAR. 9, 1910
Registrar

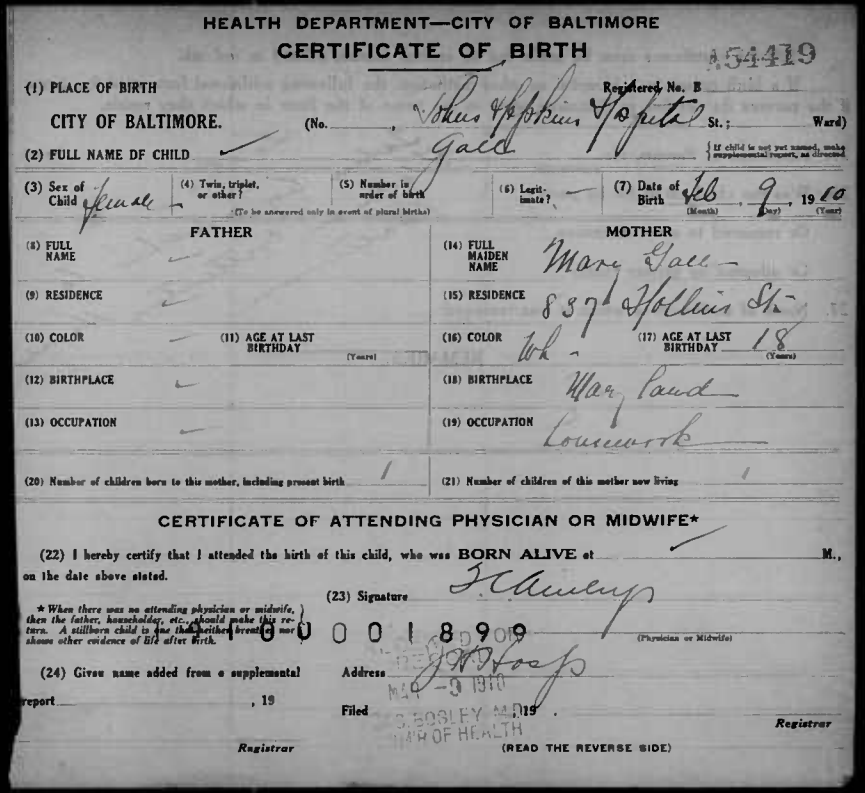
(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report , 19

Registrar

VITAL STATISTICS RECORD
MAR -9 AM 10
BUREAU OF HEALTH



HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54419

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. ____, Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD — Gaid

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			—	Feb 9 1910

FATHER		MOTHER	
(8) FULL NAME	—	(14) FULL MAIDEN NAME	Mary Gaid
(9) RESIDENCE	—	(15) RESIDENCE	837 Hollins St.
(10) COLOR	—	(16) COLOR	Wh
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	—	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	—	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature F. Hamlyn (Physician or Midwife)

Address Johns Hopkins Hospital

Filed MAY -9 1910, 19

J. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

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

10 0 0 1 8 9 9

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 454420

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. St. Louis Hosp Birth Hosp St.; Ward)

(2) FULL NAME OF CHILD: Hanlan

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female				Feb	10	1910

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	✓	(14) FULL MAIDEN NAME	Annie Hanlan
(9) RESIDENCE	✓	(15) RESIDENCE	837 Hollins St.
(10) COLOR	✓	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	✓	(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	✓	(18) BIRTHPLACE	England
(13) OCCUPATION	✓	(19) OCCUPATION	Maid
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature: [illegible] (Physician or Midwife)

Address: [illegible]

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

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

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CLEARED FOR RECORD
MAR - 9 1910
OSLER M.D.
OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54421

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. V Haus Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Lerch

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
female			✓	Feb. 10, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Chas. Lerch	(14) FULL MAIDEN NAME Katherine Saunders
(9) RESIDENCE 629 East St. Waverly Md.	(15) RESIDENCE 629 East St. Waverly Md.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR Wh (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Virginia
(13) OCCUPATION Molder	(19) OCCUPATION Laundress
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature J. C. Lunny (Physician or Midwife)

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

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(24) Given name added from a supplemental report ____, 19 ____

Address 1 W. Hoop

Filed MAR -9 1910, 19 .

Registrar

Registrar

J. S. BOGLEY M.D. COMR. OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54422

(1) PLACE OF BIRTH — NAME CHANGED BY COURT ORDER 1-29-54 — Registered No. B

CITY OF BALTIMORE. (No. Volues Alley Lane Yapsled St.; Ward)

(2) FULL NAME OF CHILD Almeda Mae Woodrow (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth	(Month)	(Day)	19 (Year)
Female			—	Feb	10	19	10

FATHER

(8) FULL NAME	—	(14) FULL MAIDEN NAME OF MOTHER	Rhoda Ann Woodrow (Evans Rovers)
(9) RESIDENCE	—	(15) RESIDENCE	1409 E. Chas St. Balto
(10) COLOR	—	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	—	(17) AGE AT LAST BIRTHDAY (Years)	23
(12) BIRTHPLACE	—	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	—	(19) OCCUPATION	Laundress
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at — M., on the date above stated.

(23) Signature J. C. Amey, (Physician or Midwife)

Address 1409 E. Chas St.

Filed MAR -9 1910, 19

JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

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

F 6 0 0 0 1 9 0 2

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 7-21-51

A54423

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1 Thos Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD — Beatrice Rosenbaum

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	19 (Year)
Female				Feb.	17	1910

	FATHER	MOTHER
(8) FULL NAME	Joseph Rosenbaum	(14) FULL MAIDEN NAME: Anna Lupiatkin
(9) RESIDENCE	1543 Orleans St City	(15) RESIDENCE: 1543 Orleans St City
(10) COLOR	Wh.	(16) COLOR: Wh.
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years): 22
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION	Sailor	(19) OCCUPATION: Home work
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature J C Auvil (Physician or Midwife)

Address [illegible]

Filed MAR -3 1910, 19

Registrar

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

(24) Given name added from a supplemental report....., 19

Registrar

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DEPUTY REGISTRAR OF VITAL STATISTICS

J.S. BOSLEY M.D.

COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54424

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward) Ball

(2) FULL NAME OF CHILD (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			✓	Feb 8, 1910

FATHER		MOTHER	
(8) FULL NAME	✓	(14) FULL MAIDEN NAME	Beatrice Ball
(9) RESIDENCE	✓	(15) RESIDENCE	14 N Mulberry St
(10) COLOR	✓	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	14
(12) BIRTHPLACE	✓	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	✓	(19) OCCUPATION	Laundress
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature J. C. Audy

0 0 1 9 0 4

(Physician or Midwife)

Address [illegible]

Filed MAR -9 1910 19

Registrar

(24) Given name added from a supplemental report , 19

Registrar

JAS. BOGLEY, M.D. COM'R OF HEALTH

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

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54425

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female				, 19

FATHER		MOTHER	
(8) FULL NAME		(14) FULL MAIDEN NAME	Julia Stokes
(9) RESIDENCE		(15) RESIDENCE	556 N. Pratt near St.
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	Black (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	Maryland
(13) OCCUPATION		(19) OCCUPATION	Town Work.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature H Landy (Physician or Midwife)

Address 1 E Lexington St

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

D 0 0 1 9 0 5

RECEIVED FOR RECORD MAR 3 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54426

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Bias

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			✓	Feb. 20, 1910

FATHER		MOTHER	
(8) FULL NAME	✓	(14) FULL MAIDEN NAME	Emma Bias
(9) RESIDENCE	✓	(15) RESIDENCE	634 Bruce St.
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years) ✓	(16) COLOR Black	(17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE	✓	(18) BIRTHPLACE	N. Car.
(13) OCCUPATION	✓	(19) OCCUPATION	Laundress
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

✓

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the data above stated.

(23) Signature J Hanley (Physician or Midwife)

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

1 0 0 0 0 1 9 0 6

(24) Given name added from a supplemental report ____, 19 ____

Address RECEIVED MAR 1910 10:28 A.M. 10 to 5 p.

Filed MAR -9 1910, 19 .

Registrar

J. S. BOGLEY, M.D. (READ THE REVERSE SIDE)
COMMR OF HEALTH

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE DF BIRTH 431 S. Durham St. Registered No. B. A54427

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME DF CHILD Baby Cornish } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				Feb. 26th 1910

FATHER	MOTHER
(8) FULL NAME Walter Cornish.	(14) FULL MAIDEN NAME Sadie Giles
(9) RESIDENCE 431 S. Durham St	(15) RESIDENCE 431 S. Durham St.
(10) COLOR Black (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Laborer.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature Arthur Morse M.D.

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

MAR 0 1907 (Physician or Midwife)

(24) Given name added from a supplemental report , 19

Address 10 West Hopkins Place

Filed MAR -9 1910 , 19 .

Registrar

Registrar

JAS. BOSLEY M.D. COMR. OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54428

CITY OF BALTIMORE (No. 327 E 23rd St. ; Ward)

(2) FULL NAME OF CHILD Margaret A Kummel — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female				Feb 25, 1910

FATHER

(8) FULL NAME Frederick W Kummel

(9) RESIDENCE 327 E 23rd St

(10) COLOR White

(11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Salesman

(20) Number of children born to this mother, including present birth 7

MOTHER

(14) FULL MAIDEN NAME Mary Jane Shane

(15) RESIDENCE 326 E 23rd St

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 45 a M., on the date above stated.

(23) Signature Margaret A Wheat (Physician or Midwife)

Address 87 Brick Mill Hampden

Filed MAR 7 1910, 19

RECEIVED FOR RECORD MAR 7 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54429

CITY OF BALTIMORE. (No. 824 Woodward St. St. 21st. Ward)

(2) FULL NAME OF CHILD Myrtle Bailey

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	Feb. 25, 1910

FATHER	MOTHER
(8) FULL NAME: John Bailey	(14) FULL MAIDEN NAME: Grace Miller
(9) RESIDENCE: 824 Woodward St.	(15) RESIDENCE: 824 Woodward St.
(10) COLOR: white (11) AGE AT LAST BIRTHDAY: 27 (Years)	(16) COLOR: white (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Teamster	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: Two	(21) Number of children of this mother now living: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Eight a. M., on the date above stated.

(23) Signature: J. Morley Hoag (Physician or Midwife)

Address: 725 Columbia ave

(24) Given name added from a supplemental report ____, 19 ____

Filed MAR -9 1910 19 ____

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(SEE ON THE REVERSE SIDE)

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

RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54430

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 738 Columbia Ave. St.; 21 St. Ward)

(2) FULL NAME OF CHILD ~~Not known~~ Catherine Lee Wheeler (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate	(7) Date of Birth (Month) (Day) (Year)
Female			yes	Jan. 10, 1910

FATHER	MOTHER
(8) FULL NAME: William Wheeler	(14) FULL MAIDEN NAME: Ethel Sunderland
(9) RESIDENCE: 738 Columbia Ave.	(15) RESIDENCE: 738 Columbia Ave.
(10) COLOR: white (11) AGE AT LAST BIRTHDAY: 21 (Years)	(16) COLOR: white (17) AGE AT LAST BIRTHDAY: 18 (Years)
(12) BIRTHPLACE: Prince GeorgeCo. Md.	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Painter	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: One	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Ten a. M., on the date above stated.

1 9 1 0

(23) Signature J. Bagley Hoag (Physician or Midwife)

Address 735 Columbia Ave

Filed MAR -3 1910, 19 . Registrar

(24) Given name added ~~from a supplemental~~ by mother 1st Certificate, 1925

Registrar

Mrs Ethel Helm

RECORD

JAS. BOSLEY M.D. CITY HEALTH COMMISSIONER

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

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 454431

CITY OF BALTIMORE. (No. 1116 Carroll St. St.; 21 st Ward)

(2) FULL NAME OF CHILD Berna Della Gill — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	Feb. 25, 1910

FATHER	MOTHER
(8) FULL NAME: William Gill	(14) FULL MAIDEN NAME: Gertrude Richards
(9) RESIDENCE: 1116 Carroll St.	(15) RESIDENCE: 1116 Carroll St.
(10) COLOR: white (11) AGE AT LAST BIRTHDAY: 28 (Years)	(16) COLOR: white (17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Hostler	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: Four	(21) Number of children of this mother now living: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Four p. M., on the date above stated.

1910 (23) Signature: Mary Hoog (Physician or Midwife)

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

(24) Given name added from a supplemental report ____, 19

Address 725 Columbia Ave

Filed ____, 19 .

Registrar

RECEIVED RECORD MAR -9 1910 JAS. BOSLEY M.D. BALTO.

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54432

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1807 Bethel St.; Ward)

(2) FULL NAME OF CHILD: Name Dunn

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 15, 1910

FATHER	MOTHER
(8) FULL NAME: James Dunn	(14) FULL MAIDEN NAME: Elizabeth McDermit
(9) RESIDENCE: Baltimore	(15) RESIDENCE: Baltimore
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 33 (Years)	(17) AGE AT LAST BIRTHDAY: 39 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Ireland
(13) OCCUPATION: Cigar maker	(19) OCCUPATION: Home wife
(20) Number of children born to this mother, including present birth: 6	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: John T Avery M.D.

(Physician or Midwife)

Address: 1823 E Broadway

Filed ____, 19 .

Registrar

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

D U 0 0 / 1 9 1 2

(24) Given name added from a supplemental report ____, 19

Registrar

RECORD
MAR -9 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54433

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1530 N Gay St.; Ward)

(2) FULL NAME OF CHILD Marguritt Poole — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 10 1910

FATHER

(8) FULL NAME: John H Poole

(9) RESIDENCE: 1530 N Gay

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 29 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Painter

(20) Number of children born to this mother, including present birth: two

MOTHER

(14) FULL MAIDEN NAME: Mary Ruppert

(15) RESIDENCE: Baltimore

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 19 (Years)

(18) BIRTHPLACE: Germany

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature: John T Avery M.D.

(Physician or Midwife)

Address: 1823 E Broadway

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

MAR 0 1910

(24) Given name added from a supplemental report ____, 19

Registrar

CITY REGISTRATION RECORD

Filed ____, 19

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

Registered No. B A54434

(2) FULL NAME OF CHILD — Taylor

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	Feb 17 1910

FATHER		MOTHER	
(8) FULL NAME	James Taylor	(14) FULL MAIDEN NAME	Estella Saunders
(9) RESIDENCE	✓	(15) RESIDENCE	157 Colvin St Alley
(10) COLOR	Bl.	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	43	(17) AGE AT LAST BIRTHDAY (Years)	47
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Md
(13) OCCUPATION	Laborer	(19) OCCUPATION	House Work
(20) Number of children born to this mother, including present birth	7	(21) Number of children of this mother now living	✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature — J G Linney (Physician or Midwife)

Address — 1425 Harlem

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

U 0 0 1 9 1 4

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____ 19

Registrar

DOCTOR'S RECORD
MAR -9 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54435

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD: Taylor

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	Feb 23, 1910

FATHER		MOTHER	
(8) FULL NAME	✓	(14) FULL MAIDEN NAME	Rose Taylor
(9) RESIDENCE	✓	(15) RESIDENCE	Waverly Md.
(10) COLOR	✓ (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	Black (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE	✓	(18) BIRTHPLACE	Virginia
(13) OCCUPATION	✓	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature J. C. Amey, (Physician or Midwife)

Address Johns Hopkins Hosp

Filed MAR -9 1910 19

Registrar

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

1 0 0 0 0 1 9 1 5

(24) Given name added from a supplemental report , 19

Registrar

U.S. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1737 Register St. Et. Registered No. B. A54436

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Spencer. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				July 25th 1910

FATHER

(8) FULL NAME: John Spencer.

(9) RESIDENCE: 1737 Register St. Et.

(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Baltimore.

(13) OCCUPATION: Laborer.

(20) Number of children born to this mother, including present birth One.

MOTHER

(14) FULL MAIDEN NAME: Elsie Nelson.

(15) RESIDENCE: 1737 Register St. Et.

(16) COLOR: Black (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature [signature] (Physician or Midwife)

Address Johns Hopkins Hospital

Filed MAR -9 1910. Registrar

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report, 19 Registrar

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RECORD

OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54437

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Thos Hopkins Hosp St.; Henry Ward)

(2) FULL NAME OF CHILD ✓ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			✓	Feb 26, 1910
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME ✓		(14) FULL MAIDEN NAME	Violetta Searcy
(9) RESIDENCE ✓		(15) RESIDENCE	1534 E. Fayette St.
(10) COLOR ✓	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	Black (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE ✓		(18) BIRTHPLACE	Mary land
(13) OCCUPATION ✓		(19) OCCUPATION	Laundress

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature J C Cauley (Physician or Midwife)

Address 1315 Hoop

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

10 0001917

RECEIVED FOR RECORD

(24) Given name added from a supplemental report , 19

Filed MAR -9 1910 , 19

Registrar

J S BOGLEY M.D. COMM. OF HEALTH

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. 154438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -3 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Name of child, William Southern Allen
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored.
4. Date of Birth March 4th 1910
5. Place of Birth, (Street and number) 2239 Druid Hill Ave.
6. Full name of Mother, Agatha Allen
7. Mother's Maiden Name, Agatha Griffin
8. Mother's Birthplace, Lancaster, Co. Va
9. Full name of Father, Thomas Allen.
10. Father's Occupation, Laboring Work
11. Father's Birthplace, Lancaster Co. Va.

Name of Medical Attendant, or other person who makes this Return, Mrs Margaret Swan
Address, 2106 Druid Hill Ave
Remarks, Healthy Bright eyes.

1910 0003 1918

Name and Occupation of the parent who is required to report the birth of the child, and the address of such parent, if different from the place of birth.

Every person in charge of any lying-in asylum, or midwife, or other person who shall attend the mother of any child within the period above required, and shall neglect or refuse to report the birth of such child as hereby required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -8 1910
H.O. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Name of child,* Baby Dickerson
2. *Sex,* (*state whether male or female*) male
3. *Race or color,* (*if not of the White Race*) Black
4. *Date of Birth* February 1st 1910
5. *Place of Birth,* (*Street and number*) 811 W. Dougherty St
6. *Full name of Mother,* Isabella D-ickerson
7. *Mother's Maiden Name,* Rouse
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* James Dickerson
10. *Father's Occupation,* Cook
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Wm. Thornton

Address, James Hopkins Hospital

Remarks,

1910000 1919

Every birth which shall occur within the limits of each child, if any shall have been conferred; its sex, color, the full names and occupation of the parents; the date and place of birth; and such other information as may be required by the Board of Health. The first and third day of each and every month to the office of Commissioner or Midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall be the duty of the attendance at every birth to make or cause to be made a return of such birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Baby Johnson.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* Black.
4. *Date of Birth* February 23rd 1910.
5. *Place of Birth, (Street and number)* 1531 Jefferson St.
6. *Full name of Mother,* Estelle Johnson.
7. *Mother's Maiden Name,* Johnson.
8. *Mother's Birthplace,* Maryland.
9. *Full name of Father,* Samuel Johnson.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, E. Hall

Address, Johns Hopkins Hospital

Remarks, 1 9 1 0 0 0 0 1 9 2 0

RECEIVED FOR RECORD MAR -9 1910 JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

Date and Place of Birth, and the said midwife shall also, at the same time, report the full name and occupation of the parent (the father, if living, and if not, the mother) who is entitled to the custody of such child. Every midwife who shall fail to report any birth as required by this section shall forfeit to the use of the City of Baltimore a sum not exceeding twenty dollars for each offense. Every midwife who shall fail to make the report required by this section within the first ten days of each and every calendar month, shall forfeit to the use of the City of Baltimore a sum not exceeding ten dollars for each offense. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents, or other person having charge of such child, to report the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Name of child,* Baby Scott.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* Black.
4. *Date of Birth* February 21st 1910
5. *Place of Birth, (Street and number)* 812 Mc Donough St
6. *Full name of Mother,* Ada Scott
7. *Mother's Maiden Name,* Coulson.
8. *Mother's Birthplace,* Baltimore.
9. *Full name of Father,* John Scott.
10. *Father's Occupation,* Waiter.
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, E Hall

Address, Johns Hopkins Hospital

Remarks,

1 9 1 0 0 0 0 1 9 2 1

RECEIVED FOR RECORD
MAR -9 1910
H.A. BOWLEY, M.D.
COMR OF HEALTH

date and place of birth; and the said solicitor shall be entitled to receive from the person or persons who shall procure the registry of such birth or death, the sum of fifty cents for each certificate so furnished. Before any birth or death shall be registered, the full name and occupation of the parent of the child, or of the deceased person, and the date and place of birth, and the said solicitor shall be entitled to receive from the person or persons who shall procure the registry of such birth or death, the sum of fifty cents for each certificate so furnished. Before any birth shall occur without the attendance of a physician or practitioner of the healing art, the parent or parents of such child shall give notice thereof to the Commissioner of Health, or to some midwife, or other person who shall attend upon the mother. Immediately thereafter it shall become the duty of the person or persons attending upon the mother to report to the office of Commissioner of Health, in the manner provided by this section, the birth of such child, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XIV

1. *Name of child,* Baby Redmond
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* February 9th. 1910
5. *Place of Birth, (Street and number)* 504 N. Dallas St.
6. *Full name of Mother,* Eliza Redmond
7. *Mother's Maiden Name,* Ross
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* George Redmond
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return, W. H. Thornton

Address, Johns Hopkins Hospital

Remarks,

1910 0001922

ENTERED FOR RECORD
FEB -9 1910
H. O. DORSEY M.D.
COMR OF HEALTH

Every midwife or other person who shall attend upon the occupation of the parent, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should the parent or parents of such child be unable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A61143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
WM. S. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) black
4. Date of Birth Feb. 7. 1910.
5. Place of Birth, (Street and number) Johns Hop kins Hospital
6. Full name of Mother, Lesley Ann Gordon
7. Mother's Maiden Name,
8. Mother's Birthplace, North Carolina
9. Full name of Father,
10. Father's Occupation,
11. Father's Birthplace,

Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas

Address, V. H. H.

Remarks,

1910000001923

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Feb. 6. 1910
5. *Place of Birth, (Street and number)* Johns Hopkins Hospital
6. *Full name of Mother,* Elizabeth Smith
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, E. C. Thomas

Address, V. H. H.

Remarks,

1910000924

RECEIVED FOR RECORD
MAR 3 1910
HARRY FRIEDENWALD, M.D.
COMMR OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, then the person in charge of the house in which such birth occurs, or the parent of such child, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
HAS BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* black
4. *Date of Birth* Feb 5. 1910
5. *Place of Birth, (Street and number)* V. H. Hospital
6. *Full name of Mother,* Florence Jenkins
7. *Mother's Maiden Name,* Florence Jenkins
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of ~~Medical Attendant~~, or other person who makes this Return, E O Thomas M.D.

Address, V. H. H.

Remarks,

1910000001925

...date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter refuse or neglect to make such report as herein required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V hd

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Feb. 5. 1910
5. Place of Birth, (Street and number) 7. M. H.
6. Full name of Mother, Vennie Lamb
7. Mother's Maiden Name, Vennie Bordley
8. Mother's Birthplace, Md.
9. Full name of Father, Joshua Lamb
10. Father's Occupation, Worker
11. Father's Birthplace, N. Ca

Name of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas

Address, 7. M. H.

Remarks,

1910000192 6

RECEIVED FOR RECORD
FEB -8 1910
J. S. BOWLEY M.D.
COMR OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person in charge of the house where such birth occurs, or the parent of such child if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -3 1910
S. BAGLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Name of child, —
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Feb. 7. 1910
5. Place of Birth, (Street and number) Johns Hopkins Hosp.
6. Full name of Mother, Maria Stewart
7. Mother's Maiden Name, "
8. Mother's Birthplace, Va
9. Full name of Father, —
10. Father's Occupation, —
11. Father's Birthplace, —

Name of ~~Medical Attendant~~, or other person who makes this Return. E. C. Thomas

Address, V. 4. 41.

Remarks, 1910000001927

ate and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case a child is born and dies before the visit of the attending physician, midwife or nurse, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Name of child,* Baby Payton
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Feb. 25th 1910.
5. *Place of Birth, (Street and number)* 128 Jones Court
6. *Full name of Mother,* Hattie Payton
7. *Mother's Maiden Name,* Bailor
8. *Mother's Birthplace,* Washington
9. *Full name of Father,* James Payton
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. E. Hall

Address, John's Hopkins Hospital

Remarks,

1910 00 01928

RECEIVED FOR RECORD
MAR 9 1910
H. BARNEY M.D.
COMR OF HEALTH

date and place of birth, and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate as aforesaid. It shall be the duty of every midwife to report to the Commissioner of Health the birth of any child she shall attend, and every midwife who shall become the duty of the person or parents of such child to report to the Commissioner of Health the birth of such child, and every midwife who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

154419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 3 1910
H. BARLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) T

1. *Name of child,* Baby Armstrong
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* February 22nd. 1910
5. *Place of Birth, (Street and number)* 1306 H Alley
6. *Full name of Mother,* Charlotte Armstrong
7. *Mother's Maiden Name,* Armstrong
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* George Dockins
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. E. Hall

Address, Johns Hopkins Hospital

Remarks,

1910000001929

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of the district within which the birth occurred, within ten days after the birth, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the form and manner as herein provided, and the said report shall be delivered within ten days thereafter; and any person who shall wilfully fail to comply with the provision of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Name of child,* Baby Nelson.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* Black.
4. *Date of Birth* February 20th 1910
5. *Place of Birth, (Street and number)* 316 S. Spring St.
6. *Full name of Mother,* Emma Nelson
7. *Mother's Maiden Name,* Waters
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Tony Nelson.
10. *Father's Occupation,* Driver.
11. *Father's Birthplace,* South Carolina

Name of Medical Attendant, or other person who makes this Return. Ed. Hall

Address, Johns Hopkins Hospital

Remarks,

1910001930

RECEIVED FOR RECORD MAY 9 1910 [illegible] BAGLEY M.D. COMMISSIONER OF HEALTH

The Return of Birth and the said Certificate shall be under the full name and occupation of the parents (the name of the mother to be given before marriage) and the place of residence of each, and the date of birth, and the sex and color of each child born alive, and shall be signed by the attending physician or midwife, or, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of the house in which the birth occurs, or if it occurs elsewhere than in a house, of the nearest householder, to report the birth as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A5-1457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Name of child,* Baby Mitchell
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* February 19th 1910.
5. *Place of Birth, (Street and number)* 1253 Orleans St.
6. *Full name of Mother,* Carrie Mitchell
7. *Mother's Maiden Name,* Ward.
8. *Mother's Birthplace,* North Carolina
9. *Full name of Father,* Walter Mitchell
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Ed. Hall

Address, Johns Hopkins Hospital

Remarks,

1910000 1931

RECEIVED FOR RECORD MAR -9 1910 LOS. E. OSLEY, M.D. COMMISSIONER OF HEALTH

...and the said schedule shall be delivered or sent by mail to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first and third days of each and every month, and the Registrar of Vital Statistics, Board of Health, shall issue a certificate between the first and third day of each and every month to the Physician or Midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents, or in case of their absence, the occupant of the house, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Name of child, Baby Harris
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth February 14th 1910
5. Place of Birth, (Street and number) 1140 W. Eldorry Ct.
6. Full name of Mother, Gloria Harris
7. Mother's Maiden Name, Harris
8. Mother's Birthplace, Baltimore
9. Full name of Father, Wm. Harris
10. Father's Occupation, Driver
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. H. Thomson

Address, Johns Hopkins Hospital

Remarks,

1910000 1932

SUBMITTED FOR RECORD MAR -9 1910 J. S. BOSLEY M.D. COMR. OF HEALTH

...name of child; the sex, color, the full name and occupation of its parents; the date of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required as aforesaid, and any person who shall neglect hereafter to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Name of child,* Baby Carter
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* February 10th 1910
5. *Place of Birth, (Street and number)* 417 N. Lewis St.
6. *Full name of Mother,* Lottie Carter
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Ed. Johnson
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, W. H. Thomson

Address, Johns Hopkins Hospital

Remarks,

19100001933

FILED FOR RECORD MAR -2 1910 J. S. BOXLEY M.D. BOARD OF HEALTH

Section 2. Be it further enacted, That the said certificate shall be under the full name and occupation of the parents, the name and surname of the child, if it has been named, the sex, color, the day, month and year of birth, and the number of each child born to the present mother, as the case may be, and shall be signed by the attending physician or midwife, or in case there was no physician or midwife in attendance, by the father or mother of the child, or the householder or owner of the premises where the birth occurred, within five days after the birth, and the said certificate shall be verified by the oath of the person making the same, if required by the Board of Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child, or the householder or owner of the premises where such birth occurred, to report such birth as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A51454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Baby Russell
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* February 10th, 1910
5. *Place of Birth, (Street and number)* 1119 N. Port St.
6. *Full name of Mother,* Lila Russell
7. *Mother's Maiden Name,* Whitehead
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* Sam Russell
10. *Father's Occupation,* laborer
11. *Father's Birthplace,* Texas.

Name of Medical Attendant, or other person who makes this Return, W. H. Thomlon.

Address, Johns Hopkins Hospital

Remarks,

1910 0001934

RECEIVED FOR RECORD
MAR 9 1910
J. BAILEY M.D.
COMR OF HEALTH

Section 33. Duties of midwives. Every midwife shall be required, duly signed by the practitioner in the form of a certificate, a statement of the name and residence of each child born, and the name, age, color, the full name and occupation of its parents as the Health Commissioner of Baltimore City may require. No midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health the birth of such child, and the name, age, color, the full name and occupation of its parents as the Health Commissioner of Baltimore City may require. Any person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A54455

RETURN OF A BIRTH:

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. *Name of child,* Baby Travers
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* February 8th 1910
5. *Place of Birth, (Street and number)* 126 Jones Court
6. *Full name of Mother,* Alice Travers
7. *Mother's Maiden Name,* Hastings
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* Charles Travers
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, W. H. Thornton

Address, Johns Hopkins Hospital

Remarks,

1910000001935

RECEIVED FOR RECORD
MAR -9 1910
H.O. BAILEY M.D.
REGISTRAR OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nurse or midwife in attendance to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A51456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
J. S. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	black
4. *Date of Birth*	Feb. 6. 1910
5. *Place of Birth, (Street and number)*	Johns Hop Kins Hospital
6. *Full name of Mother,*	Lulu Gorman
7. *Mother's Maiden Name,*	Lulu Gorman
8. *Mother's Birthplace,*	Maryland
9. *Full name of Father,*	
10. *Father's Occupation,*	
11. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	E. A. Thomas
Address,	V. H. H.
Remarks,	

1910000001936

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner or Registrar, or should no other person be in attendance on such mother, then it shall become the duty of the midwife, or should no other person be in attendance on such mother, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Name of child, Mildred Baby Collector
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth February 23rd 1910
5. Place of Birth, (Street and number) 1129 E. Lexington St.
6. Full name of Mother, Sena Collector
7. Mother's Maiden Name, ~~Borrowitch~~ Berkowich
8. Mother's Birthplace, Russia
9. Full name of Father, Samuel Collector
10. Father's Occupation, (Peddler) Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Hall

Address, Johns Hopkins Hospital

Remarks,

1910000 1937

RECEIVED FOR RECORD
MAR -9 1910
JOS. BAILEY M.D.
REGISTRAR OF HEALTH

Every case of birth and the said schedule shall be done, the full name and occupation of the parents, the number of children born to the mother, including the present birth, and the number of such children living, and the number of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents, or in case of their absence, the occupant of the house where such birth occurred within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Baby Herman
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth February 19th 1910.
5. Place of Birth, (Street and number) 123 S. Spring St.
6. Full name of Mother, Sarah Herman
7. Mother's Maiden Name, Karalitsky
8. Mother's Birthplace, Russia
9. Full name of Father, Louis Herman
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Hall

Address, Johns Hopkins Hospital

Remarks, 1910000 1938

Given name added by [illegible]

CERTIFIED FOR RECORD
MAR -9 1910
S. DOSLEY M.D.
REGISTRAR OF HEALTH

Every physician, midwife, or other person who shall be present at the birth of any child, the full name and occupation of the father of which is unknown to the undersigned, shall within ten days thereafter report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the particulars required by this form of a certificate hereof, the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the mother, within ten days after the birth, to report the particulars required by this section, and in default thereof she shall become liable to the penalty hereinafter provided. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED

RETURN OF A BIRTH.

A54459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Name of child,* ~~Baby~~ ROSE Renner
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* February 17th 1910
5. *Place of Birth, (Street and number)* 721 S. High St
6. *Full name of Mother,* Rena Renner
7. *Mother's Maiden Name,* Winters
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Louis Renner
10. *Father's Occupation,* Plumber
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, W. H. Thomson

Address, Johns Hopkins Hospital

Remarks,

1910U001939

RECEIVED FOR RECORD
MAR -9 1910
JOS. BOSLEY, M.D.
SUPT. OF HEALTH

Any person giving false information of the birth of any child, or neglecting or refusing to give information thereof, or neglecting or refusing to report to the Registrar of Vital Statistics the information required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense. It shall be the duty of the midwife, nurse or other person in attendance upon the mother, immediately after the birth of any child, to make a return of the birth to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then it shall become the duty of the parent or parents of such child to make the return required by this section within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 2/17/71

RETURN OF A BIRTH.

A54460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* ~~Baby~~ Bauge, BESSIE LILLIAN
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* February 11th 1910
5. *Place of Birth, (Street and number)* 1127 Orleans St.
6. *Full name of Mother,* Lillian Bauge
7. *Mother's Maiden Name,* Cain
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* George Bauge
10. *Father's Occupation,* Sawyer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, W. H. Thomsen

Address, Johns Hopkins Hospital

Remarks,

1910000001940

RECEIVED FOR RECORD
MAR -3 1910
H. O. OSGLEY M.D.
BOARD OF HEALTH

Every Return of Birth and the said schedule shall be written, or typewritten, in full name and occupation of the informant, and shall be signed by the informant with his or her usual signature, and delivered to the Registrar of Vital Statistics, Board of Health, at the office of the Commissioner of Health, within ten days after the birth, and every month thereafter a certificate between the first and third day of each and every month to the office of Commissioner or Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of the house in which the birth occurs to report the same to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Baby Stern
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* February 10th, 1910
5. *Place of Birth, (Street and number)* 1416 Gough St
6. *Full name of Mother,* Rena Stern
7. *Mother's Maiden Name,* Rewesow
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Morris Stern
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this return, W. H. Hornlan

Address, Johns Hopkins Hospital

Remarks,

1910000001941

RECEIVED FOR RECORD MAR -9 1910 JAS. BOSLEY M.D. COMMR. OF HEALTH

Every Birth, and the said person shall be sworn, the full name and occupation of the parent of the child, and the date and place of birth, and the name of the child, if it has been named, and every particular required to be recorded touching the birth, and shall sign a certificate to the same. Every midwife, or other person in attendance upon the mother, shall, within ten days after the birth of any child, make a return of the same to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the parent or nearest relative present at the birth to make the return required by this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,*
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb. 6, 1910
5. *Place of Birth, (Street and number)* Johns Hopkins Hospital
6. *Full name of Mother,* Fannie Haffer
7. *Mother's Maiden Name,* Fannie Davidson
8. *Mother's Birthplace,* Roumania
9. *Full name of Father,* Frank Haffer
10. *Father's Occupation,* printer
11. *Father's Birthplace,* Roumania

Name of Medical Attendant, or other person who makes this Return, E A Thomas M.D.

Address, [illegible] M.H.

Remarks,

1910000942

RECEIVED FOR RECORD MAR 9 1910 H.A. GODLEY M.D. COMR OF HEALTH

Date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form or a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the presence of any practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-31-50

RETURN OF A BIRTH. A54463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Name of child,*	Ethel Margaret Ricker
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	Feb 5. 1910
5. *Place of Birth, (Street and number)*	Johns Hopkins Hospital
6. *Full name of Mother,*	Emma Ricker
7. *Mother's Maiden Name,*	Emma Miller
8. *Mother's Birthplace,*	Va.
9. *Full name of Father,*	Chas. Ricker
10. *Father's Occupation,*	Candy maker
11. *Father's Birthplace,*	Maryland
Name of ~~Medical Attendant~~, or other person who makes this Return,	E. L. Thomas
Address,	J. H. H.
Remarks,	

1910000 1943

ENTERED FOR RECORD
MAR -9 1910
S. BOSLEY, M.D.
BOARD OF HEALTH

...ve said place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form ...of a certificate between the first and third day of each and every month to the office of Commissioner of ...Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of ...this city, or shall occur on any train of cars or other vehicle while passing through it, the person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of ...Health. In the manner and within the period above required, and any such person or persons who shall ...hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars ...for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-23-66

RETURN OF A BIRTH. A54464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Nome of child, CATHERINE MAUD MONTGOMERY
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec 3 1910
5. Place of Birth, (Street and number) Johns Hopkins Hospital
6. Full name of Mother, Alice ~~Clara~~ Montgomery
7. Mother's Maiden Name, Alice ~~Clara~~ Insley
8. Mother's Birthplace, Md
9. Full name of Father, John Montgomery
10. Father's Occupation, Carpenter
11. Father's Birthplace, Md

Nome of ~~Medical Attendant~~, or other person who makes this Return, E. A. Thomas

Address, J H H

Remarks,

1910000194 4

RECEIVED FOR RECORD MAR -9 1910 W. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

Full name and occupation of the parents, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, or such other person as may be appointed by the Board of Health to receive the same, by midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner or Health, in the manner and within the period above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Name of Child,* Margaret Rebecca Dorsey
2. *Sex, (state whether male or female)* girl
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* February 1 1910
6. *Place of Birth, (Street and number)* 16 E Montgomery st Baltimore
6. *Full name of Mother,* Martha Dorsey
7. *Mother's Maiden Name,* Martha Hill
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Laurinitus Dorsey
10. *Father's Occupation,* Evens Marble worker
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Lambert

Address, 11 E Hill st Baltimore

Remarks, Mother and baby well

1910000194

RECEIVED FOR RECORD MAR -9 1910 J. E. BRALEY M.D. BOARD OF HEALTH

Every midwife in attendance upon a birth shall, within twenty-four hours after the birth, make a return thereof to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. It shall be the duty of the undertaker and any person who shall bury or remove the dead body of any child for which a return of birth is not made as herein required by the practitioner in the form of a certificate between the first and third day of each month, to make a return to the Commissioner of Health of every such case which may have come to his knowledge during the month next preceding. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 9 1910
JOS. BAILEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Name of Child, Mamie Baker.
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White
4. Date of Birth, February 14, '10.
6. Place of Birth, (Street and number) No. 43 E. Hill St.
6. Full name of Mother, Mary Eleanora, Baker.
7. Mother's Maiden Name, Mary " Durkins.
8. Mother's Birthplace, Baltimore, Md.
9. Full name of Father, John Herbert, Baker.
10. Father's Occupation, Gas Meter Maker.
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Lambert.

Address, # E. Hill St. 17

Remarks, Mother 1 0 0 0 0 1 6 4 yrs. 2 mos. 7 days

The law requires this report to be made by the practitioner in the form of a certificate between the 1st and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR -9 1910
JAS. BUSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No Record

1. Name of Child, Nora Ellen Larsen
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Fourth March
6. Place of Birth, (Street and number) 628 W Conway Street
6. Full name of Mother, Elizabet Larsen
7. Mother's Maiden Name, Elizabet Gallagher
8. Mother's Birthplace, Baltimore City
9. Full name of Father, George Larsen
10. Father's Occupation, Nigger
11. Father's Birthplace. Narnia

Name of Medical Attendant, or other person who makes this Return, Mrs Lambert

Address, 17 E Hill St

Remarks, Mother and baby doing well

Every person required by the preceding section to make a return of a birth, and who shall neglect to make such return within the first thirty days after the birth of any child shall, if such child shall have been born without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and every person who shall refuse or neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

154468

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Anna
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 9 of Jan. 1910
5. Place of Birth, (Street and number) 841 N. Washington St.
6. Full name of Mother, Anna Blazek
7. Mother's Maiden Name, Zizner
8. Mother's Birthplace, Bohemiga
9. Full name of Father, John Blazek
10. Father's Occupation, Butcher
11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 842 N. Collington ave

Remarks,

1910000001948

D FOR
D OCTPD
MAR -9 1910
BOARD OF H. M.D.
OF HEALTH

of a certificate between the 3rd and third day of each and every month to the office of Commissioner of Health. In case the birth occurs in a house where there is no physician or midwife in attendance, the father or mother, or in case of the death or absence of both father and mother, the householder or owner of the house, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
JOHN E. BOSLEY, M.D.
CHIEF OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* Christina
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 1st of Jan. 1910
5. *Place of Birth, (Street and number)* 2210 Portugal st.
6. *Full name of Mother,* Mary Klingerger
7. *Mother's Maiden Name,* J. Hill
8. *Mother's Birthplace,* Balto. Md.
9. *Full name of Father,* Charles Klingerger
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 2190 Baltimore ave

Remarks,

1910001949

...ate and place of birth, and the said schedule shall be ...ed, duly signed by the ... or in attendance upon the ... or if there be no such ... by the father or mother, ... of the house in which ... occurs, or by the ... or person who shall ... midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person occupying the house in which the birth occurs, to report the same to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person occupying the house in which the birth occurs, to report the same to the Board of Health, and the said schedule shall be filled out by such person or person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
A. BOOLEY M.D.
BD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Name of child, Anna Agnes
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 20 of Jan. 1910
5. Place of Birth, (Street and number) 705 N. Madeira St.
6. Full name of Mother, Marie Ceselsky
7. Mother's Maiden Name, Jares
8. Mother's Birthplace, Bohemia
9. Full name of Father, Pavil Ceselsky
10. Father's Occupation, Iron Moulder
11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Prettl

Address, 819 N. Collington ave.

Remarks, 1910001950

of a certificate between the first and third day of each and every month to the office or Commissioner of Health. In case the birth of any child shall occur in the absence of the attending physician or midwife, or if there be no attending physician or midwife, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

PREPARED FOR RECORD
MAR -9 1910
S. BOGLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Margareth Ruth
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 21st Jan. 1910
5. Place of Birth, (Street and number) 26 N. Clinton St.
6. Full name of Mother, Myrtle Devanney
7. Mother's Maiden Name, Howard
8. Mother's Birthplace, Virginia
9. Full name of Father, Henry Devanney
10. Father's Occupation, Conductor
11. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, Mary Pretl

Remarks,

19100001951

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, then it shall be the duty of the parent or parents, or person having charge of such child, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
J.S. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Name of child, Josefa
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 31 of Jan. 1910
5. Place of Birth, (Street and number) 722 S. Bethel St.
6. Full name of Mother, Pauline Bryl
7. Mother's Maiden Name, Benkel
8. Mother's Birthplace, Pole
9. Full name of Father, Johnny Bryl
10. Father's Occupation, Laborer
11. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 819 N. Gallington ave.

Remarks,

1910000952

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, then the midwife or nurse in attendance, or in default thereof, the father or mother of such child shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
[illegible] DORSEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, Branislava
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 7th, 1910
5. Place of Birth, (Street and number) 1611 Lancaster St.
6. Full name of Mother, Anna Privara
7. Mother's Maiden Name, Galka
8. Mother's Birthplace, Pole
9. Full name of Father, Michael Privara
10. Father's Occupation, Laborer
11. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 819 N. Collington ave.

Remarks,

19100001953

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother of such child, or in case of the absence or death of both father and mother, the person who shall become the care of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
JAS. BOOLEY, M.D.
REGISTER OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Helen
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 10 of Feb 1910
5. *Place of Birth, (Street and number)* 613 Shakespeare St.
6. *Full name of Mother,* Mary Mlynarsky
7. *Mother's Maiden Name,* Masterak
8. *Mother's Birthplace,* Pole
9. *Full name of Father,* Jan Mlynarsky
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, 819 A. Collington ave

Remarks,

19100001954

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur in a house in which there is no resident physician or midwife, it shall be the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall become the duty of the person or parent of such child to report its birth to the Commissioner of shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 9 1910
E. BOOKLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Wenceslaus Stephen
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec. 25th 1909
5. *Place of Birth, (Street and number)* 1022 N. Washington St.
6. *Full name of Mother,* Anna Vales
7. *Mother's Maiden Name* Sluka
8. *Mother's Birthplace,* Bohemia
9. *Full name of Father,* Wenceslaus Vales
10. *Father's Occupation,* Butcher
11. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return Mary Pretl

Address, 819 N. Collington ave

Remarks,

1910000 1955

Of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, then it shall be the duty of the father or mother of such child, or the person in charge of it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,* Thomas Joseph
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Dec. 31st 1909
5. *Place of Birth, (Street and number)* 705 N Duncan St
6. *Full name of Mother,* Eleanora Ticha
7. *Mother's Maiden Name,* Vojik
8. *Mother's Birthplace,* Bohemia
9. *Full name of Father,* Thomas Ticha
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Bohemia

Name of Medical Attendant, (or other person who makes this Return) Mary Pretl

Address, 1911 Collington ave.

Remarks,

1910000956

RECEIVED FOR RECORD MAR -9 1910 H. BOSLEY, M.D. REG'R OF HEALTH

Certificate of birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every Month to the office of Commissioner of Health. In case of the absence of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, August Joseph
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth 20 of Nov. 1909
5. Place of Birth, (Street and number) 805 N. Bradford St.
6. Full name of Mother, Mary Strejcek
7. Mother's Maiden Name, Skrivanek
8. Mother's Birthplace, Bohemia
9. Full name of Father, Joseph Strejcek
10. Father's Occupation, Mechanic
11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 819 N. Collington ave

Remarks,

1910000 1957

RECEIVED FOR RECORD MAR -9 1910 [illegible] BOXLEY M.D. BOARD OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in the city of Baltimore, under the penalty of ten dollars for each and every neglect or refusal; and in case of the absence of the physician or midwife in attendance upon the mother, or if there be no physician or midwife in attendance, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Name of child,* Paul John
2. *Sex,* (state whether male or female) Male
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth* 12 of Sept. 1909
5. *Place of Birth,* (Street and number) 1313 Ashland ave.
6. *Full name of Mother,* Anna Melocik
7. *Mother's Maiden Name,* Kapasek
8. *Mother's Birthplace,* Bohemia
9. *Full name of Father,* Henry Melocik
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Hungary

Name of Medical Attendant or other person who makes this Return, Mary Pretl

Address, 819 N. Collington ave.

Remarks, 1910 0001958

Every midwife, or other person (except a physician) who shall assist at the birth of any child, shall, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Mecislaus
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 14 of Jan. 1910
5. *Place of Birth, (Street and number)* 811 S. Dallas St.
6. *Full name of Mother,* Frances Patro
7. *Mother's Maiden Name,* Rachuba
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Joseph Patro
10. *Father's Occupation,* Baker
11. *Father's Birthplace,* Pole

Name of Medical Attendant or other person who makes this Return, Mary Pretl

Address, 819 N. Collington ave

Remarks,

1910000959

RECEIVED FOR RECORD MAR -9 1910 S. DOSLEY M.D. BOARD OF HEALTH

...the full name and occupation of its parents, the ... of birth and the said school shall require ... of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
HAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child, Male Albert Wenceslaus
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 2, 1910
5. Place of Birth, (Street and number) 404 Streeper St.
6. Full name of Mother Mary Baroch
7. Mother's Maiden Name, Uhlik
8. Mother's Birthplace, Bohemia
9. Full name of Father Wenceslaus Baroch
10. Father's Occupation, Fire man
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 81 W Gallagher Lane

Remarks,

1.9100001960

Any physician or midwife in attendance upon the birth of any child born in the City of Baltimore, and any parent, householder or other person having knowledge of the facts, who shall neglect to report such birth to the Commissioner of Health, in the manner and within the period of time prescribed by the Ordinances of Baltimore, shall become thereby guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
JOHN S. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Name of child, August Joseph
2. Sex, (state whether male or female) Male
3. Race ar color, (if not of the White Race) White
4. Date of Birth Feb. 16, 1910
5. Place of Birth, (Street and number) 1828 Ashland ave.
6. Full name of Mother, Mary Hrdlicka
7. Mother's Maiden Name, Kozlusky
8. Mother's Birthplace, Balto Md.
9. Full name of Father, Charles Hrdlicka
10. Father's Occupation, Tailor
11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Prell

Address, 819 N. Bloughan ave

Remarks,

1910000196 1

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur in a hospital or other institution, the physician in attendance upon the mother, immediately thereafter is shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Richard Henry
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb. 18th 1910
5. Place of Birth, (Street and number) 235 S. Wolfe St.
6. Full name of Mother, Anna Smith
7. Mother's Maiden Name, Pisla
8. Mother's Birthplace, Philippia
9. Full name of Father, Paul Smith
10. Father's Occupation, Labor
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Prell

Address, 1901 Collington Ave.

Remarks,

1910000196 2

Every person having charge of a child to be registered shall, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished for each offense, by a fine of not less than ten (10) dollars nor more than fifty (50) dollars for each offense, as to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 11/8/68

RETURN OF A BIRTH. A54483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) MARTIN DAVID FRIEDLAND

1. Name of child, ~~Baby Friedland~~ MARTIN DAVID FRIEDLAND
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth February 18th 1910
5. Place of Birth, (Street and number) 1246 Mc Elderry St.
6. Full name of Mother, ~~Ida Friedland~~ IDA FRIEDLAND
7. Mother's Maiden Name, ~~Bond~~ IDA JACOBS
8. Mother's Birthplace, Russia
9. Full name of Father, ~~Frank Friedland~~ FRIEDLAND
10. Father's Occupation, Clerk
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Hall

Address, Johns Hopkins Hospital

Remarks,

1910001963

RECEIVED FOR RECORD MAR -9 1910 J.S. BOSLEY M.D. COMM'R OF HEALTH

Every birth shall be registered, and the said schedule shall be delivered, duly filled and signed by the person in charge of the house, or by the nearest relative present at the birth, or by the nurse in attendance, within ten days after the birth, to the person appointed to receive the same, who shall give a certificate of the delivery of the said schedule, and for every such certificate he shall receive from the person delivering the schedule the sum of twenty-five cents. The said schedule shall be filled out in accordance with the instructions printed thereon, and the information required shall be given to the best knowledge and belief of the person delivering the same. Every person who shall refuse or neglect to deliver the said schedule, duly filled and signed as aforesaid, to the person appointed to receive the same, within the time above limited, shall forfeit to the Mayor and City Council of Baltimore the sum of twenty-five dollars. Every person who shall refuse or neglect to give information concerning the birth of any child, or who shall give false information concerning the same, shall forfeit to the Mayor and City Council of Baltimore the sum of twenty-five dollars. Every person who shall refuse or neglect to give information concerning the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nurse in attendance to make the return of birth required by the Board of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3/11/10

RETURN OF A BIRTH. A54484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
S. BOOLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	SAMUEL HOWARD BLANK
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	white
4. *Date of Birth*	Feb 5. 1910
5. *Place of Birth, (Street and number)*	Johns Hop Lin Hospital
6. *Full name of Mother,*	Elsie Blank
7. *Mother's Maiden Name,*	Elsie Levin
8. *Mother's Birthplace,*	Pennsylvania
9. *Full name of Father,*	John Blank
10. *Father's Occupation,*	Farmer
11. *Father's Birthplace,*	Mary land
Name of Medical Attendant, or other person who makes this Return,	E. C. Thomas M. D.
Address,	
Remarks,	

19100001964

of a certificate between the first and third day of each and every month to the Commissioner of Health, in the form and manner required by the said Commissioner, and in default thereof, such midwife shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable.

A54185

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
H. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth Feb. 4 1910
5. Place of Birth, (Street and number) Johns Hopkins Hospital
6. Full name of Mother, Edna Bowers
7. Mother's Maiden Name, Edna Seibold
8. Mother's Birthplace, Maryland
9. Full name of Father, Chas Bowers
10. Father's Occupation, Fireman
11. Father's Birthplace, Maryland

Name of ~~Medical Attendant~~, or other person who makes this Return, E. C. Thomas M.D.

Address, 1 E. 1st St

Remarks,

1910001965.

Of a certificate of the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Registrar of Vital Statistics, at the office of the Commissioner of Health. In case the birth of any child shall occur without the services of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the same manner as herein required of physicians and midwives; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54486

CERTIFICATE AMENDED 7/17/70

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* Walter Frank MORAVEC
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 12 Dec. 1909
5. *Place of Birth, (Street and number)* 810 N. Madeira St.
6. *Full name of Mother,* Mary Moravec
7. *Mother's Maiden Name,* Wavra
8. *Mother's Birthplace,* Balto. Md.
9. *Full name of Father,* Thomas Moravec
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mary Prell

Address, 8190 Collington Ave.

Remarks, 1910000196 6

RECORDED FOR RECORD MAR 3 1910 WM. ROSLEY M.D. BD OF HEALTH

Every birth shall be registered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Joseph Dean
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec. 17th 1909
5. Place of Birth, (Street and number) 402 S. Ann St.
6. Full name of Mother, Catherine C. Mc. Comas
7. Mother's Maiden Name, Derwart
8. Mother's Birthplace, Balto. Md
9. Full name of Father, Joseph L. Mc. Comas
10. Father's Occupation, Fireman for Maryland Steel Co.
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 8170 N. Collington Ave.

Remarks,

1910001967

RECEIVED FOR RECORD MAR -9 1910 JOHN GOSLEY M.D. COMM'R OF HEALTH

Sec. 3. A certificate between the first and third day of each and every month to the other Commissioner of Health, in case the birth of any child shall occur in the absence of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child, Leon Lorenc
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec. 13th 1909
5. Place of Birth, (Street and number) 201 Bonsden St.
6. Full name of Mother, Milada Jacob
7. Mother's Maiden Name, Linek
8. Mother's Birthplace, Balto. Md.
9. Full name of Father, Lorenc Jacob
10. Father's Occupation, Butcher
11. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 812 N. Collington Ave.

Remarks,

1910 0001968

RECEIVED FOR RECORD MAR -9 1910 JOHN OSLEY M.D. BOARD OF HEALTH

To a certificate between the first and third day of each and every month to the office or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine or midwifery, it shall be the duty of the owner or occupier of the house in which such birth shall occur, or the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 11/8/13

RETURN OF A BIRTH. A54489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Name of child,* Charles H. ~~Smith~~ Riggs
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 27 th 1913 12.30 PM
5. *Place of Birth, (Street and number)* 2430 E. Baltimore St.
6. *Full name of Mother,* Lillian May Smith
7. *Mother's Maiden Name,* " " Frazier
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Charles Smith
10. *Father's Occupation,* Bartender
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Thos. J. Schaefer M.D.

Address, 2500 E. Baltimore St.

Remarks, 1910000001969

RECEIVED FOR RECORD MAR -9 1910 BOSLEY M.D. BOARD OF HEALTH

Sec. 23. Name and occupation of its parents, the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, before the first Monday in each and every month to the office of Commissioner of Health, or such other person as may be appointed by the Board of Health to receive it. If such child shall become the duty of the person or persons in attendance upon the mother, including midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 154430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Name of child, Mildred Margarett
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec. 5, 1909
5. Place of Birth, (Street and number) 1812 Gough st
6. Full name of Mother, Margarett Wenzel
7. Mother's Maiden Name, Braun
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, John Wenzel
10. Father's Occupation, Barber
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Bretl

Address, 819 N Wollington ave

Remarks,

1910 0001970

RECEIVED FOR RECORD MAR -9 1910 JOS. BOWLEY M.D. REGISTRAR OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report it, the parent of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Name of child, (Twins) Mildred
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 4 Dec 1909
5. Place of Birth, (Street and number) 2222 E. Madison St.
6. Full name of Mother, Frances Kaplan
7. Mother's Maiden Name, Golek
8. Mother's Birthplace, Bohemia
9. Full name of Father, Josefa Kaplan
10. Father's Occupation, Milkman
11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 8190 Collington Ave.

Remarks,

19100001971

RECEIVED FOR RECORD MAR -9 1910 BALTIMORE MD. BOARD OF HEALTH

Sec. 2. Be it further enacted, That it shall be the duty of every physician, midwife or other person who shall be in attendance upon the birth of a child, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this ordinance shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of child,* Agnes
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 2d Dec 1909
5. *Place of Birth, (Street and number)* 2718 Elliott St.
6. *Full name of Mother,* Agnes Stukovsky
7. *Mother's Maiden Name,* Belozenshy
8. *Mother's Birthplace,* Pole
9. *Full name of Father,* Frank Stukovshy
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Bretl

Address, 8690 Ellington ave

Remarks, 1910000 1972

RECEIVED FOR RECORD MAR -9 1910 DR. BOSLEY M.D. COMR OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in charge of such child refuse or neglect to report such birth as aforesaid, the person in charge of such child shall report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child, William
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 20 Dec. 1909
5. Place of Birth, (Street and number) S. Dallas St.
6. Full name of Mother, Millie Wenzel
7. Mother's Maiden Name, Dorsch
8. Mother's Birthplace, Balto.
9. Full name of Father, Charles Wenzel
10. Father's Occupation, Driver
11. Father's Birthplace, Balto.

Nome of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 819 N. Collington Ave

Remarks,

19100001973

RECEIVED FOR RECORD MAR -9 1910 JAS. SINDLEY M.D. REGISTER OF HEALTH

Every certificate required by this section shall be delivered, duly signed by the proper informant in the form aforesaid, to the registrar of the district, within thirty days after the birth, and every month the registrar shall make a return to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, who is required by this section to make the certificate of birth, the mother shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of child, Elizabeth Marie
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec. 26th 1909
5. Place of Birth, (Street and number) 417 N. Bradford St.
6. Full name of Mother, Mary Stolecek
7. Mother's Maiden Name, Strejcek
8. Mother's Birthplace, Bohemia
9. Full name of Father, Charles Stolecek
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Prettl

Address, 819 Ballington ave.

Remarks,

1910000974

RECEIVED FOR RECORD MAR -9 1910 BOARD OF HEALTH

Of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A54495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Name of child, Beatrice
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Dec. 29th. 1909
5. Place of Birth, (Street and number) 6 S Central ave.
6. Full name of Mother, Mary Buttee
7. Mother's Maiden Name, Cook
8. Mother's Birthplace, Bohemia
9. Full name of Father, Wenceslaus Buttee
10. Father's Occupation, Clerk
11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 819 N. Gallington ave

Remarks, 1910 00 01975

PREPARED FOR RECORD
MAR -9 1910
DR. EDGLEY M.D.
COMR. OF HEALTH

Every birth occurring within the limits of this city shall be reported to the Health Department within ten days after the occurrence thereof, and in case of a birth occurring in a hospital, almshouse, or other institution, the superintendent thereof shall report the same within ten days after the occurrence thereof. In case of a birth occurring elsewhere than in a hospital, almshouse, or other institution, a certificate of such birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be required by this section to report such birth, the father or mother of such child, if able, shall report the same as required by this section. It shall be the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, Marie Katherine
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 18 of Nov. 1909
5. Place of Birth, (Street and number) 21 N. Wolfe St.
6. Full name of Mother, Antonette Zelenavsky
7. Mother's Maiden Name, Paulik
8. Mother's Birthplace, Baltimore
9. Full name of Father, Frank Zelenavsky
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 8191 Ballingtonave.

Remarks,

1910001976

DIRECTOR OF RECORD

MAR -9 1910

J. BOLEY M.D. COMM'R OF HEALTH

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, then it shall be the duty of the parent or parents of such child, or the person in charge of it, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
JOHN S. EGGLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, Antonette Emma
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 10 of Nov. 1909
5. Place of Birth, (Street and number) 8 W. Bradford St.
6. Full name of Mother, Antonette Matula
7. Mother's Maiden Name, Hladky
8. Mother's Birthplace, Bohemia
9. Full name of Father, Wenceslaus Matula
10. Father's Occupation, Tailor
11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 8194 Collingtonlane

Remarks,

1910000197 7

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur in a house or tenement where there is no physician or midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such house or tenement to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -9 1910
[illegible] BOOLEY M.D.
[illegible] OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child, Evelyn Katherine
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 14 of Mar 1909
5. Place of Birth, (Street and number) Streeper St. 16
6. Full name of Mother, Teresa Likora
7. Mother's Maiden Name Jindra
8. Mother's Birthplace, Bohemia
9. Full name of Father, Anthony Likora
10. Father's Occupation, Clothing Cutter
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Pretl

Address, 819 N. Collington Ave

Remarks,

1910001978

Certificate between the first and third day of each and every Month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so shall be considered guilty of a misdemeanor, and upon conviction thereof shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall forfeit for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 17 1910
J. S. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of Child, —
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) Race
4. Date of Birth, 6 of March
6. Place of Birth, (Street and number) Bauerschmid Ave. 2001.
6. Full name of Mother, Laddy Eissner
7. Mother's Maiden Name, Mellum.
8. Mother's Birthplace, Baltimore County
9. Full name of Father, August Eissner
10. Father's Occupation, Laborer.
11. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Midwife Helen Hohl

Address, 1316 N. Washington St.

Remarks, 1910000 1979

Any person having charge of a child at the time of its birth, who shall neglect or refuse to report the birth of any child as required by the foregoing section, or who shall report any false or untrue statement concerning the birth of such child, or any person who shall neglect or refuse to report the birth of any child found abandoned, or any person who shall neglect or refuse to report any other matter or thing concerning such child required by the foregoing section to be reported, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 11 1910
S. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Race
4. Date of Birth, 7th of March
6. Place of Birth, (Street and number) 26. N. Aisquith st.
6. Full name of Mother, Ann G. Jenkins
7. Mother's Maiden Name, A. G. Robinson
8. Mother's Birthplace, Rappahannock River Va.
9. Full name of Father, John W. Jenkins
10. Father's Occupation, Ship Builder
11. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Midwife Helen Hyde
Address, 1326. N. Washington st.
Remarks,

1 9 1 0 U 0 0 1 9 8 0

Every birth occur without the attendance of a physician or midwife, and every birth attended by a midwife or other person than a physician, the father, mother, householder or other person in charge of the house in which such birth occurs, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 19 1910
H. S. BOSLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1ast

1. Name of Child, no name
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, March 7
6. Place of Birth, (Street and number) 2107 Division St Baltimore
6. Full name of Mother, Mary Louisa Dickerson
7. Mother's Maiden Name, Mag Louisa Brown
8. Mother's Birthplace, St Marys md
9. Full name of Father, Joseph Bernard Dickerson
10. Father's Occupation, waiter
11. Father's Birthplace, Saint Marys md

Name of Medical Attendant, or other person who makes this Return, Julya Stevenson

Address, 2125 Edlings St

Remarks, nothing

191000 01981

shall occur within the state, such birth, to the office of Commissioner of Health, certificate between the first and tenth days of each month, a certificate of such birth, and the sex of such child, and such other particulars as may be required by such Commissioner of Health, in the manner and within the period above required, and under the penalty upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall for each offense, be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 454502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 10 1910
JOHN BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Name of child,* Mary Female
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* March 3. 1910
5. *Place of Birth, (Street and number)* 317 S Spring St.
6. *Full name of Mother,* Maggie Falio
7. *Mother's Maiden Name,* Maggie Schneider
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Domenico Falio
10. *Father's Occupation,* Seamstress Finisher
11. *Father's Birthplace,* Italy.

Name of Medical Attendant, or other person who makes this Return. Mrs Sperman

Address, 42 Albemarle St

Remarks, 1910000 1982 Balto Md

Notice is hereby given that the said schedule shall be delivered, duly sworn to by the practitioner in the form of a certificate on the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance who shall report its birth to the Commissioner of Health, it shall be the duty of the parent or guardian of such child to report the same within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A54503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Name of child, (Sadie) Sarah Appleatein
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 2 March 1910
5. Place of Birth, (Street and number) 915 E Lombard St
6. Full name of Mother, Jennie Appleatein
7. Mother's Maiden Name, Jennie Kusch
8. Mother's Birthplace, Russia
9. Full name of Father, Lewis Appleatein
10. Father's Occupation, Hide Keeper
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Dr. Schemanske

Address, 42 Allendale St

Remarks, 1910000 1983

RECEIVED FOR RECORD MAR 1910 BALTIMORE MD. BOARD OF HEALTH

Every birth shall be registered, and the attending physician, midwife, or other person in attendance shall report the name and occupation of its parents, the number of the street, and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner or midwifery, or should no other person be in attendance as aforesaid, the parent or parents of such child shall become the duty of, and within the period above required, and any such person or persons who shall fail, refuse or neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Name of child, Sarah Minnie
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 27 1910
5. Place of Birth, (Street and number) 229 S Kane
6. Full name of Mother, Nellie Bowlby
7. Mother's Maiden Name, Nellie Lane
8. Mother's Birthplace, Iowa
9. Full name of Father, Abram Bowlby
10. Father's Occupation, Engineer
11. Father's Birthplace, Indiana

Name of Medical Attendant, or other person who makes this Return, Mrs Saterman

Address, 42 Albemarle St Balt.

Remarks, bld

1 9 1 0 0 0 0 1 9 8 4

FILED FOR RECORD
MAR 10 1910
BOARD OF HEALTH
BALTIMORE MD

Sec. 3. And be it further enacted, That the said secretary shall be furnished by the practitioner in the form of a certificate herein, the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, it shall become the duty of the person occupying the house in which such birth occurs, or in which the mother resides, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by law.

RETURN OF A BIRTH. A54505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 10 1910
S. BOSLEY, M.D.
REGISTER OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Name of Child,* Girl
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* March 1st 1910
6. *Place of Birth, (Street and number)* 1512 Bremerton Ave
6. *Full name of Mother,* Fannie Mozikin
7. *Mother's Maiden Name,* Fannie Dawson
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Benjamin Mozikin
10. *Father's Occupation,* Steel Driver
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Silverman

Address, 2 Fremont St

Remarks, Balt Md

19100001985

The practitioner in the form of a certificate between the first and ... the birth of any child ... are hereby required ... to the office of Commissioner of Health, in the manner and within the period above required, and ... shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... shall refuse or neglect to comply with the provisions of this section shall be ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are ... recoverable.

RETURN OF A BIRTH. 454506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Name of Child,* Ezra
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* Feb 14 1910
6. *Place of Birth, (Street and number)* 926 E. Baltimore St.
6. *Full name of Mother,* Mollie Bluett
7. *Mother's Maiden Name,* Mollie Hurt, Ky.
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* Louis ~~Hart~~ Bluett
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Mr Schurman

Address, 42 Albemarle St Balt. Md

Remarks, 1910001985

RECEIVED FOR RECORD MAR 10 1910 S. BOSLEY M.D. BD OF HEALTH

third day of each and every month, to the office of the Registrar of Vital Statistics, Board of Health, Baltimore, Md., a return of every birth which may have taken place within the district of such practitioner during the preceding month, and if he shall fail to make such return, or shall knowingly make a false return, he shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. A54507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 11 1910
HENRY M. BOOLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Name of Child, Ellis Cohen
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb 1910
6. Place of Birth, (Street and number) 2 E Lombard St
6. Full name of Mother, Bella Cohen
7. Mother's Maiden Name, Rosenbaum
8. Mother's Birthplace, Russia
9. Full name of Father, Louis Cohen
10. Father's Occupation, Junk Dealer
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs Schuman

Address, 2 E Lombard St. Balto

Remarks,

1910000 1987

The third day of each and every month, to the office of Commissioner of Health, in the manner and within the period above required, and shall sign his name to such certificate. Any person who shall refuse or neglect to report the birth of any child required to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter; it shall become the duty of the person or parents of such any such person or persons who shall refuse or fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 154503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB 10 1910
BOARDLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Name of child,*	Anna
2. *Sex, (state whether male or female)*	Familia
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	2 February 1910.
5. *Place of Birth, (Street and number)*	Glenburnie
6. *Full name of Mother,*	Anna Vacek
7. *Mother's Maiden Name,*	gel. Broz.
8. *Mother's Birthplace,*	Baltimore
9. *Full name of Father,*	James Vacek
10. *Father's Occupation,*	Blacksmith
11. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Bertha Deichgräber Hebamme
Address,	Glenburnie
Remarks,	

1910000001988

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this Ordinance it shall be the duty of the parent or parents, or in case of the absence of the parents, the guardian or guardians, or other person having charge of any child born in the City of Baltimore, to cause the birth of such child to be registered, and to procure a certificate of such registration, which certificate shall be delivered, duly signed by the proper officer, in the form and manner hereinafter provided, to the person entitled thereto, within three months after the birth of such child; and it shall be the duty of the Commissioner of Health to cause the birth of any child to be registered, and to procure a certificate of such registration, in the manner and within the time above required, if the parent or parents, guardian or guardians, or other person having charge of such child, shall neglect or refuse to do so; and it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Name of child, Margaret Virginia Johnson
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth February 18th 1910
5. Place of Birth, (Street and number) 228 S. Broadway
6. Full name of Mother, Mary Johnson
7. Mother's Maiden Name, Holland
8. Mother's Birthplace, Prince William Co. Va
9. Full name of Father, Harry Samuel Johnson
10. Father's Occupation, Engineer
11. Father's Birthplace, Alexandria Va

Name of Medical Attendant, or other person who makes this Return, Alfred H. Brudrick

Address, 22 S. Patterson Park Ave.

Remarks,

1910001989

RECEIVED FOR RECORD
MAR 10 1910
H.D. BOSLEY M.D.
REGISTRAR OF HEALTH

Health Code between the first and third day of each and every month to the office of Commissioner of Health. In case a child shall be born in a house where there is no physician or midwife in attendance, the duty of reporting such birth shall devolve upon the father, householder or person in charge of such house; and if the child shall be born elsewhere than in a house, the duty of reporting such birth shall devolve upon the person in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54516

CITY OF BALTIMORE. (No. 571 Barclay St.; Ward)

(2) FULL NAME OF CHILD Wm Patrick Carberry

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male			yes	Feb 24 1910

FATHER	MOTHER
(8) FULL NAME: Patrick Carberry	(14) FULL MAIDEN NAME: Bridget Holden
(9) RESIDENCE: 571 Barclay St	(15) RESIDENCE: 571 Barclay St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 35 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 34 (Years)
(12) BIRTHPLACE: Ireland	(18) BIRTHPLACE: Ireland
(13) OCCUPATION: Laborer in Brass Works	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12:30 P. M., the date above stated.

(23) Signature J. H. Robinson MD. (Physician or Midwife)

Address 706 E. Preston

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

(24) Given name added from a supplemental report, 19

Registrar

Filed MAR 10 1910, 19

JAS. BOSLEY M.D. (READ THE REVERSE SIDE)
COMM'R OF HEALTH

RETURN OF A BIRTH.

A5-1511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD MAR 10 1910 H. BOSLEY M.D. COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Name of Child, Ruth
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 7th March 1910
6. Place of Birth, (Street and number) 42 Albemarle St.
6. Full name of Mother, Sina Zolker
7. Mother's Maiden Name, Sina Rosnitzer
8. Mother's Birthplace, Russia
9. Full name of Father, Max Zolker
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm. Isenman

Address, 42 Albemarle St.

Remarks, Equity

19100001991

Every Physician, Midwife or other person in attendance upon any birth shall, within ten days after the birth, report the same in writing to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month. In the office of Commissioner of Health there shall be kept a register of births, and the certificates required to be reported as aforesaid shall be registered by the Commissioner of Health, or such other person as he may appoint for that purpose, in a book or books to be provided for that purpose. Any Physician, Midwife or other person who shall neglect or refuse to report any birth at which he shall be present, or of which he shall have knowledge, as required by this section, shall be liable to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 10 1910
JOS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Feb. 24th 1910
6. *Place of Birth, (Street and number)* 3353 Beech Ave.
6. *Full name of Mother,* Willie Alberga Greeley
7. *Mother's Maiden Name,* Willie Alberga Sharrer
8. *Mother's Birthplace,* Carroll Co. Md
9. *Full name of Father,* Thomas Frances Greeley
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave.

Remarks,

19100001992

Every physician, midwife or other person in attendance upon any birth occurring in the city of Baltimore shall, within ten days after the occurrence of such birth, send a certificate to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. It shall be the duty of the undertaker who buries any such person or child, to comply with the provisions of this section, and for every neglect or refusal he shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FILED FOR RECORD
MAR 30 1910
S. BOSLEY, M.D.
SUPT OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Name of child,* Samuel L.
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 23 1910
5. *Place of Birth, (Street and number)* 213 N High St.
6. *Full name of Mother,* Rebecca Sussen
7. *Mother's Maiden Name,* Rebecca Ann Levitsky
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Samuel Sussen
10. *Father's Occupation,* Tinner
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Schusman

Address, 1 S Albemarle St

Remarks, Called to

1910000193

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person in charge of the house in which such birth occurs, or in which the mother may be, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 454514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 10 1910
J. C. BOSLEY M.D.
COMMISSIONER OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. *Name of child,* Theodore
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 22 Feb. 1910
5. *Place of Birth, (Street and number)* 218 S. Gay and St
6. *Full name of Mother,* Anna Israel
7. *Mother's Maiden Name,* Anna Lipman
8. *Mother's Birthplace,* London
9. *Full name of Father,* Nathan Israel
10. *Father's Occupation,* Musician
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Wm Sherman

Address, 21 Albemarle St

Remarks, Balto

1910000199 4

Md.

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 10 1910
WM. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Name of Child, Ruth Lewis
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb 6 10
6. Place of Birth, (Street and number) 42 Lemmon St.
6. Full name of Mother, Tillie (Gruber) Lewis
7. Mother's Maiden Name, Tillie Gruber
8. Mother's Birthplace, Russia
9. Full name of Father, Harris Lewis
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Schenman
Address, 42 Lemmon St
Remarks, Balto Md

1910000001995

Every physician or midwife in this State shall, on the first and fifteenth day of each and every month, transmit to the office of Commissioner of Health, in the form of a certificate between the first and fifteenth days of each month, a return of every birth which shall occur within the city or county in which he or she resides during the preceding fifteen days; and in case no birth shall occur during any fifteen days, a return to that effect shall be made. In case the birth of any child shall occur without the presence of a physician or midwife, the person or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD MAR 10 1910 J. BOSLEY M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. *Name of child,* Joseph
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb. 5. 1910.
5. *Place of Birth, (Street and number)* 114 Aliceanna St.
6. *Full name of Mother,* Sarah Tucker
7. *Mother's Maiden Name,* Sarah Brennan
8. *Mother's Birthplace,* Ireland
9. *Full name of Father,* Samuel Tucker
10. *Father's Occupation,* Wood Turner
11. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Brennan

Address, 64 Aliceanna St

Remarks, outdoor

1910000001996

of a certificate to the said schedule shall be delivered, duly signed by the practitioner in the form
Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of
shall become the duty of the person or parents of such child, to report the birth to the Commissioner of
Health, in the manner and within the period above required, and any such person or persons who shall
for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Name of Child, Female
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb 6 1910
6. Place of Birth, (Street and number) 1 E Eden St
6. Full name of Mother, Esther Stellmann
7. Mother's Maiden Name, Esther Stellmann
8. Mother's Birthplace, Russia
9. Full name of Father, Wolf Stellmann
10. Father's Occupation, Shoe repair
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Jane Moran

Address, 1 E Eden St

Remarks, Midwife

1910000 1997

RECD FOR RECORD MAR 30 1910 M.S. BOSLEY M.D. BOARD OF HEALTH

Third day of each week, and signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health. Every midwife shall report to the Commissioner of Health every birth attended by her within the city of Baltimore, on the first day of each week, and every month, to the Commissioner of Health, in the manner and within the period above required, and shall receive therefor a fee of fifty cents for each birth reported. Every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Name of Child, Leon
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb 9 1916
6. Place of Birth, (Street and number) 231 Broadway
6. Full name of Mother, Ida Bender
7. Mother's Maiden Name, Ida Dulong
8. Mother's Birthplace, Baltimore
9. Full name of Father, James Bender
10. Father's Occupation, Cook
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Johnson

Address, 421 Aisquith St

Remarks, Died Mar 6

1910000 1998

RECEIVED FOR RECORD
MAR 20 1916
[illegible] M.D.
BOARD OF HEALTH

Every physician or midwife in attendance upon any birth shall, within ten days after the birth, report the same to the Commissioner of Health, in the manner and within the period above required, and every such person or person who shall neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 10 1910
H. BARCLAY MD.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 5.

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 6th 1910
5. *Place of Birth, (Street and number)* 2423 Harford Ave.
6. *Full name of Mother,* Caroline Louise Wellmann
7. *Mother's Maiden Name,* Willmar
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* William Ernest Wellmann
10. *Father's Occupation,* Chemical Broker
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Henry Waldschmidt M.D.

Address, 933 Hanover St.

Remarks,

19100001999

If a certificate between the first and third day of each and every month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall midwifery, or should no other person be in attendance upon the mother, the physician or practitioner of Health, in the manner and within the period above required, and any such person or persons who shall Shall become the duty of the person or parents of such child to report its birth to the Commissioner of be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 454520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
FEB 10 1910
DOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) N.A.V.

1. Name of child, Allen Joseph Heath
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Mch. 5th 1910.
5. Place of Birth, (Street and number) 164 N Chas St
6. Full name of Mother, Mary Catherine Heath
7. Mother's Maiden Name, " Aranger
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Harley Bates Heath
10. Father's Occupation, Milker
11. Father's Birthplace, Weston W. Va.

Name of Medical Attendant, or other person who makes this Return, Henry Waldschmidt M.D.

Address, 933 Hamburger St.

Remarks,

1910002000

...of birth, and the said schedule shall be delivered to the parents, the nurse ... of a certificate between the first and third day of each and every month to the office of Charities and Correction, or to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of the house in which such birth occurs, or of the parent, if he be present at the birth, to give notice thereof to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54521

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1722 N 5th St St.; Ward)

(2) FULL NAME OF CHILD Laura Winifred Moon

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female			Yes	Feb 23, 1910

FATHER

(8) FULL NAME Robert Elbridge Moon

(9) RESIDENCE 1722 N 5th St.

(10) COLOR White

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Balt

(13) OCCUPATION Postal Clerk

(20) Number of children born to this mother, including present birth One

MOTHER

(14) FULL MAIDEN NAME Mary Winifred Zickler

(15) RESIDENCE 1722 N 5th St

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Balt

(19) OCCUPATION Housewife

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P.M., the date above stated.

(23) Signature Geo F Young (Physician or Midwife)

Address 1785 N Broadway

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

1 0 0 0 2 0 0 1

(24) Given name added from a supplemental report, 19

Registrar

Filed MAR 10 1910, 19

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED -1/14/12

(1) PLACE OF BIRTH — Registered No. B. 454322

CITY OF BALTIMORE. (No. 1310 Greenmount Ave St.; Ward)

(2) FULL NAME OF CHILD MARIE ELIZABETH HAMILTON (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 21 1910

FATHER		MOTHER	
(8) FULL NAME	Geo. Wm Hamilton	(14) FULL MAIDEN NAME	Lizzie Henderson
(9) RESIDENCE	1310 Greenmount Ave.	(15) RESIDENCE	1310 Greenmount Ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years)	33
(12) BIRTHPLACE	Md	(18) BIRTHPLACE	Md.
(13) OCCUPATION	Clerk	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5.30 A. M., the date above stated.

(23) Signature J.H. Robinson M.D. (Physician or Midwife)

Address 726 E. Preston St

Filed 3/10, 19 10 Registrar

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

(24) Given name added from a supplemental ____, 19

Registrar

0 0 0 2 0 0 2

RECORD MAR 29 1910

WM. OSLER M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

154523

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1244 James St.; 24 Ward)

(2) FULL NAME OF CHILD Mildred Alice Gardner (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	One	first	Yes	Feb. 27 1910

FATHER	MOTHER
(8) FULL NAME Harry W Gardner	(14) FULL MAIDEN NAME Laura Virginia McCormick
(9) RESIDENCE 1244 James St	(15) RESIDENCE 1244 James St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Balto Md	(18) BIRTHPLACE Balto Md
(13) OCCUPATION Printer	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Balto Md, M., the date above stated.

(23) Signature Edward Campbell Lord (Physician or Midwife)

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

1 0 0 0 2 0 3

(24) Given name added from a supplemental report ____, 19

Address

Filed ____, 19

Registrar

RECEIVED FOR RECORD MAY 11 1910 [illegible] M.D. COMMISSIONER OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54524

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2301 E. Lafayette Ave. St.; Ward)

(2) FULL NAME OF CHILD ____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
female			Yes	Feb. 27 1910

FATHER

(8) FULL NAME: Arthur Charles Brown

(9) RESIDENCE: 2301 E. Lafayette Ave.

(10) COLOR: white

(11) AGE AT LAST BIRTHDAY: 31 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Grocer

(20) Number of children born to this mother, including present birth: 1st

MOTHER

(14) FULL MAIDEN NAME: Katherine Margaret Whipple

(15) RESIDENCE: 2301 E. Lafayette Ave

(16) COLOR: white

(17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: ____

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A. M., the date above stated.

(23) Signature: Thos J. Watson M.D. (Physician or Midwife)

Address: 2128 St. Paul Street

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

U 0 0 2 0 0 4

(24) Given name added from a supplemental ____, 19 ____ Registrar

RECEIVED FOR RECORD MAR 21 1910 Filed ____, 19 ____ Registrar

M.S. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A54525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Name of Child, Walter Ellsworth Medinger.
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White.
4. Date of Birth, March 4th 1910.
6. Place of Birth, (Street and number) 626 Clinton ave.
6. Full name of Mother, Eva Mary Medinger.
7. Mother's Maiden Name, Eva Mary Farling.
8. Mother's Birthplace, Harpers Ferry, W. Va.
9. Full name of Father, Walter George Medinger.
10. Father's Occupation, Clerk.
11. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm. M. Simmons

Address, 517 E. Preston St.

Remarks, X

1 9 1 0 0 0 0 2 0 0 5

RECEIVED FOR RECORD MAR 11 1910

JAS. SOSLEY M.D. BOARD OF HEALTH

Every month, to the other of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person with whom the mother resides to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54526

CITY OF BALTIMORE. (No. [illegible], Fairfield St., St.; [illegible] Ward)

(2) FULL NAME OF CHILD [illegible] (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
f.	[illegible]	[illegible]	Yes	[illegible] 19 10

FATHER	MOTHER
(8) FULL NAME [illegible]	(14) FULL MAIDEN NAME [illegible]
(9) RESIDENCE [illegible]	(15) RESIDENCE [illegible]
(10) COLOR W. (11) AGE AT LAST BIRTHDAY (Years) [illegible]	(16) COLOR [illegible] (17) AGE AT LAST BIRTHDAY (Years) [illegible]
(12) BIRTHPLACE [illegible]	(18) BIRTHPLACE [illegible]
(13) OCCUPATION [illegible]	(19) OCCUPATION [illegible]
(20) Number of children born to this mother, including present birth 2nd	(21) Number of children of this mother now living None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.30 a. M., on the date above stated.

1910 (23) Signature [illegible] B. Scholl M.D.
(Physician or Midwife)

RECEIVED FOR RECORD MAR 11 1910 JAS. BOGLEY M.D. COM'R OF HEALTH

Address [illegible]

Filed [illegible], 19[illegible]

Registrar

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

(24) Given name added from a supplemental report [illegible], 19

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

54527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Myrtle Edna Knight
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb 16 1910
6. *Place of Birth, (Street and number)* 812 E Madison St
6. *Full name of Mother,* Julia A Knight
7. *Mother's Maiden Name,* Julia A Piper
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* Major C Knight
10. *Father's Occupation,* Express man
11. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Thos M Stanton

Address, 1617 E Preston St

Remarks, 1910000 2007

RECEIVED FOR RECORD
MAR 11 1910
JOS. BOSLEY M.D.
COM'R OF HEALTH

...day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person having charge of such child to report the birth to the Commissioner of Health, in the manner and within the period herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54528

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 306 N Bruce St.; Ward)

(2) FULL NAME OF CHILD Hilda Teresa Henry — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Feb 14 1910

	FATHER	MOTHER
(8) FULL NAME	Thos Henry	(14) FULL MAIDEN NAME Mary E Johnson
(9) RESIDENCE	306 N Bruce St	(15) RESIDENCE 306 N Bruce St
(10) COLOR	Col	(16) COLOR Col
(11) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years) 40
(12) BIRTHPLACE	Va	(18) BIRTHPLACE Va
(13) OCCUPATION	Laborer	(19) OCCUPATION Home wife
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 P M., on the date above stated.

(23) Signature Chas L Mortimer

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

0 0 0 0 0 0 0 8

(Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Address 1325 N Fulton Ave

Filed MAR 12 1910, 19 .

Registrar

Registrar

JAS. BOSLEY M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54529

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 473 Eastern Ave. St.; Ward)

(2) FULL NAME OF CHILD Andrew Lee — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		5		March 5, 1915

	FATHER	MOTHER
(8) FULL NAME	Charlie Lee	(14) FULL MAIDEN NAME Mamie Lee (Mamie Anderson)
(9) RESIDENCE	473 E 22nd St	(15) RESIDENCE 473 E 22nd St
(10) COLOR	colored	(16) COLOR colored
(11) AGE AT LAST BIRTHDAY (Years)	40	(17) AGE AT LAST BIRTHDAY (Years) 29
(12) BIRTHPLACE	Prince George's Co. Md.	(18) BIRTHPLACE Catonsville Md.
(13) OCCUPATION	laborer	(19) OCCUPATION laundress

(20) Number of children born to this mother, including present birth 5

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.5 P.M., on the date above stated.

(23) Signature Mamie Thomas M.D.

0 0 0 0 0 0 2 0 0 9

(Physician or Midwife)

Address 1 E 23rd St

(24) Given name added from a supplemental report ____, 19

Filed [illegible] 22 1915, 19[illegible].

Registrar

Registrar

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

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54530

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1357 N. Woodyear St.; Ward)

(2) FULL NAME OF CHILD James Francis Gooch. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	February (8th) 19 10

FATHER	MOTHER
(8) FULL NAME: Wm. Ford Young.	(14) FULL MAIDEN NAME: Mary B. Purdy.
(9) RESIDENCE: 1357 N. Woodyear St.	(15) RESIDENCE: 1357 N. Woodyear St.
(10) COLOR: Black	(11) AGE AT LAST BIRTHDAY: 24 (Years)
(16) COLOR: Black	(17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: St. Mary's Co. Md.	(18) BIRTHPLACE: St. Mary's Co. Md.
(13) OCCUPATION: Private Servant	(19) OCCUPATION: None.
(20) Number of children born to this mother, including present birth: Two.	(21) Number of children of this mother now living: Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Mount R. M., on the date above stated.

(23) Signature: J. Allston Dent, Physician, (Physician or Midwife)

Address: 1602 Penna. Avenue

Filed: March 12 1910. Registrar

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

(24) Given name added from a supplemental report _____, 19

Registrar

(OVER) (READ THE REVERSE SIDE)

RECORD
JAS. BOGLEY M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54531

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 147 Henrietta St.; St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male				March 5, 1910

FATHER		MOTHER	
(8) FULL NAME	William Robinson	(14) FULL MAIDEN NAME	Rosy Robinson
(9) RESIDENCE	147 W. Henrietta St	(15) RESIDENCE	147 W. Henrietta St
(10) COLOR	Color	(11) AGE AT LAST BIRTHDAY (Years)	36
		(16) COLOR	Color
		(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	Virginia	(18) BIRTHPLACE	Virginia
(13) OCCUPATION	Labor	(19) OCCUPATION	Labor
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 147 W. Henrietta M., on the date above stated.

(23) Signature Mary Walker

105 W. Hughes St (Physician or Midwife)

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

(24) Given name added from a supplemental report Estella Walker, 19

105 W. Hughes St Registrar

Address 105 W. Hughes St

Filed MAR 12 1910, 19 10 Registrar

J. S. BOGLEY M.D. BOARD OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54532

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. [illegible] St.; [illegible] Ward)

(2) FULL NAME OF CHILD [illegible] (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
[illegible]				Oct. 10 19 [illegible]

FATHER	MOTHER
(8) FULL NAME [illegible] Cobb	(14) FULL MAIDEN NAME [illegible] Davis
(9) RESIDENCE [illegible]	(15) RESIDENCE [illegible]
(10) COLOR [illegible] (11) AGE AT LAST BIRTHDAY 42 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY [illegible] (Years)
(12) BIRTHPLACE [illegible]	(18) BIRTHPLACE [illegible]
(13) OCCUPATION Motor Driver	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth Six	(21) Number of children of this mother now living Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 40 a M., on the date above stated.

(23) Signature William O'Sullivan Physician (Physician or Midwife)

Address [illegible]

Filed [illegible], 19 [illegible] Registrar

(24) Given name added from a supplemental report [illegible], 19 [illegible] Registrar

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

U 0 0 2 0 1 2

RECEIVED FOR RECORD MAR 12 1910 H.S. BOSLEY M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54533

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE; (No. 1020 Lanvale St.; Ward)

(2) FULL NAME OF CHILD Mary Agatha Pfaff — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female			Yes	Feb 24 1910

(To be answered only in event of plural birth)

FATHER	MOTHER
(8) FULL NAME: Geo Wm Pfaff	(14) FULL MAIDEN NAME: Margaret Agnes Heaney
(9) RESIDENCE: 1020 Lanvale St	(15) RESIDENCE: 1020 Lanvale St
(10) COLOR: White; (11) AGE AT LAST BIRTHDAY (Years): 29	(16) COLOR: White; (17) AGE AT LAST BIRTHDAY (Years): 29
(12) BIRTHPLACE: Md	(18) BIRTHPLACE: Md
(13) OCCUPATION: U. S. Mail Service	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a M., on the date above stated.

(23) Signature: Chas M Mortensen

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

10 0 0 2 0 1 3

(Physician or Midwife)

(24) Given name added from a supplemental ____ 19

Address: 1320 N Fulton Ave

Filed MAR 12 1910 19

WM. S. BOGLEY M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54534

(1) PLACE OF BIRTH: CITY OF BALTIMORE (No. 1908 Wilkens Ave St.; Ward)

(2) FULL NAME OF CHILD: Dorothy Louise Forney

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Feb 2 1910

FATHER	MOTHER
(8) FULL NAME: Chas Joseph Forney	(14) FULL MAIDEN NAME: Rosina Celia Chiodo
(9) RESIDENCE: 1908 Wilkens Ave	(15) RESIDENCE: 1908 Wilkens Ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 25 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 19 (Years)
(12) BIRTHPLACE: Md	(18) BIRTHPLACE: Md
(13) OCCUPATION: Clerk B&O RR	(19) OCCUPATION: Home Wife
(20) Number of children born to this mother, including present birth: One	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 30 A M., the data above stated.

(23) Signature: Chas Mortimer M.D.

(Physician or Midwife)

Address 125 N Fulton Ave

Filed MAR 12 1910, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

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

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CERTIFIED COPY OF RECORD

JAS BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH ~~CERTIFICATE AMENDED~~ 5/27/12

(1) PLACE OF BIRTH — Registered No. B. A54535

CITY OF BALTIMORE. (No. 703 Colvin Rd St.; 10 Ward)

(2) FULL NAME OF CHILD RUTH MILDRED CARROLL

(3) Sex of Child: Female | (4) Twin, triplet, or other? Single (To be answered only in event of plural births) | (5) Number in order of birth: 4th | (6) Legitimate? Yes | (7) Date of Birth: May (Month) 4 (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME: JOSEPH ~~James~~ Carroll	(14) FULL MAIDEN NAME: Mary Lewis
(9) RESIDENCE: 703 Colvin Rd	(15) RESIDENCE: 703 Colvin Rd
(10) COLOR: white	(16) COLOR: white
(11) AGE AT LAST BIRTHDAY: 31 (Years)	(17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Balto Co	(18) BIRTHPLACE: Balto City
(13) OCCUPATION: Policeman	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a M., the date above stated.

(23) Signature James McEntire (Physician or Midwife)

Address 700 E Chase St

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

(24) Given name added from a supplemental report ____, 19

Registrar

Filed MAR 12 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

MAR 12 1910

Registrar

(READ THE REVERSE SIDE)

Filed: 3/12/1910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 2-14-58

Registered No. B. A54536

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1100 Forest Pl St.; 10 Ward)

(2) FULL NAME OF CHILD: Catherine Eileen Prenger

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	2	yes	Jan 23 1958

FATHER

(8) FULL NAME: Harry Prenger

(9) RESIDENCE: 1100 Forest Pl Balto City

(10) COLOR: white

(11) AGE AT LAST BIRTHDAY (Years): 26

(12) BIRTHPLACE: Balto. City

(13) OCCUPATION: Clerk—Wholesale Plumbing

(20) Number of children born to this mother, including present birth: two

MOTHER

(14) FULL MAIDEN NAME: Mary Kayne ~~Prenger~~

(15) RESIDENCE: 1100 Forest Pl

(16) COLOR: white

(17) AGE AT LAST BIRTHDAY (Years): 24

(18) BIRTHPLACE: Balto City

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at _____ M., the date above stated.

(23) Signature: James M. Fenlon

(Physician or Midwife)

Address: 700 E Chase St.

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

(24) Given name added from a supplemental report _____, 19

Registrar

Filed MAR 12 1958 19

RECORD

JAS. BOSLEY COM'R OF HEALTH

Registrar

(SEE THE REVERSE SIDE)

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54537

CITY OF BALTIMORE (No. 648 German St.; Ward)

(2) FULL NAME OF CHILD — Harvey Leonard (Harvey L.) Landay

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 20 1910

FATHER	MOTHER
(8) FULL NAME: David L. Landay	(14) FULL MAIDEN NAME: Minnie Ester Lorsen
(9) RESIDENCE: 648 German St	(15) RESIDENCE: 648 German St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 34 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Germ.	(18) BIRTHPLACE: Germ
(13) OCCUPATION: Merchant	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 P M., the date above stated.

(23) Signature: Harry L. Mortensen (Physician or Midwife)

Address: 125 N. Fulton Ave

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

4 0 0 0 2 0 1 7

(24) Given name added from a supplemental ____ , 19

Registrar

Filed MAR 12 1910 , 19 .

JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Orig

A54538

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. 921 E Balto St.; Ward)

(2) FULL NAME OF CHILD Jerome (Strange) Straney

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	—	—	Yes	June 19th 1910
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Chas E J (Strange) Straney	(14) FULL MAIDEN NAME	Mitilda Gloeckner
(9) RESIDENCE	921 E Madison St	(15) RESIDENCE	921 E Madison St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	23
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Md	(18) BIRTHPLACE	Md
(13) OCCUPATION	Driver	(19) OCCUPATION	House wife
(20) Number of children born to this mother, including present birth	One	(21) Number of children of this mother now living	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 P M., on the date above stated.

(23) Signature Jos W Mortensen

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

10 0 0 2 0 1 8 (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 1351 W Fredrick Ave

Filed MAR 12 1910, 19

Registrar

Registrar

CERTIFIED RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54539

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 206 Kenwood ave St.; 6 Ward)

(2) FULL NAME OF CHILD None (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single	first	yes	Feb. 24 1910

FATHER	MOTHER
(8) FULL NAME: Takashi Jinta	(14) FULL MAIDEN NAME: Florence Adkins
(9) RESIDENCE: 206 Kenwood ave	(15) RESIDENCE: 206 N Kenwood ave
(10) COLOR: white	(16) COLOR: white
(11) AGE AT LAST BIRTHDAY (Years): 30	(17) AGE AT LAST BIRTHDAY (Years): 20
(12) BIRTHPLACE: China	(18) BIRTHPLACE: Va
(13) OCCUPATION: Interpeter - U.S. Service	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: one	(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at _____ M., the date above stated.

(23) Signature James McFarlan (Physician or Midwife)

Address 700 E. Chase St

Filed MAR 12 1910 19 _____ Registrar

(READ THE REVERSE SIDE)

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

B 1 0 0 0 2 0 1 9

(24) Given name added from a supplemental report _____ 19 _____ Registrar

CERTIFIED COPY OF RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 454540

CITY OF BALTIMORE. (No. 247 Arlington Ave. St.; Ward)

(2) FULL NAME OF CHILD — [illegible] (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Fem	No	2nd	Yes	March 6, 1910

	FATHER	MOTHER
(8) FULL NAME	Don't know	(14) FULL MAIDEN NAME: Cornelia Wright
(9) RESIDENCE	Don't know	(15) RESIDENCE: 247 Arlington Ave
(10) COLOR	Don't know	(16) COLOR: Col
(11) AGE AT LAST BIRTHDAY (Years)	Don't know	(17) AGE AT LAST BIRTHDAY (Years): 22
(12) BIRTHPLACE	Don't know	(18) BIRTHPLACE: Essex Co. Virginia
(13) OCCUPATION	Don't know	(19) OCCUPATION: Domestic (Colored)

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.30 A M., on the date above stated.

(23) Signature: Alex. F. Vrooklyn MD

(Physician or Midwife)

Address: 1606 N. Eutaw

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

1 0 0 0 2 0 2 0

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54541

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 823 Frederick Ave St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	Mar. 1st 1910

FATHER	MOTHER
(8) FULL NAME: Jerry Turner	(14) FULL MAIDEN NAME: Susan Vaughn
(9) RESIDENCE: 852 Frederick Ave	(15) RESIDENCE: 853 Frederick Ave
(10) COLOR: Col	(16) COLOR: Col
(11) AGE AT LAST BIRTHDAY: 32 (Years)	(17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Westmoreland Co Va	(18) BIRTHPLACE: Accomac Co Va
(13) OCCUPATION: Stable Boss	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5:30 a M., the date above stated.

(23) Signature: Henry D Holland MD (Physician or Midwife)

Address: 1613 Eutaw St

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

0 0 0 2

(24) Given name added from a supplemental report 19

Registrar

Filed ..... 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

454542

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1720, Druid Hill Avenue St.; Ward)

(2) FULL NAME OF CHILD Francis Brown — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Mar. 1, 1910

FATHER	MOTHER
(8) FULL NAME: Ernest Brown	(14) FULL MAIDEN NAME: Tera Redmond
(9) RESIDENCE: 1720 Druid Hill Ave.	(15) RESIDENCE: 1720 Druid Hill Ave.
(10) COLOR: Colored	(16) COLOR: Colored
(11) AGE AT LAST BIRTHDAY: 27 (Years)	(17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Richmond County, Va.	(18) BIRTHPLACE: Lancaster County, Va.
(13) OCCUPATION: Laborer	(19) OCCUPATION: Housework

(20) Number of children born to this mother, including present birth 2 — (21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.30 A. M., the date above stated.

(23) Signature John D. Quinn, M. D. (Physician or Midwife)

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

U C 0 2 0 2 2

(24) Given name added from a supplemental report ____, 19

Address 1521 N. Fulton Avenue

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54543

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1704 Morton St.; 12 Ward)

(2) FULL NAME OF CHILD LeRoy Dedeaux — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male	X	X	Yes	May 3, 1910

FATHER	MOTHER
(8) FULL NAME: Walter Samuel Dedeaux	(14) FULL MAIDEN NAME: Margaret Wilson
(9) RESIDENCE: 1704 Morton St	(15) RESIDENCE: 1704 Morton St
(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 24 (Years)	(16) COLOR: Black (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Centreville Md	(18) BIRTHPLACE: Centreville Md
(13) OCCUPATION: Laborer	(19) OCCUPATION: Servant
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.36 A M., on the date above stated.

(23) Signature: Edmund Cummins (Physician or Midwife)

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

B 0 0 0 2 0 2 3

Union Medical Dental

(24) Given name added from a supplemental report ____, 19 ____

Address 2214 N Colonel St St Lukes Hospital

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 451544

CITY OF BALTIMORE. (No. 1656 N. Gilmor St.; Ward)

(2) FULL NAME OF CHILD ~~Celeste~~ Domhecker (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Fem.	No	5th	Sure	Jan. 28, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Charles Domhecker	Sidonia Allbright.
(9) RESIDENCE / (15) RESIDENCE	1648 N. Gilmor	1648 N. Gilmor
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	47	39.
(12) BIRTHPLACE	Germany	Germany
(13) OCCUPATION / (19) OCCUPATION	Shoemaker	Housewife
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living: four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.30 A. M., on the date above stated.

(23) Signature Alex. T. Vonschuz, M. D. (Physician or Midwife)

Address 1656 N. Gilmor St

(24) Given name added from a supplemental report Celeste, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

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

1 0 0 0 2 0 2 4

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 454545

CITY OF BALTIMORE (No. 2342 Penna. Ave — St.; Ward)

(2) FULL NAME OF CHILD (Anne) — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female			yes	Feb. 26, 1910

FATHER	MOTHER
(8) FULL NAME: Charles Henry Rice	(14) FULL MAIDEN NAME: Minnie Hammerstanger
(9) RESIDENCE: 2342 Penna. Ave.	(15) RESIDENCE: 2342 Penna. Ave.
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 44 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 38 (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Electrician	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 7	(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 A. M., the date above stated.

(23) Signature K. Lee Gale Kelly M.D. (Physician or Midwife)

U 0002025

Address 1326 N. North Ave.

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

(24) Given name added from a supplemental report, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54546

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 1618 Warwick Ave St.; Ward)

(2) FULL NAME OF CHILD Helene Steinbach
If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 2, 1910

FATHER		MOTHER	
(8) FULL NAME	Federic J Steinbach	(14) FULL MAIDEN NAME	Elise Marie Stolfert
(9) RESIDENCE	1618 Warwick Ave	(15) RESIDENCE	1618 Warwick Ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	29
(12) BIRTHPLACE	Germany	(18) BIRTHPLACE	Germany
(13) OCCUPATION	Baker	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	2nd	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at / A. M., on the date above stated.

(23) Signature J W Brown M.D
(Physician or Midwife)

Address 1938 Linden Ave

Physician

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

O U O O 2 0 2 6

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54547

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1441, Windermere Ave St.; Ward)

(2) FULL NAME OF CHILD Ella Rittenhouse Lamble (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Months) (Days) (Years)
Female			Yes	July 22, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	William Clough Lamble	Anna Marguerite Rittenhouse
(9) RESIDENCE	1441 Windermere Ave	1441 Windermere Ave
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	31	31
(12) BIRTHPLACE	S. Carolina	Baltimore Md
(13) OCCUPATION	Manager of Shipping Dept	Housewife
(20) Number of children born to this mother, including present birth	3	
(21) Number of children of this mother now living		3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.50 P M., the date above stated.

(23) Signature D W Keown M D Physician (Physician or Midwife)

Address 1935 Linden Ave.

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

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 454548

CITY OF BALTIMORE. (No. 1902 Elm St. ; Ward)

(2) FULL NAME OF CHILD Louise Renoff. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 8th, 1910

	FATHER	MOTHER
(8) FULL NAME	Louis E. Renoff	(14) FULL MAIDEN NAME: Ida Karcher
(9) RESIDENCE	1902 Elm St	(15) RESIDENCE: 1902 Elm St
(10) COLOR	White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years): 22
(12) BIRTHPLACE	Baltimore Md	(18) BIRTHPLACE: Baltimore Md
(13) OCCUPATION	Clothe Presser	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth	3.	(21) Number of children of this mother now living: 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12:05 a M., the date above stated.

(23) Signature: I W Keown MD (Physician or Midwife)

Address: 1938 Linden Ave

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

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54549

CITY OF BALTIMORE. (No. 2712 to 2726 St.; Ward) Biddle & Eutaw Sanatorium N. Charles

(2) FULL NAME OF CHILD Mildred Arlyn Rubin (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1	yes	March 6, 1910

FATHER	MOTHER
(8) FULL NAME Harry Rubin	(14) FULL MAIDEN NAME Minnie Zimmer
(9) RESIDENCE 918½ E. Lombard St	(15) RESIDENCE 918½ E. Lombard St
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Merchant	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth one	(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.30 a. M., the date above stated.

(23) Signature William H. Bellman M.D. (Physician or Midwife)

Address 5 E. Biddle St

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

(24) Given name added from a supplemental report by father who "f" by Dr. Bellman Rec'd Sept. 13 1927 J. E. Welsh Registrar

Filed March 8, 1910 Harry Rubin father Registrar

(READ THE REVERSE SIDE)

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54550

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 10, N. Patonnac St.; Ward)

(2) FULL NAME OF CHILD Willard Fletcher Burch

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Twin	2	Yes	Feb. 10, 1910

FATHER	MOTHER
(8) FULL NAME George Thomas Burch	(14) FULL MAIDEN NAME Jessie B. Swan
(9) RESIDENCE 10 N. Patonnac St	(15) RESIDENCE 10 N. Patonnac St
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 36 (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Engineer	(19) OCCUPATION Home wife
(20) Number of children born to this mother, including present birth 8	(21) Number of children of this mother now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 M., the date above stated.

(23) Signature Leonard E. Brack M.D. Physician (Physician or Midwife)

Address 857 N. Fremont St

Filed , 19 . Registrar

(24) Given name added from a supplemental report , 19 Registrar

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

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54551

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 10, N. Patonas St.; Ward)

(2) FULL NAME OF CHILD Harvin Eugene Burch

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Twin	1	yes	Feb. 10, 1910

FATHER		MOTHER	
(8) FULL NAME	George Thomas Burch	(14) FULL MAIDEN NAME	Jessie B. Swann
(9) RESIDENCE	10 N. Patonas St	(15) RESIDENCE	10 N. Patonas St.
(10) COLOR	W.	(16) COLOR	W.
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years)	35
(12) BIRTHPLACE	Baltimore Md	(18) BIRTHPLACE	Baltimore Md
(13) OCCUPATION	Engineer	(19) OCCUPATION	House wife
(20) Number of children born to this mother, including present birth	7	(21) Number of children of this mother now living	7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 A.M., the date above stated.

(23) Signature Leonard A Beach M.D.

0 0 0 2 0 3 1

Physician (Physician or Midwife)

Address 837 N. Fayette St

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54552

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 435, Whitridge Ave. St.; 12th Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 12th, 1910

	FATHER	MOTHER
(8) FULL NAME	Eugene A Faith	(14) FULL MAIDEN NAME Emily J Faith
(9) RESIDENCE	435 Whitridge Ave.	(15) RESIDENCE 435 Whitridge Ave.
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years) 30
(12) BIRTHPLACE	Penna.	(18) BIRTHPLACE England
(13) OCCUPATION	Electrician	(19) OCCUPATION House work
(20) Number of children born to this mother, including present birth	4th	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 a. M., the date above stated.

(23) Signature William H Pillsbury, Physician (Physician or Midwife)

Address 2801 York Road

Filed , 19 . Registrar

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

10 0002032

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54553

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 915 N. Central av. ~~St.~~; ~~Ward~~)

(2) FULL NAME OF CHILD ~~Andrew Michael~~ Michael Andrew Derwart

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	2, 28, 1910

(To be answered only in event of plural birthat)

FATHER	MOTHER
(8) FULL NAME: Andrew M. Derwart	(14) FULL MAIDEN NAME: Theresa G. Kinlein
(9) RESIDENCE: 915 N. Central av.	(15) RESIDENCE: 915 N. Central av.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 22 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: City	(18) BIRTHPLACE: City
(13) OCCUPATION: Painter	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 30 P. M., the date above stated.

(23) Signature Edwin B. Fenby Physician (Physician or Midwife)

Address 1223 N. Caroline St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that did not breathe or show other evidence of life after birth.

10 0002033

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 454554

CITY OF BALTIMORE. (No. 1253 E. Fayette St.: Ward)

(2) FULL NAME OF CHILD David Chernock { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), (Year)
Male	—	—	Yes	Feb., 28, 1910

FATHER		MOTHER	
(8) FULL NAME	Morris Chernock	(14) FULL MAIDEN NAME	Annie Gottlieb
(9) RESIDENCE	1253 E. Fayette St	(15) RESIDENCE	1253 E. Fayette St
(10) COLOR	W	(11) AGE AT LAST BIRTHDAY (Years)	21
(16) COLOR	W	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Tailor	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth 1st

(21) Number of children of this mother now living —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 3.45 P. M., the date above stated.

(23) Signature A. F. Price

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

Certificate { 0 0 0 2 0 3 4

Physician (Physician or Midwife)

(24) Given name added from a supplemental certificate _____, 19

Address 213 S. Bond St.

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

454555

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. 1419 Battery Ave St.: 22 Ward)

(2) FULL NAME OF CHILD James William Haplein (If child is not yet named, write "supplemental report," as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
M		1	Yes	2	8	1910

FATHER		MOTHER	
(8) FULL NAME	Ernest M. Haplein	(14) FULL MAIDEN NAME	Jennie M Beckley
(9) RESIDENCE	1419 Battery Ave.	(15) RESIDENCE	1419 Battery Ave.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	26 (Years)	(17) AGE AT LAST BIRTHDAY	27 (Years)
(12) BIRTHPLACE	Loudon Co. Va	(18) BIRTHPLACE	Rawlsen. W. Va
(13) OCCUPATION	Engineer R.R.	(19) OCCUPATION	N.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.30 P. M., the date above stated.

(23) Signature L. F. Hawkins M.D. (Physician or Midwife)

Address 1018 Light St.

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

(24) Given name added from a supplemental report ____, 19

Filed ____ 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

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RETURN OF A BIRTH. A54556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Margaretha Kaiser
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) W.
4. Date of Birth Mar. 6 - 10
5. Place of Birth, (Street and number) 2117 Vine St
6. Full name of Mother, Barbara Kaiser
7. Mother's Maiden Name,
8. Mother's Birthplace, Germany
9. Full name of Father, Joseph Kaiser
10. Father's Occupation, Bar Keeper
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. F. W. Hohlmann

Address, 1908 W. Balto. St.

Remarks, 19100002036

Every Physician, Midwife or other person who shall attend upon any birth, shall within ten days after such birth, deliver to the Registrar of Vital Statistics, at the office of the Board of Health, in the manner and within the period above required, and in the form prescribed by the Board of Health, a certificate of such birth, signed by the practitioner, or the midwife, or by the person or parents of such child, as the case may be, according to the duty of the person or parents of such child to report its birth to the Commissioners of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioners of Health, in the manner and within the period above required, and in the form prescribed by the Board of Health. Any person who shall neglect or refuse to comply with the provisions of this section shall hereafter fail to comply with the provisions of this section shall hereafter fail to comply with the provisions of this section shall hereafter fail

RETURN OF A BIRTH. A54557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of Child,* Lena
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 25, 1910
6. *Place of Birth, (Street and number)* 829 N. Eden St.
6. *Full name of Mother,* Anna Brenner
7. *Mother's Maiden Name,* Bodkow
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Marcus Brenner
10. *Father's Occupation,* Expressman
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Benjamin
Address, 1106 E. Lombard

Remarks, 1910000 2037

In case the birth of any child should occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the father or mother of such child, or in case of the death or absence of both father and mother, the occupant of the house where such child is born, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Emma Elizabeth
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 8. 1910.
5. Place of Birth, (Street and number) San Lazy Sanatorium
6. Full name of Mother, Irene Elizabeth Davis
7. Mother's Maiden Name, "
8. Mother's Birthplace, Upper Crossroads Harford Co Md
9. Full name of Father, Crawford L Harrison
10. Father's Occupation, Farmer
11. Father's Birthplace, Harford Co. Ind.

Name of Medical Attendant, or other person who makes this Return. Dr Donaldson.

Address, San Lazy Sanatorium

Remarks, 1910000 2038

A certificate between the first and third day of each month, duly signed by the practitioner in the first instance, or by the midwife, or other person who shall have given information to the Commissioner of Health, as to any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health. In the making of such report the said person or parents shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of Child,* Edna
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb 3, 1910
6. *Place of Birth, (Street and number)* 1419 E Lombard
6. *Full name of Mother,* Sarah Solotofsky
7. *Mother's Maiden Name,* Rotkowitz
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Samuel Solotofsky
10. *Father's Occupation,* Cigar Maker
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkelstein M.D.

Address, 1106 E Lombard St

Remarks,

1910000 2039

Use office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, it shall become the duty of the occupant of each house in which any such birth shall occur, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1286.

RETURN OF A BIRTH. A54360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child, Annie Rebecca Strasser
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 6th
5. Place of Birth, (Street and number) 318 S Sharp St
6. Full name of Mother, Emma Violet Strasser
7. Mother's Maiden Name, Emma Violet Gurney
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, George William Strasser
10. Father's Occupation, Soldier at Fort McHenry
11. Father's Birthplace, Pepperone City Ohio

Name of Medical Attendant, or other person who makes this Return. Mrs Hill

Address, 911 Russell St

Remarks, 1910000 2040

Section 1. [illegible] occupation of the parent, the [illegible] of a certificate between the first and third day of each and every month of a physician or practitioner of [illegible] Health. In case the birth of any person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and a like report shall be made by the undertaker or other person who shall bury the body of any child dead at birth. Every person subject hereto is subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 10 1910
WM. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, March 9, 1910
6. Place of Birth, (Street and number) 1319 Goodyear st
6. Full name of Mother, ~~Ada Bush~~
7. Mother's Maiden Name, Ada Bush
8. Mother's Birthplace, Baltimore
9. Full name of Father, James Crockett
10. Father's Occupation, Stable Boss
11. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 352 Calhoun St.

Remarks,

1 9 1 0 0 0 0 2 0 4 1

third day of each and every month, to the office of Commissioner of Health, a certificate between the first and shall occur within the limits of Baltimore City, which certificate shall be signed by the physician or midwife, if there be one in attendance upon the mother, or by the householder or owner of the premises where the birth occurs, if there be no physician or midwife in attendance, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall have made default in so doing, such person or persons shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,* [illegible]
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Dec 28, 1909
6. *Place of Birth, (Street and number)* 120 Little Gough St
6. *Full name of Mother,* [illegible]
7. *Mother's Maiden Name,* [illegible]
8. *Mother's Birthplace,* [illegible]
9. *Full name of Father,* [illegible]
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1101 E. Fountain St

Remarks,

1 9 1 0 0 0 0 2 0 4 2

shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the householder or the owner of the premises where such birth occurs, shall report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Name of Child,* Son
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 3, 1910
6. *Place of Birth, (Street and number)* 107 E Centre Ave
6. *Full name of Mother,* Rebecca Siegel
7. *Mother's Maiden Name,* Weiss
8. *Mother's Birthplace,* Russia
9. *Futt name of Father,* Gershon Siegel
10. *Father's Occupation,* Peddler
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Dr. Fineberg

Address, 1108 E Baltimore St

Remarks,

19100002043

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is hereby required to report the birth, the father or mother of such child, if living, and if not, the occupant of the house or tenement where such child was born, shall forthwith report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

CERTIFICATE AMENDED 11/21/42 (Date)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, ~~Unnamed~~ Samuel Goldsmith
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 3, 1940
6. Place of Birth, (Street and number) 414 N Eden St.
6. Full name of Mother, Rose Goldsmith
7. Mother's Maiden Name, Stayer
8. Mother's Birthplace, Russia
9. Full name of Father, Harry Goldsmith
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rose Feinberg

Address, 1066 E Fairmount

Remarks,

1910000002044

shall occur without the attendance of a physician or a commissioner of health. In case the birth of any child shall occur in any institution, the person in charge thereof, or, should no other person be in charge, then the head thereof, shall report the birth of such child, and the name and sex of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, as soon as possible after the birth of any child which shall occur in a house where it has been born, or in which it has been removed after birth, in case the birth shall occur without attendances upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of Child,* Carole
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan. 25, 1910
6. *Place of Birth, (Street and number)* 215 N ~~Eden~~ Broad St.
6. *Full name of Mother,* Ida L. Cohen
7. *Mother's Maiden Name,* Goldman
8. *Mother's Birthplace,* U.S.A.
9. *Full name of Father,* Harry Cohen
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Trachtenberg

Address, 1104 E. Lombard

Remarks,

19100002045

RETURN OF A BIRTH. A54566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of Child,* ~~Stanley~~ Earl Bruce
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan. 27, 1910
6. *Place of Birth, (Street and number)* 220 N. Bond St.
6. *Full name of Mother,* Fanny Bruce
7. *Mother's Maiden Name,* Lumpkins
8. *Mother's Birthplace,* Louisiana
9. *Full name of Father,* Sam Bruce
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Louisiana

Name of Medical Attendant, or other person who makes this Return, Rosa Hunter M.D.

Address, 1106 E. Lombard St.

Remarks,

1910000204 6

Every person who shall secure the birth of any child within the limits of Baltimore city, and neglect or refuse to report such birth to the office of Commissioner of Health, or shall secure without the attendance of a physician or midwife, or shall himself or herself perform the duties of midwife for any woman in her travail, and shall neglect or refuse to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Leonard
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth March 18 1910
5. Place of Birth, (Street and number) Bay View Asylum
6. Full name of Mother, Flora Brubaker.
7. Mother's Maiden Name, Flora Thompson.
8. Mother's Birthplace, Rockbridge Co Va
9. Full name of Father, Harry Findley
10. Father's Occupation, Gymnast
11. Father's Birthplace, Clearfield Co Pa

Name of Medical Attendant, (or other person who makes this Return) N. Von Fondersmith

Address, Bay View Asylum Waverly

Remarks, 1 9 1 0 0 0 0 2 0 4 7

Every case of birth occurring after the first day of January, 1911, shall be registered daily upon the proper blank in the form prescribed by the Board of Health, and every such birth shall be reported within three days thereafter at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any person shall occur upon the mother's immediately thereafter it shall become the duty of the physician or midwife in attendance upon the mother, and in case there be no physician or midwife in attendance, then it shall become the duty of the person or parents of such child to report such birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above specified. Any physician or person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of Child,* David
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feb 8, 1910
6. *Place of Birth, (Street and number)* 1021 E Lombard St
6. *Full name of Mother,* Rebecca Kort
7. *Mother's Maiden Name,* Greenfeld
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Dwejer Kort
10. *Father's Occupation,* Grocer
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Ira Tingley

Address, 1104 E Lombard

Remarks,

1 9 1 0 0 0 0 2 0 4 8

shall occur without the limits thereof, to the office of Commissioner of Health. In case the birth of any child shall occur in a house where there is no physician or midwife in attendance, it shall be the duty of the person in charge of such house, or the parent or parents of such child, if living in the house where the birth occurs, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in charge of the house in which such birth occurs, or if such birth occurs elsewhere than in a house, of the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of Child, Abraham Hyman
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb 17, 1910
6. Place of Birth, (Street and number) 1107 E Lombard St
6. Full name of Mother, Molly Hyman
7. Mother's Maiden Name, Goldhurt
8. Mother's Birthplace, Russia
9. Full name of Father, Morris Hyman
10. Father's Occupation, Jeweler
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Tunitary

Address, 906 E Lombard

Remarks,

1910002049

1936.

RETURN OF A BIRTH. A54570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, William Vernon Smith
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth March 3rd.
5. Place of Birth, (Street and number) 917 Russell Street.
6. Full name of Mother, Emma Elizabeth Smith.
7. Mother's Maiden Name, Emma Elizabeth Carlisle.
8. Mother's Birthplace, West Fairview Cumberland Co Pa
9. Full name of Father, William Henry Smith.
10. Father's Occupation, Laundryman.
11. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs Neal

Address, 917 Russell

Remarks, 1910000 2050

a certificate between the first and third day of each and every month to the office of Commissioner of Health, in such manner as may be prescribed by the Board of Health, and no burial shall occur without the attendance of a physician or practitioner of medicine, or midwife, or some other person to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall have charge of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the Board of Health, and any person or persons who shall refuse or neglect to make such report, as required by this section shall be subject to a fine or ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1286.

RETURN OF A BIRTH. A54571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* ~~Harris~~ Jan 22-1910
5. *Place of Birth, (Street and number)* Burgundy 924 Alley
6. *Full name of Mother,* Bessie Distefano
7. *Mother's Maiden Name,* Bessie Werner
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Louis Bernard Distefano
10. *Father's Occupation,* Barber
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Stell

Address, 4 N Russell Street

Remarks,

19100002051

of a certificate between the first and third day of each and every month, on the parents, or in default of their doing so, on the person in charge of the house in which the birth occurred, or on the physician or midwife in attendance upon the mother, immediately thereafter. If any child born in Baltimore City shall die without a certificate of birth having been first made and delivered, duly signed by the proper person as above required, and within the period above required, and in the manner and within the time prescribed by the Board of Commissioner of Health, the sexton or undertaker who buries the body of such child, and the person who shall bury the body of the person or parent of each child to report its birth to the Board of Health, in the manner and within the period above required, and in the manner and within the time prescribed by the Board of Commissioner of Health, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54572

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1707. Smith St.; Ward)

(2) FULL NAME OF CHILD: James Wilson Branch (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Male | (4) Twin, triplet, or other? Single (To be answered only in event of plural births) | (5) Number in order of birth 4 | (6) Legitimate? No | (7) Date of Birth Feb. 27, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME: James Wilson Branch

(9) RESIDENCE: 1707 Smith St.

(10) COLOR: Black | (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE: Virginia

(13) OCCUPATION: Laborer.

(20) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME: Mary Holly

(15) RESIDENCE: 1707 Smith St.

(16) COLOR: Black. | (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: House Wife.

(21) Number of children of this mother now living One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Sunday 3 P M., the date above stated.

(23) Signature Elwood L. Rogers. Physician. (Physician or Midwife)

Address 1326 Mount St.

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

0 0 0 0 2 0 5 2

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

HEALTH DEPT FOR RECORD MAR 15 1910 JAS. BOGLEY M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

Orig

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 621 W. Biddle St Balto. Md. Registered No. B. A54573

CITY OF BALTIMORE (No. St.; Ward)

(2) FULL NAME OF CHILD Calvin Leonard Foreman (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Yes	March 13 1910

FATHER

(8) FULL NAME Otis Benjiman Foreman

(9) RESIDENCE 621 W Biddle st

(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Agusta Georgia

(13) OCCUPATION Waiter

(20) Number of children born to this mother, including present birth 1st

MOTHER

(14) FULL MAIDEN NAME Lillie May Cornish

(15) RESIDENCE 621 W. Biddle St.

(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Baltimore City

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., the date above stated.

(23) Signature Caroline Murray (Physician or Midwife)

Address

Filed , 19 Registrar

(24) Given name added from a supplemental

, 19

Registrar

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

0 0 0 0 2 0 5 3

RECEIVED FOR RECORD MAR 15 1910 S. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54574

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 36 N. Eden St.; Ward)

(2) FULL NAME OF CHILD Ada Dubik — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Fem.			Yes	Jan. 20, 1910

FATHER		MOTHER	
(8) FULL NAME	Philip Dubik	(14) FULL MAIDEN NAME	Etta Siskowik
(9) RESIDENCE	36 N. Eden	(15) RESIDENCE	36 N. Eden
(10) COLOR	Wh.	(16) COLOR	Wh.
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	20
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	a tailor	(19) OCCUPATION	a housewife
(20) Number of children born to this mother, including present birth	1st	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.30 A. M., on the date above stated.

(23) Signature J. Josephson M.D. (Physician or Midwife)

Address 4 N. Broadway

Filed MAR 15 1910 19

J.S. BOGLEY M.D. COM'R OF HEALTH

Registrar

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

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54575

CITY OF BALTIMORE. (No. 858 W. Balto. St.; Ward)

(2) FULL NAME OF CHILD — Edna Abramson — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Fem.			Yes	Jan. 26, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Abraham Abramson	Sadie Friedlander
(9) RESIDENCE / (15) RESIDENCE	858 W. Balto. St.	858 W. Balto. St.
(10) COLOR / (16) COLOR	Wh.	Wh.
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)		
(12) BIRTHPLACE / (18) BIRTHPLACE	Russia	Russia
(13) OCCUPATION / (19) OCCUPATION	a tailor	a housewife
(20) Number of children born to this mother, including present birth	3	
(21) Number of children of this mother now living		3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P. M., the date above stated.

(23) Signature J. Josephson M.D. (Physician or Midwife)

Address

Filed MAR 15 1910 19

RECEIVED FOR RECORD
MAR 15 1910
T. S. BOSLEY M.D.
COMR OF HEALTH

Registrar

(24) Given name added from a supplemental ort , 19

Registrar

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

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54576

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2244 McElderry St.; Ward)

(2) FULL NAME OF CHILD — Mary Coppel — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child: Fem. | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes. | (7) Date of Birth: Jan. (Month) 31 (Day) 1910 (Year)

FATHER

(8) FULL NAME: Benjamin Coppel

(9) RESIDENCE: 2244 McElderry

(10) COLOR: Wh. (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: a shoe-maker

MOTHER

(14) FULL MAIDEN NAME: Mollie Hoffman

(15) RESIDENCE: Same

(16) COLOR: Wh. (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: a housewife

(20) Number of children born to this mother, including present birth: 3

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P. M., the date above stated.

(23) Signature: J. Josephson M.D. (Physician or Midwife)

Address: 4 N. Bond

Filed MAR 15 1910, 19

U 0 0 2 0 5 6

(24) Given name added from a supplemental report, 19

Registrar

Registrar

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

(READ THE REVERSE SIDE)

CERTIFICATE AMENDED - 7/13/10

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54577

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2041 Canton Ave - St.; Ward)

(2) FULL NAME OF CHILD ~~Hyde, Leah~~ Proser, LILLIAN (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth ~~1st~~	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Fem.			Yes	Jan 12, 1910

	FATHER	MOTHER
(8) FULL NAME	Solomon Proser	(14) FULL MAIDEN NAME Minnie Lichtenstein
(9) RESIDENCE	2041 Canton av.	(15) RESIDENCE 2041 Canton Av.
(10) COLOR	Wh.	(16) COLOR Wh.
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION	a Merchant	(19) OCCUPATION a housewife
(20) Number of children born to this mother, including present birth	6	(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 P. M., the date above stated.

(23) Signature J. Josephson MD (Physician or Midwife)

Address 4 N. Broadway.

Filed MAR 15 1910, 19

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

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

D 0 0 0 2 0 5 7

REGISTERED MAR 15 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54573

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2165 Calvert Ave Rd. St.; Ward)

(2) FULL NAME OF CHILD Bruns. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F. W.	one	2nd	Yes	March 14, 1910

FATHER	MOTHER
(8) FULL NAME Ferdinand Bruns.	(14) FULL MAIDEN NAME Katie Eckart.
(9) RESIDENCE 2165 Calvert Rd.	(15) RESIDENCE 2165 Calvert Rd.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 yrs (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Balto. Md.	(18) BIRTHPLACE Baltimore Md.
(13) OCCUPATION Shoe maker.	(19) OCCUPATION Home Wife
(20) Number of children born to this mother, including present birth 2nd	(21) Number of children of this mother now living 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a. M., the date above stated.

(23) Signature John T. Ahern M.D. Phys. (Physician or Midwife)

Address 2165 Calvert Ave Rd

Filed MAR 15 1910, 19 .

Registrar

(READ THE REVERSE SIDE)

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

10 000 2058

(24) Given name added from a supplemental report , 19

Registrar

RECEIVED FOR RECORD

MAR 15 1910

A.S. BOSLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. GIVEN NAME ADDED 9-24-57 (No. 914 E. Eutaw St.; Ward)

Registered No. B 454579

(2) FULL NAME OF CHILD: Cecelia Habusty

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F. W.	no	4	yes	March 6, 1910

FATHER

(8) FULL NAME: Samuel Habusty

(9) RESIDENCE: 914 Eutaw St

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Baltimore Md.

(13) OCCUPATION: Baker.

(20) Number of children born to this mother, including present birth: 4

MOTHER

(14) FULL MAIDEN NAME: Kaltman Hemminger

(15) RESIDENCE: 914 Eutaw St

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 31 (Years)

(18) BIRTHPLACE: Baltimore Md.

(19) OCCUPATION: Home Duties

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.45 P. M., the date above stated.

(23) Signature: J. T. Rivera Med. Phys. (Physician or Midwife)

Address: 1018 Edmondson Ave

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

B 0 0 0 2 0 5 9

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed MAR 15 1910 → 19 .

Registrar

FOR RECORD

(OVER FOR READ THE REVERSE SIDE)

GEO. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54580

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1758, Bank St.; Ward)

(2) FULL NAME OF CHILD Margaret Davis

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth 4th | (6) Legitimate? Yes | (7) Date of Birth March 9th (Month) (Day), 1910 (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME John F. Davis

(9) RESIDENCE 1758 Bank St.

(10) COLOR White | (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Balto

(13) OCCUPATION Machinist

(14) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME Elizabeth Davis Botzner

(15) RESIDENCE 1758 Bank St

(16) COLOR White | (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Balto

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A.M., the date above stated.

(23) Signature Mrs L. Brown (Physician or Midwife)

Address 203 N. Washington St.

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

1 0 0 0 2 0 6 0

(24) Given name added from a supplemental report, 19

Filed March 24, 1910

Registrar

RECEIVED FOR RECORD MAR 15 1910 JAS. BOSLEY, M.D. COMM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54581

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1510, Canton Ave St.; Ward)

(2) FULL NAME OF CHILD Elizabeth Garbeck

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female		1st	Legit.	March 10th 1910
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME		(14) FULL MAIDEN NAME	Ella Garbeck
(9) RESIDENCE		(15) RESIDENCE	1510 Canton Ave
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	White (17) AGE AT LAST BIRTHDAY 16 (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	Balto
(13) OCCUPATION		(19) OCCUPATION	Dressmaker
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8:15 A.M., the date above stated.

(23) Signature Mrs L Strow Williams (Physician or Midwife)

Address 218 N. Washington St.

Filed March 12, 1910

Registrar

(24) Given name added from a supplemental ..... , 19

Registrar

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

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RECORDED MAR 15 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54582

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 208 N. Rose St.; Ward)

(2) FULL NAME OF CHILD Leona Holland — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	Yes	March 12th 1910

FATHER		MOTHER	
(8) FULL NAME	Louis Holland	(14) FULL MAIDEN NAME	Emily Hogan Holland
(9) RESIDENCE	208 N. Rose St.	(15) RESIDENCE	208 N. Rose St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	33	(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE	Balto
(13) OCCUPATION	Driver	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P.M., the date above stated.

(23) Signature Mrs L. Stow (Physician or Midwife) Midwife

Address 203 N. Washington St.

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

C 0 0 0 2 0 6 2

(24) Given name added from a supplemental report _____, 19

Filed March 14 1910

Registrar

Registrar

JAS BOGLEY MD
COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 54583

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 6, N. Luzerne St.; Ward)

(2) FULL NAME OF CHILD Selma Dorothy Luntop

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

(3) Sex of Child Female | (4) Twin, triplet, or other? (To be answered only in event of plural births) | (5) Number in order of birth 3rd | (6) Legitimate? Legitimate | (7) Date of Birth March 17th, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME Louis J. Luntop

RESIDENCE 8 N. Luzerne St

(9) COLOR White (11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE Germany

(13) OCCUPATION Tinner

(14) Number of children born to this mother, including present birth 3

MOTHER

(14) FULL MAIDEN NAME Augusta Graubler Luntop

(15) RESIDENCE 8 N. Luzerne St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Germany

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30 P. M., the date above stated.

(23) Signature Mrs S Lucas Midwife (Physician or Midwife)

Address 237 Worthington St.

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

(24) Given name added from a supplemental report, 19

Filed March 14th, 1910.

Registrar

RECORDED MAR 15 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54584

CITY OF BALTIMORE. (No. 428 N. Patterson Park ave St.; Ward)

(2) FULL NAME OF CHILD Alice Marie Emrich (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2	yes	Jan. 30, 1910

FATHER	MOTHER
(8) FULL NAME: John Henry Emrich	(14) FULL MAIDEN NAME: Lillian Ophelia Lantz
(9) RESIDENCE: 428 N. Patterson Park ave	(15) RESIDENCE: 428 N. Patterson Park ave
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 23 (Years)	(17) AGE AT LAST BIRTHDAY: 19 (Years)
(12) BIRTHPLACE: Baltimore City	(18) BIRTHPLACE: Baltimore City
(13) OCCUPATION: Steam Fitter	(19) OCCUPATION: Home wife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5 a M., the date above stated.

(23) Signature Howard C. Silver M.D (Physician or Midwife)

Address 69 W. Preston

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

(24) Given name added from a supplemental report ____, 19

Registrar

Filed MAR 15 1910, 19

Registrar

(READ THE REVERSE SIDE)

RECORD
JAS. BOSLEY, M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54585

CITY OF BALTIMORE. (No. 117 N. Fremont St.; Ward)

(2) FULL NAME OF CHILD Selma R. Watkins — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		3	Yes	Feb. 9, 1910

FATHER	MOTHER
(8) FULL NAME: Kaufman Watkins	(14) FULL MAIDEN NAME: Theresa Feinberg
(9) RESIDENCE: 117 N. Fremont St	(15) RESIDENCE: 117 N. Fremont St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 28 (Years)	(17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Europe	(18) BIRTHPLACE: Europe
(13) OCCUPATION: Merchant	(19) OCCUPATION: Home work
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.30 P. M., the date above stated.

(23) Signature Howard C. Silver (Physician or Midwife)

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

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(24) Given name added from a supplemental report ____, 19

Registrar

Address 1 E. Lexington Street

RECEIVED FOR RECORD MAR 15 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54586

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2841 W. La Fayette ave St.) (Ward)

(2) FULL NAME OF CHILD Iva Elizabeth Winstead } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (If to be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	March 5 1910

FATHER

(8) FULL NAME David William Winstead

(9) RESIDENCE 2841 W. LaFayette ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE Wilson N. C.

(13) OCCUPATION machinist

(14) Number of children born to this mother, including present birth 4 th

MOTHER

(14) FULL MAIDEN NAME Laura Elizabeth Riggs

(15) RESIDENCE 2841 W. LaFayette ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Mahanoy City Pa

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.15 a M., the date above stated.

(23) Signature Henry C. Ohee, M. D. Physician (Physician or Midwife)

Address 2803 W. Fayette St.

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

U 000206

(24) Given name added from a supplemental report ____, 19

Registrar

Filed MAR 15 1910, 19

Registrar

(READ THE REVERSE SIDE)

RECORD
JAS. BOSLEY M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH S. Smallwood St. Registered No. B 54587

CITY OF BALTIMORE. (No. 337 S. Smallwood St.; XX Ward)

(2) FULL NAME OF CHILD Kracke, Fulton

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			Yes	March 11th, 1910.

FATHER		MOTHER	
(8) FULL NAME	Kracke, Frederick	(14) FULL MAIDEN NAME	Such, Mary
(9) RESIDENCE	337 S. Smallwood St.	(15) RESIDENCE	337 S. Smallwood St.
(10) COLOR	white	(11) AGE AT LAST BIRTHDAY (Years)	33 years	(16) COLOR	white	(17) AGE AT LAST BIRTHDAY (Years)	30 years
(12) BIRTHPLACE	Bremen, Germany	(18) BIRTHPLACE	Baltimore, Md.
(13) OCCUPATION	Decorator & Painter	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at March 11th 10, 1:55 A.M., the date above stated.

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

(23) Signature Pr Heldrich Physician (Physician or Midwife)

Address 2151 Wilkens Ave.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

U 0 0 0 2 0 6 7

RECEIVED FOR RECORD MAR 15 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED - 3/1/10

454538

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 223 S. Eden St.; Ward)

(2) FULL NAME OF CHILD SIDNEY BROWN — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 10, 1910

	FATHER	MOTHER
(8) FULL NAME	Louis Brown	(14) FULL MAIDEN NAME Lena Goldberg
(9) RESIDENCE	223 S. Eden	(15) RESIDENCE 223 S. Eden
(10) COLOR	Wh	(16) COLOR Wh — (17) AGE AT LAST BIRTHDAY (Years)
(11) AGE AT LAST BIRTHDAY (Years)		
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION	a tailor	(19) OCCUPATION a housewife
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 3 P. M., the date above stated.

(23) Signature J. Josephson, M.D. (Physician or Midwife)

Address 4 N. Bway

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

(24) Given name added from a supplemental report, 19

Filed 19

Registrar

Registrar

(READ THE REVERSE SIDE)

U 0 0 2 0 6 8
RECEIVED FOR RECORD
MAR 15 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54589

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 2-11, Mc Elderry St.; Ward) Registered No. B

NAME: STUART F. GOETZKE

(2) FULL NAME OF CHILD ~~Louis Frederick Goetzke~~ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2nd	Married	March 02 1910

	FATHER	MOTHER
(8) FULL NAME	Louis F. ~~Goetzke~~	(14) FULL MAIDEN NAME ~~Carrie Goetzke~~ CHRISTHILF
(9) RESIDENCE	2-11 Mc Elderry St	(15) RESIDENCE 2-11 Mc Elderry St
(10) COLOR	White	(16) COLOR
(11) AGE AT LAST BIRTHDAY	30 (Years)	(17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION	Tailor	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 A. M., the date above stated.

(23) Signature Mrs L. Snow, Midwife (Physician or Midwife)

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

1 8 0 0 0 2 0 6 9

(24) Given name added from a supplemental ____, 19

Address 203 N. Washington St.

Filed March 14, 19 10

RECORD MAR 15 1910

Registrar

Registrar

JAS. BOSLEY (READ THE REVERSE SIDE)
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 454590

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1742, Lancaster St.; Ward)

(2) FULL NAME OF CHILD Albert Sines

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

(3) Sex of Child Male | (4) Twin, triplet, or other? | (5) Number in order of birth 1st | (6) Legitimate? Yes | (7) Date of Birth March 9th 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME John Sines

(9) RESIDENCE 1742 Lancaster St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Balto

(13) OCCUPATION Junk Dealer

(14) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Anna Voorthes Sines

(15) RESIDENCE 1742 Lancaster St

(16) COLOR White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Balto

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 A.M., the date above stated.

(23) Signature Mrs A Eton Midwife (Physician or Midwife)

Address 243 N Washington Ave

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

(24) Given name added from a supplemental report , 19

Registrar

Filed March 15, 1910 , 19

Registrar

RECEIVED FOR RECORD MAR 15 1910 JAS. BOGLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54537

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1838 N. Castle St.; Ward)

(2) FULL NAME OF CHILD

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

(3) Sex of Child Male | (4) Twin, triplet, or other? | (5) Number in order of birth 4 | (6) Legitimate? Yes | (7) Date of Birth Feb. 16, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Gottlob Gorig

(9) RESIDENCE 1838 N. Castle St

(10) COLOR White | (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Germany

(13) OCCUPATION Designer & Cutter

(14) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME Caroline Grave

(15) RESIDENCE 1838 N. Castle St

(16) COLOR White | (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Germany

(19) OCCUPATION Home wife

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5.30 P.M., the date above stated.

(23) Signature Howard C. Silver Physician (Physician or Midwife)

Address 1 E. 14th Pulliam St.

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

C 000207

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

REGISTER OF RECORD
MAR 15 1910
WM. BOSLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54592

CITY OF BALTIMORE. (No. 720 W. Mount ave St.; Ward)

(2) FULL NAME OF CHILD Clifford A Major — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2nd	Yes	Feb. 15, 1910

FATHER	MOTHER
(8) FULL NAME: Clifford Arnold Major	(14) FULL MAIDEN NAME: Anna M Conroy
(9) RESIDENCE: 720 W. Mount ave	(15) RESIDENCE:
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 30 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 31 (Years)
(12) BIRTHPLACE: Boston Mass	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Confectioner	(19) OCCUPATION: Home wife
(20) Number of children born to this mother, including present birth: 2nd	(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.20 P M., the date above stated.

(23) Signature Howard C. Silver (Physician or Midwife)

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

1 8 U 0 0 2 0 7 2

(24) Given name added from a supplemental report ____, 19

Address 1914 Bolton St

Registrar

Filed ____, 19

Registrar

RECEIVED FOR RECORD MAR 25 1910 JAS. BOSLEY M.D COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54593

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 208 3d St. Highlandtown St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Male		5	Yes	Feb 22, 1910

FATHER

(8) FULL NAME: Conrad Lang

(9) RESIDENCE: 208 3d St. Highlandtown

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 34 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Salesman

(20) Number of children born to this mother, including present birth: 5

MOTHER

(14) FULL MAIDEN NAME: Amelia Lange

(15) RESIDENCE: 208 3d St. Highlandtown

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 32 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Home work

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.20 a. M., the date above stated.

(23) Signature: Howard L. Silver (Physician or Midwife)

Address: 1912 Bank St.

Filed MAR 15 1910, 19

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

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

C U 0 0 2 0 7 3

RECORD

JAS BOGLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54594

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 136 N. Potomac St.; Ward)

(2) FULL NAME OF CHILD

[If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2	Yes	March 6, 1910

FATHER

(8) FULL NAME: Christian Shasky

(9) RESIDENCE: 136 N. Potomac St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 30

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Clerk

MOTHER

(14) FULL MAIDEN NAME: Mary E Simmons

(15) RESIDENCE: 136 N. Potomac St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 28

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Home wife

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.40 M., the date above stated.

(23) Signature: Howard L. Silver, Physician (Physician or Midwife)

Address: 1914 Ballow St

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

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(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

RECEIVED FOR RECORD MAR 15 1910 JAS. BOGLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 454595

CITY OF BALTIMORE. (No. 612 Reservoir St.; Ward)

(2) FULL NAME OF CHILD Jno. J. Eisenhardt — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 4, 1910

FATHER		MOTHER	
(8) FULL NAME	Wm. J. Eisenhardt	(14) FULL MAIDEN NAME	Lilly E. Hartel
(9) RESIDENCE	612 Reservoir st	(15) RESIDENCE	612 Reservoir st
(10) COLOR	white	(11) AGE AT LAST BIRTHDAY (Years)	46 yrs.
(16) COLOR	white	(17) AGE AT LAST BIRTHDAY (Years)	43 yrs.
(12) BIRTHPLACE	City	(18) BIRTHPLACE	City
(13) OCCUPATION	~~Housekeeper~~ Manufacturer	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth	9	(21) Number of children of this mother now living	8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.15 a.m. M., the date above stated.

(23) Signature E Darsy Ellis M. D. (Physician or Midwife)

Address

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

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RECEIVED FOR RECORD MAR 15 1910 JAS. BOGLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 54596

CITY OF BALTIMORE. (No. 534 N. Mount St.; Ward)

(2) FULL NAME OF CHILD Henry Wesselman, Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 10 1910

FATHER		MOTHER	
(8) FULL NAME	Henry Wesselman	(14) FULL MAIDEN NAME	Clara M. Wheeler
(9) RESIDENCE	534 N. Mount St	(15) RESIDENCE	534 N. Mount St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years)	35
(12) BIRTHPLACE	Germany	(18) BIRTHPLACE	Balto. Co. Md
(13) OCCUPATION	Grocer	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 a. M., the date above stated.

(23) Signature Henry C. Ohle, M.D. Physician (Physician or Midwife)

Address 2015 W. Fayette St.

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

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(24) Given name added from a supplemental report ____, 19

Filed MAR 15 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54597

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2014 McKean Ave. St.; Ward)

(2) FULL NAME OF CHILD Nathan Manuel Meyer — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	V	4th	Yes	March 6 1910

FATHER		MOTHER	
(8) FULL NAME	Isidor Meyer	(14) FULL MAIDEN NAME	Nellie Cooper
(9) RESIDENCE	2014 McKean Ave	(15) RESIDENCE	2014 McKean Ave.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	32
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Neckwear Manufacturer	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	7th	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.15 a. M., the date above stated.

(23) Signature Harry L. Ohee, M.D. (Physician or Midwife)

Address 2709 N. Fayette St.

Filed MAR 15 1910, 19

S. BOSLEY M.D. COMR OF HEALTH

Registrar

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

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(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54598

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1139 W. Lombard St.; Ward)

(2) FULL NAME OF CHILD: John Howard Steinman (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Male | (4) Twin, triplet, or other? Twin | (5) Number in order of birth 2nd | (6) Legitimate? Yes | (7) Date of Birth: (Month) July (Day) 23 (Year) 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: William B. Steinman	(14) FULL MAIDEN NAME: Nellie A. Pearce
(9) RESIDENCE: 1139 W. Lombard St.	(15) RESIDENCE: 1139 W. Lombard St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 28 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Martinsburg W. Va.	(18) BIRTHPLACE: Martinsburg W. Va.
(13) OCCUPATION: Tobacconist	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 2 Twins	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 a. M., the date above stated.

(23) Signature: Henry C. Ihle, M.D. Physician (Physician or Midwife)

Address: 1203 W. Fayette St.

Filed MAR 15 1910, 19

J. S. BOGLEY M.D. COMMR OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes or shows any other evidence of life after birth.

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(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54599

Registered No. B.

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No.) 1139 W. Lombard (St.; Ward)

(2) FULL NAME OF CHILD: William Conway Shinkman

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

(3) Sex of Child: Male | (4) Twin, triplet, or other? 1st born of twin (To be answered only in event of plural births) | (5) Number in order of birth: 1st. | (6) Legitimate? Yes | (7) Date of Birth: (Month) Feby. (Day) 23 (Year) 1910

FATHER

(9) FULL NAME: William B. Shinkman

(10) RESIDENCE: 1139 W. Lombard St

(10) COLOR: White | (11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: Martinsburg W. Va.

(13) OCCUPATION: Tobacconist

(14) Number of children born to this mother, including present birth: (2) Two

MOTHER

(14) FULE MAIDEN NAME: Nellie A. Pearl

(15) RESIDENCE: 1139 W. Lombard St

(16) COLOR: White | (17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Martinsburg W. Va.

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living: two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 a. M. the date above stated.

(23) Signature: Henry C. Dilly M.D. Physician (Physician or Midwife)

Address: 1203 W. Fayette St

Filed: MAR 15 1910 19

J. S. COSLEY M.D. COMR OF HEALTH

Registrar

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

0 0 0 2 0 7 9

(24) Given name added from a supplemental ____, 19

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A54800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 15 1910
[illegible] BOOLEY M.D.
COMMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth March 13 1910
5. Place of Birth, (Street and number) 1625 Covington st
6. Full name of Mother, Florence Edward
7. Mother's Maiden Name, Simmons
8. Mother's Birthplace, America
9. Full name of Father, Henry Edward
10. Father's Occupation, Laborer
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Carrie Lehr
Address, 434 E Fort ave.
Remarks, 19100002080

Every certificate between the 31st and 32nd day of each and every month to the Office of Commissioner of Health, on blanks furnished by the Commissioner of Health. Any person who shall neglect or refuse to make such return, or shall make a false return, or shall neglect or refuse to report as a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as herein required, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered, &c.

RETURN OF A BIRTH. A54601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD MAR 15 1910 H. BARNEY M.D. COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.d

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth March 12. 1910
5. Place of Birth, (Street and number) 169 N Broadst
6. Full name of Mother, Lina Connors
7. Mother's Maiden Name, Frank
8. Mother's Birthplace, America
9. Full name of Father, Samuel Connors
10. Father's Occupation, Laborer
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Carling & Stewart

Address, 434 E. Fort Ave.

Remarks,

19100002081

A fee of ten cents between the 3rd and third day of each year, duly signed by the Practitioner in the form required by the Board of Health, and sworn to before a Notary Public or Commissioner of Deeds, is allowed for the return of the birth of any child born without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in accordance with the provisions of this section, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of child, Edward Holober
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Wh
4. Date of Birth Nov 17, 1909
5. Place of Birth, (Street and number) 1942 W. Mulberry St
6. Full name of Mother, Bertha Holober
7. Mother's Maiden Name,
8. Mother's Birthplace, England
9. Full name of Father, Ignaz Holober
10. Father's Occupation, a merchant
11. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. J. Josephson M.D.

Address, 4 N. Bway.

Remarks,

19100002082

RECEIVED FOR RECORD NOV 15 1910 WM. WOOLLEY, M.D. REGISTRAR OF HEALTH

Health. In case the birth of any child is not reported to the office of Commissioner of Health within ten days after birth, in accordance with the above requirements, it shall be the duty of the person in attendance upon the mother, immediately thereafter to make such report, and within the period above prescribed. Any physician, midwife, or other person who shall fail to report the birth of any child as required by this section, or who shall neglect or refuse to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1286.

RETURN OF A BIRTH. A54603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Name of child, Charles
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Wh
4. Date of Birth Dec. 11, 1909.
5. Place of Birth, (Street and number) 1645 E. Fayette St.
6. Full name of Mother, Sarah Stern
7. Mother's Maiden Name, Benneman
8. Mother's Birthplace, Russia
9. Full name of Father, Bernard Stern
10. Father's Occupation, a peddler
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. J. Josephson M.D.

Address, 4 N. Bway

Remarks,

1910000020 83

ACCEPTED FOR RECORD
MAR 15 1910
H. BARNEY M.D.
CITY HEALTH OFFICER

Health. In case the birth of any child shall not be reported as aforesaid, the person required to report the same shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED 9-1-66

RETURN OF A BIRTH. A54604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FILED FOR RECORD
SEP 30 1910
REGISTRY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child, ~~Isaac Fabia~~ Fried, THEODORE
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Wh
4. Date of Birth Sept 15, 1909
5. Place of Birth, (Street and number) 1507 Gough St
6. Full name of Mother, Leah Fried
7. Mother's Maiden Name, Danski
8. Mother's Birthplace, Russia
9. Full name of Father, Jacob Fried
10. Father's Occupation, a tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. G. Josephson M.D.

Address, 4 N. Bway

Remarks, 1910 0002084

Health. In case the birth of any child shall occur from the date of this notice, it shall be the duty of the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the matter and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Name of Child, William avon Smith
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Feb 20th 1910
6. Place of Birth, (Street and number) 622 Gustavus Street
6. Full name of Mother, Rosetta Smith
7. Mother's Maiden Name, Rosetta Keller
8. Mother's Birthplace, Baltimore Maryland
9. Full name of Father, Melvin Smith
10. Father's Occupation, Clothes packer
11. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return,

Address, 1139 Mt Hermitter St.

Remarks, Madam 0 98085

RECEIVED FOR RECORD MAR 15 1910 AS BOSLEY M.D. BOARD OF HEALTH

This way of doing will occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother of such child, if able, shall make return of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 15 1910
JOHN BOSLEY M.D.
REGISTER OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of Child, Elmer Ed. King
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, March 3rd 1910.
6. Place of Birth, (Street and number) 417 W. Cross st.
6. Full name of Mother, Annie R. King
7. Mother's Maiden Name, Annie R. Harper
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Charles E. King
10. Father's Occupation, Huckster
11. Father's Birthplace, Delta. md.

Name of Medical Attendant, or other person who makes this Return.

Address, 439 West. Hamilton St

Remarks, Madam Sowell

19100002086

Every physician or midwife shall report to the Commissioner of Health the birth of each child attended by him or her, within ten days after such birth, and every householder shall report the birth of each child born in his house, within ten days after such birth, and every person having charge of any institution shall report the birth of each child born therein, within ten days after such birth, and every sexton or undertaker shall report the birth of each child buried by him or her, if it shall become the duty of the parent or householder to report such birth, and no other person shall be required to report the same, unless the parent or householder shall be unable to report the birth of any child, and every physician or midwife shall report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 454807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 15 1910
G.S. BOGLEY M.D.
BD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 13 1910
5. Place of Birth, (Street and number) 1526 Boyle st
6. Full name of Mother, Mary Geisler
7. Mother's Maiden Name, White
8. Mother's Birthplace, America
9. Full name of Father, George Geisler
10. Father's Occupation, Laborer
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Carling Schmidt
Address, 734 E Fort ave.
Remarks,

1 9 1 0 U 0 0 2 0 8 7

of a certificate between the first and third day of each month next following the birth of such child, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parent of such child to report the birth to the Commissioner of Health, and the person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD MAR 15 1910 BOARD OF HEALTH BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 11 1910
5. Place of Birth, (Street and number) 1649 Caringford st
6. Full name of Mother, Sophia Kaufmann
7. Mother's Maiden Name, Schaffer
8. Mother's Birthplace, America
9. Full name of Father, Joseph Kaufmann
10. Father's Occupation, Labor
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Earl J. Schwarz

Address, 434 S. Fort ave.

Remarks,

19100002088

(A certificate between the first and third day of each week, duly signed by the practitioner in the form required by the Board of Health, must be sent to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the same manner as herein required of physicians and midwives, and in default thereof shall be severally liable to the penalties imposed by this section. Any person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.)

1230

RETURN OF A BIRTH. A54609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE CORRECTED 5-27-65

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Eva Rebecca Fosman
2. Sex, (state whether male or female) Fem —
3. Race or color, (if not of the White Race) W —
4. Date of Birth Oct. 28, 1909 —
5. Place of Birth, (Street and number) 115 S. Ann St —
6. Full name of Mother, Fannie Fosman
7. Mother's Maiden Name, Baranow
8. Mother's Birthplace, Russia —
9. Full name of Father, Sam Fosman
10. Father's Occupation, a tailor
11. Father's Birthplace, Russia —

Name of Medical Attendant, or other person who makes this Return, Dr. Josephson, M.D.

Address, 4 N. Bway.

Remarks, 1910000002089

RECEIVED FOR RECORD MAR 15 1910 BALTIMORE MD BOARD OF HEALTH

Health Code, Section 1. And be it further ordained, That it shall be the duty of each and every midwife, or other person in attendance upon a case of birth, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report, as herein required, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 454610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. In case the birth of any child shall not be reported to the office of Commissioner of Health, as above required within the period above specified, and any such person or persons who shall have attended upon the mother shall neglect or refuse to report such birth to the Commissioner of Health, he the mother shall

RETURN OF A BIRTH. A54611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Name of child,* Glazer
2. *Sex, (state whether male or female)* Fem.
3. *Race or color, (if not of the White Race)* Wh.
4. *Date of Birth* Sept. 7, 1909.
5. *Place of Birth, (Street and number)* 1236 E. Fayette St.
6. *Full name of Mother,* Bessie Glazer
7. *Mother's Maiden Name,* Miller
8. *Mother's Birthplace,* Russia.
9. *Full name of Father,* Henry Glazer
10. *Father's Occupation,* A Tailor
11. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, J. L. Josephson, M.D.

Address, 4 N. Broadway

Remarks,

19100002091

RECEIVED FOR RECORD
MAR 15 1910
MAC GOBLEY, M.D.
BD OF HEALTH

Health, in case the birth of any child shall occur in any house or tenement of which he is not the occupant, and in case of the absence from the city of the midwifery, or should no other person be in attendance upon the mother at the birth of such child, then the physician, midwife or other person who shall become the duty of this person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid shall be subjected to a fine of two (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by law.

1236.

RETURN OF A BIRTH. A54612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD MAR 25 1910 JOHN BOOLEY, M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,* Herman
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* W
4. *Date of Birth* Aug. 14, 1909
5. *Place of Birth, (Street and number)* 2014 E. Pratt St
6. *Full name of Mother,* Herman
7. *Mother's Maiden Name,* Lowenthal
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Herman
10. *Father's Occupation,* a Merchant
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, J. Josephson M.D.

Address, 4N Broadway.

Remarks,

1910000002092

Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A54613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Alba Carmela De Leo
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) W
4. Date of Birth, March 4 1910
6. Place of Birth, (Street and number) 702 Madison Ave
6. Full name of Mother, Lucia De Leo
7. Mother's Maiden Name, Del Rosso
8. Mother's Birthplace, Italy
9. Full name of Father, Lucian De Leo
10. Father's Occupation, Tailor
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Marie G Lanaro

Address, 22 E Madison St

Remarks,

1910002093

RECEIVED FOR RECORD
MAR 15 1910
J.S. BOSLEY M.D.
COMR OF HEALTH

shall occur without the attendance of a physician or practitioner of either. In case the birth of any child shall occur without the attendance of a physician or practitioner of either, the father or other person in attendance upon the mother, immediately thereafter is shall become the duty of the person or persons in attendance upon the mother, immediately thereafter if shall become the duty of the person or persons in any such case to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Name of Child, Robert Lane
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, March 10th 1910
6. Place of Birth, (Street and number) 1620 St Joseph Pl
6. Full name of Mother, Florence Lane
7. Mother's Maiden Name, Florence Francis
8. Mother's Birthplace, Baltimore
9. Full name of Father, John Lane
10. Father's Occupation, Cook
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Maria Wright

Address, 716 Spring ave

Remarks,

RECEIVED FOR RECORD MAR 17 1910 J.S. BOSLEY M.D. BD OF HEALTH

1 9 1 0 0 0 0 2 0 9 4

Any person who shall neglect or refuse to report and return as above required, or cause the same to be done, or who shall knowingly make a false return of any birth, or who shall neglect or refuse to perform any other duty required of him by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense. Any midwife who shall neglect or refuse to report any birth at which she officiates, within the time and in the manner required by this section, shall forfeit to the use of the person or persons who may sue for the same the sum of five dollars for each such neglect or refusal. All returns required by this section to be made to the Registrar of Vital Statistics shall be made on blanks furnished by the Board of Health, and all births occurring without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth required to report the same, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Name of Child, Beatrice Shelton
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, March 5 - 1910
6. Place of Birth, (Street and number) 617 Fred's Ave
6. Full name of Mother, Effie Shelton
7. Mother's Maiden Name, Effie Evans
8. Mother's Birthplace, Balto
9. Full name of Father, Otho Shelton
10. Father's Occupation, Fireman
11. Father's Birthplace, W. Va

Name of Medical Attendant, or other person who makes this Return, Wa Tuell

Address, 2650 Fred's Ave.

Remarks,

19100002095

RECEIVED FOR RECORD MAR 17 1910 J.S. BOSLEY M.D. COMR OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the mother to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parente of such child to report its birth to the Commissioner of Health, stating the particulars required by this section, and any such person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Name of Child, Millard Ehrman.
2. Sex, (state whether male or female) male.
3. Race or color, (if not of the White Race) White.
4. Date of Birth, March 13. 1910.
6. Place of Birth, (Street and number) 2001 McCulloh St.
6. Full name of Mother, Bessie Ehrman.
7. Mother's Maiden Name, Bessie Markham.
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Ansel Ehrman.
10. Father's Occupation, Salesman.
11. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Claire J. Hault M. D.

Address, 1511 Madison Ave.

Remarks,

RECEIVED FOR RECORD
MAR 17 1910
JAS. BOSLEY M.D.
CLERK OF HEALTH

1910002096

A54617

N OF A BIRTH.

Vital Statistics, Board of Health, Baltim

A54617

ether 1st, 2d, 3d, &c.) First

y (Number) Theodore Gates

male) Male

hite Race) Colored

March 4, 1915

(Number) 916 N. Eutaw St

Bertha Irene Gaines

Bertha Irene Jackson

St. Mary's Co Maryland

Mary Gates

Theodore

St. Mary's Co Md

r other person who makes this Return, Elizabeth

88 Z

MAR

JAS. 60

100002097

RETURN OF A BIRTH.

54618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st.

1. *Name of child,* Green
2. *Sex,* (*state whether male or female*) Female
3. *Race or color,* (*if not of the White Race*) W.
4. *Date of Birth* June 21, 1909
5. *Place of Birth,* (*Street and number*) 519 S. Caroline St.
6. *Full name of Mother,* Mary Green
7. *Mother's Maiden Name,* Sindle
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Max Green
10. *Father's Occupation,* a peddler
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, J. Josephson, M.D.

Address, 4 N. Bway.

Remarks,

1 9 1 0 0 0 0 2 0 9 8

RECEIVED FOR RECORD MAR 16 1910 MAC BOOLEY, M.D. REGISTRAR OF HEALTH

date and place of birth; and the said Schedule shall be filled out by the person making the return, and delivered to the Registrar of Vital Statistics, at the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54619

GIVEN NAME ADDED-7/21/68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Name of Child, ELENORA FREE BADDERS
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec. 31st 1909
6. Place of Birth, (Street and number) 400 N. 28th St
6. Full name of Mother, Marion E. Badders
7. Mother's Maiden Name, " " Bowen
8. Mother's Birthplace, Maryland.
9. Full name of Father, Andrew J. Badders
10. Father's Occupation, Conductor Steam Railroad.
11. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return. Harrison F. Cooper M.D.

Address, 2425 St. Paul St.

Remarks,

RECEIVED FOR RECORD MAR 8 1910 DR. BISLEY M.D. REGISTRAR OF HEALTH

1 9 1 0 0 0 0 2 0 9 9

Every midwife and every physician or person acting as midwife, shall report to the Commissioner of Health, in writing, on or before the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or parents in charge of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54620

GIVEN NAME ADDED 10-15-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, ~~Not Given~~ Muriel Frances Schick
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 2 — 1910
5. Place of Birth, (Street and number) 42 & N. Arlington Ave
6. Full name of Mother, Fanny V. Schick
7. Mother's Maiden Name, Ward
8. Mother's Birthplace, Baltimore
9. Full name of Father, Frank L. Schick
10. Father's Occupation, Telegrapher
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 N. Carrollton Ave.

Remarks, (Breech presentation & difficult labor)

RECEIVED MAR 16 1910 C. E. KELLEY M.D. COMR OF HEALTH

1 9 1 0 0 0 0 2 1 0 0

date and place of birth, and the said schedule shall be delivered duly sworn by the person making the same to the officer by the form of oath hereinafter prescribed. Any physician or midwife, or other person in attendance upon the mother immediately thereafter at the birth of any child, who shall neglect or refuse to make and deliver to the Registrar of Vital Statistics a certificate of such birth as required by this section, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5/1/70

RETURN OF A BIRTH. A54627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARGARET ELIZABETH SHURE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Name of child, ~~Not given~~
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feby 28th 1910
5. Place of Birth, (Street and number) 2509 W. Mt Royal Ave
6. Full name of Mother, Guinette Shure
7. Mother's Maiden Name, Hanson
8. Mother's Birthplace, Baltimore
9. Full name of Father, William H. Shure
10. Father's Occupation, Conductor Electric Railways
11. Father's Birthplace, Harford Co. Md

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 701 N. Gamble St

Remarks,

1910002101

RECEIVED FOR RECORD MAR 26 1910 WM. BOSLEY M.D. BOARD OF HEALTH

date and place of birth; and the said midwife shall be required, only upon the direction of the Commissioner of Health, to report to him such child, to be examined by a physician appointed by the Commissioner of Health, in the manner and within the period above required; and any midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 82

1. Name of child, Aaron Baskow
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) wh
4. Date of Birth Dec. 19, 1909.
5. Place of Birth, (Street and number) Becnie Baskow 116 S. Bro
6. Full name of Mother, Becnie Baskow
7. Mother's Maiden Name, Bentzianow
8. Mother's Birthplace, Russia
9. Full name of Father, Morris Baskow
10. Father's Occupation, a tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this return, J. J. Sperling M.D.

Address, 4 N. Broad

Remarks, 1 9 1 0 0 0 6 0 2 1 0 2

CERTIFIED FOR RECORD

JAS. BOOLEY, M.D.
BOARD OF HEALTH

date and place of birth, to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, on the blanks furnished by the Board of Commissioner of Health. In case the birth or any child shall occur without the presence of any physician or practitioner of midwifery, or should the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and for each neglect or refusal to comply with the provisions of this section, the person so offending shall forfeit and pay a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 154623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Morris Goldfein
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) W
4. Date of Birth Dec. 29, 1909
5. Place of Birth, (Street and number) 919 Fawn
6. Full name of Mother, Goldie Goldfein
7. Mother's Maiden Name, Meislos
8. Mother's Birthplace, Russia
9. Full name of Father, Harry Goldfein
10. Father's Occupation, a cabt carpenter
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, D. Josephson M.D.

Address, 4 N. Bond

Remarks, 19100002103

dale and place of residence of each child born alive within the district during the preceding month to the Commissioner of Health, on the first and third day of each and every month to the Commissioner of Health, on the first and third day of each and every month to the Bureau of Commissioner of Health, on the first and third day of each and every month to the Bureau of Commissioner of Health, on the first and third day of each and every month to the Commissioner of Health, on the first and third day of each and every month to the Commissioner of Health, on the first and third day of each and every month to the

RETURN OF A BIRTH.

A54 24

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Name of child, Mitchell Kunkowski
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Wh
4. Date of Birth Nov. 7, 1909
5. Place of Birth, (Street and number) 807 Penna Ave.
6. Full name of Mother, Valeria Kunkowski
7. Mother's Maiden Name, Glinka
8. Mother's Birthplace, Russ. Poland
9. Full name of Father, Frank Kunkowski
10. Father's Occupation, a Shoe maker
11. Father's Birthplace, Russ. Poland

Name of Medical Attendant, or other person who makes this Return, J. S. Josephson, M.D.

Address, 1 N. Bway.

Remarks,

1 9 1 0 0 0 0 2 1 0 4

RECEIVED — COPY — MAR 16 1910 — H.S. BOGLEY, M.D. — BOARD OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed, to the Physician, Commissioner of Health, Midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and it shall be the duty of the Commissioner of Health to cause the particulars of such birth to be entered in a book to be kept for that purpose, and every person who shall neglect or refuse to comply with the provisions of this section shall be subject on conviction thereof to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

936.

RETURN OF A BIRTH. A54625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, David Block
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Wh
4. Date of Birth Oct. 9, 1910
5. Place of Birth, (Street and number) 1313 E. Balto. St
6. Full name of Mother, Ida Block
7. Mother's Maiden Name, Adler
8. Mother's Birthplace, Russia
9. Full name of Father, Harry Block
10. Father's Occupation, Paper-hanger
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. Josephson MD

Address, 4 N. Bway

Remarks,

19100002105

RECEIVED FOR RECORD MAR 16 1910 JAS. BIGLEY M.D. REGISTRAR OF HEALTH

duce and pay to the Mayor and City Council of Baltimore the sum of ten dollars for each and every such offense. It shall be the duty of the Commissioner of Health to see to the due enforcement of this section. In case the first and third day of each and every month to the office of Commissioner of Health in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of the house or premises where such birth shall occur, to report such birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54626

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 704 Ensor St. St.; Ward)

(2) FULL NAME OF CHILD George Henry Raem (3) If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	March, 13 1910

FATHER		MOTHER	
(9) FULL NAME	Malachia Raem	(14) FULL MAIDEN NAME	Alice Horam
(10) RESIDENCE	Bridgeville Del	(15) RESIDENCE	Balto Md
(10) COLOR	Negro	(16) COLOR	Negro
(11) AGE AT LAST BIRTHDAY	38 (Years)	(17) AGE AT LAST BIRTHDAY	31 (Years)
(12) BIRTHPLACE	Easton MD	(18) BIRTHPLACE	Easton MD
(13) OCCUPATION	Minister	(19) OCCUPATION	Teacher
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8-13 A M., on the date above stated.

(23) Signature G W. Kennard MD (Physician or Midwife)

Address 708 Ensor St

Filed March 13, 1910

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

(24) Given name added from a supplemental report ____, 19

Registrar

0 0 0 0 2 1 0 6

RECEIVED FOR RECORD MAR 17 1910 J.S. BOSLEY, M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54627

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1316 Holbrook St.; Ward)

(2) FULL NAME OF CHILD: Edward Langhans

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		8th.	yes	March 2nd. 1910

FATHER	MOTHER
(8) FULL NAME: Jos. Langhans	(14) FULL MAIDEN NAME: Bertha Lauber
(9) RESIDENCE: 1316 Holbrook St.	(15) RESIDENCE: 1316 Holbrook St.
(10) COLOR: white	(16) COLOR: white
(11) AGE AT LAST BIRTHDAT (Years): 41	(17) AGE AT LAST BIRTHDAT (Years): 37
(12) BIRTHPLACE: Bohemia	(18) BIRTHPLACE: Bohemia
(13) OCCUPATION: Carpenter	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 8.	(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 o'clock A. M., on the date above stated.

(23) Signature: F. J. Lebold M. D.
(Physician or Midwife)

Address: 1005 Virginia St.

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

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(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD
MAR 17 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54628

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1608 N Gay St. St.; Ward)

(2) FULL NAME OF CHILD John Thomas Howard. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
male			Yes	March 2, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(9) FULL NAME: Chas David Howard	(14) FULL MAIDEN NAME: Anna Barbara Peisman
(9) RESIDENCE: 1608 N Gay St	(15) RESIDENCE: 1608 N Gay St
(10) COLOR: white — (11) AGE AT LAST BIRTHDAY: 28 (Years)	(16) COLOR: white — (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Washington D C
(13) OCCUPATION: Waiter.	(19) OCCUPATION: House Wife.
(20) Number of children born to this mother, including present birth: One	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.30 P.M., on the date above stated.

(23) Signature: Geo J Young MD. (Physician or Midwife)

Address 1735 N Edmondson

Filed MAR 17 1910, 19 .

Registrar

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

(24) Given name added from a supplemental report ____, 19 .

Registrar

4 T 0 0 0 2 1 0 8

RECORD

JAS. BOSLEY M.D. SOM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

454629

PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 3 S Payson St. St.; 19th Ward)

FULL NAME OF CHILD Baby Kees

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

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) March (Day) 11, (Year) 1910
Male				

	FATHER	MOTHER
FULL NAME	William J Kees	(14) FULL MAIDEN NAME Mae L Lentz
RESIDENCE	3 S Payson St	(15) RESIDENCE 3 S Payson St
COLOR	White	(16) COLOR White
(8) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years) 38
BIRTHPLACE	Baltimore Md	(18) BIRTHPLACE Baltimore Md
OCCUPATION	Bookkeeper	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3. a. m 3/11/10 the date above stated.

(23) Signature A Zimmerman, MD (Physician or Midwife)

Address 1805 W. North Ave

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

B 0 0 0 2 1 0 9

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD MAR 17 1910 S. BOGLEY, M.D. COM'R OF HEALTH

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54830

(1) PLACE OF BIRTH 515 Biddle St. Registered No. B.

CITY OF BALTIMORE. (No. 515 Biddle St.; Ward)

(2) FULL NAME OF CHILD Marguerite Clemia Crumps If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Feb. (Day) 26 (Year) 1910
Female			Yes	

FATHER	MOTHER
(8) FULL NAME Joseph Kinney Crumps	(14) FULL MAIDEN NAME Susie Jane Turner.
(9) RESIDENCE 515 Biddle St	(15) RESIDENCE 515 Biddle St
(10) COLOR Colored. (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR colored (17) AGE AT LAST BIRTHDAY 18 yrs. (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore Md.
(13) OCCUPATION Waiter	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 11.30 A.M. M., on the date above stated.

(23) Signature Julia M. Lisandaski Medical Student (Physician or Midwife)

Address Womens Medical College 1100 No Caroll St

Filed MAR 16 1910, 19

JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD MAR 16 1910

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54631

(1) PLACE OF BIRTH 924 Elm Place — Registered No. B.

CITY OF BALTIMORE. (No. 924 Elm Place St.; Ward)

(2) FULL NAME OF CHILD Marguarite Eleona Cropper — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural births)		yes	Jan. (Month) 26 (Day) 19 10 (Year)

FATHER

(8) FULL NAME: Isah Cropper

(9) RESIDENCE: 924 Elm Place

(10) COLOR: Colored

(11) AGE AT LAST BIRTHDAY: 34 (Years)

(12) BIRTHPLACE: Accamac Court House Va.

(13) OCCUPATION: Laborer in Lumber Yard

MOTHER

(14) FULL MAIDEN NAME: Lucy Whalon

(15) RESIDENCE: 924 Elm Place

(16) COLOR: Colored

(17) AGE AT LAST BIRTHDAY: 33 yrs. (Years)

(18) BIRTHPLACE: Summerset County Md.

(19) OCCUPATION: Housework

(20) Number of children born to this mother, including present birth: 4

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P.M. M., on the date above stated.

(23) Signature: Julia M Levandoski Medical Student (Physician or Midwife)

Address: Womens Medical College 1100 McCulloh St

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

(24) Given name added from a supplemental report ____, 19 ____

Filed MAR 16 1918, 19 ____

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54632

(1) PLACE OF BIRTH Baltimore, Md. 564 Baker St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Mary Agnes Hebron

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Mar. 11th 1910

FATHER

(8) FULL NAME Bentman Hebron

(9) RESIDENCE 564 Baker St.

(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE Prince George Co. Md.

(13) OCCUPATION Laborer.

MOTHER

(14) FULL MAIDEN NAME Agnes White Hebron

(15) RESIDENCE 564 Baker St.

(16) COLOR Colored. (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE St. Marys County Md.

(19) OCCUPATION House wife.

(20) Number of children born to this mother, including present birth 6

(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Baker St. 8 30 A.M., on the date above stated.

(23) Signature Florence Fuller. Student. Woman's Med. College. (Physician or Midwife)

Address Dr. McCulloh & Hoffman St.

(24) Given name added from a supplemental report , 19

Filed 4-6 1910 , 19

Registrar

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

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

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54633

(1) PLACE OF BIRTH 707 — Registered No. B.

CITY OF BALTIMORE. (No. 707 Linden Ave. St.; Ward)

(2) FULL NAME OF CHILD Archibald Cole — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				Feb. 19 1910.

FATHER

(8) FULL NAME: Jas. Alexander Cole

(9) RESIDENCE: 707 Linden Ave

(10) COLOR: Negro

(11) AGE AT LAST BIRTHDAT: 30 (Years)

(12) BIRTHPLACE: Baltimore,

(13) OCCUPATION: Waiter.

MOTHER

(14) FULL MAIDEN NAME: Annie Johnson

(15) RESIDENCE: 707 Linden Ave.

(16) COLOR: Negro

(17) AGE AT LAST BIRTHDAY: 31 (Years)

(18) BIRTHPLACE: King & Queens Co.

(19) OCCUPATION: Housework

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.20 P M., on the date above stated.

(23) Signature: Pope C. Laughman, Medical Student (Physician or Midwife)

Address: 1827 Madison Ave.

Filed MAR 16 1910, 19 .

Registrar

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

(24) Given name added from a supplemental report, 19 .

Registrar

RECEIVED FOR RECORD MAR 16 1910 JAS. BOSLEY M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54634

(1) PLACE OF BIRTH 1128 Kirk St. Registered No. B.

CITY OF BALTIMORE. (No. 1128 Kirk St. St.; Ward)

(2) FULL NAME OF CHILD Child not named. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		Sixth	Yes	Feb. 28, 1910

FATHER	MOTHER
(8) FULL NAME Sarlett Hennis	(14) FULL MAIDEN NAME Rosa Lee Robinson
(9) RESIDENCE 1128 Kirk St	(15) RESIDENCE 1128 Kirk St
(10) COLOR Col. (11) AGE AT LAST BIRTHDAY 30 yrs. (Years)	(16) COLOR Col. (17) AGE AT LAST BIRTHDAY 29 yrs. (Years)
(12) BIRTHPLACE Baltimore Md.	(18) BIRTHPLACE Baltimore Md.
(13) OCCUPATION Janitor.	(19) OCCUPATION House work.
(20) Number of children born to this mother, including present birth Six.	(21) Number of children of this mother now living Six.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 A M. M., on the date above stated.

(23) Signature Olga H. Pruitt. Medical Student. (Physician or Midwife) Womans Medical College.

Address 1900 McCulloh St.

(24) Given name added from a supplemental report , 19

Filed MAR 16 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

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

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RECEIVED FOR RECORD

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54635

1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1134 Calhoun St. St.; Ward)

2) FULL NAME OF CHILD Albin Harris. (If child is not yet named, make supplemental report, as directed)

3) Sex of Child male | (4) ~~Twin, triplet,~~ or other? | (5) Number in order of birth 5 | (6) Legitimate? yes | (7) Date of Birth Mar 4, 2d 1910 (Month) (Day) (Year)

(To be answered only in event of plural birth)

FATHER

8) FULL NAME Lamuel A. Harris

9) RESIDENCE 1134 Calhoun St.

10) COLOR Bl. | (11) AGE AT LAST BIRTHDAY 36 (Years)

12) BIRTHPLACE Alexandria Va.

13) OCCUPATION Janitor

MOTHER

14) FULL MAIDEN NAME Sarah Chalman

15) RESIDENCE 1134 Calhoun St.

16) COLOR Bl. | (17) AGE AT LAST BIRTHDAY 25 (Years)

18) BIRTHPLACE Gloucester Va.

19) OCCUPATION House work.

20) Number of children born to this mother, including present birth 5

21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1134 Calhoun St. M., on the date above stated.

(23) Signature Elizabeth T. Keay. (Student) (Physician or Midwife)

1727 Mast Ave.

Address Woman's Med College.

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

RECORD MAR 16 1910 JAS. BOGLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 54636

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 21 W. Washington St.; Ward)

(2) FULL NAME OF CHILD Lula Hitchcock

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	2nd	Married	March 12, 1910

	FATHER	MOTHER
(8) FULL NAME	Robert Errington Hitchcock	(14) FULL MAIDEN NAME Caroline Lena King
(9) RESIDENCE	21 W. Washington St	(15) RESIDENCE 21 W. Washington St
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years) 28
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION	Artist	(19) OCCUPATION Housekeeper

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 3 a M., on the date above stated.

(23) Signature Mrs L. Snow Midwife (Physician or Midwife)

Address 21 W. Washington St.

Filed March 15, 1910

Registrar

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

RECEIVED RECORD MAR 15 1910 BUREAU OF VITAL STATISTICS COMMISSIONER OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

54637

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 224 W. Washington St.; Ward)

Registered No. B

(2) FULL NAME OF CHILD — Marie Bieberich

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	Married	March 12th, 1910

(To be answered only in event of plural births)

	FATHER	MOTHER
(8) FULL NAME	John Bieberich	(14) FULL MAIDEN NAME — Carrie Bieberich (Lentz)
(9) RESIDENCE	224 W. Washington St	(15) RESIDENCE — 224 W. Washington St
(10) COLOR	White	(16) COLOR — White
(11) AGE AT LAST BIRTHDAY (Years)	20	(17) AGE AT LAST BIRTHDAY (Years) — 19
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE — Baltimore
(13) OCCUPATION	Butcher	(19) OCCUPATION — Housekeeper

(20) Number of children born to this mother, including present birth — 1

(21) Number of children of this mother now living — 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 1 P M., on the date above stated.

(23) Signature — Mrs. L. Lion, Midwife (Physician or Midwife)

Address — 203 N. Washington St.

Filed March 15th, 1910

Registrar

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

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

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RECORDED FOR
MAR 16 1910
U.S. SOLEY M.D.
COMMISSIONER OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54638

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 2028, Payson St.; Ward)

(2) FULL NAME OF CHILD Margarete Mary Miller
If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female			Yes	Jan. 27, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(9) FULL NAME Wm. H. Miller	(14) FULL MAIDEN NAME Cora S. Zepp
(9) RESIDENCE 2028 Payson St.	(15) RESIDENCE 2028 Payson St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 yrs. (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 25 yrs (Years)
(12) BIRTHPLACE Maryland.	(18) BIRTHPLACE Maryland.
(13) OCCUPATION Motorman	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at about 11.15 A. M., on the date above stated.

(23) Signature Harrison H. Cooper M. D. (Physician or Midwife)

Address 2425 St. Paul St.

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

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RECEIVED MAR 16 1910 JAS BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

54639

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1229 York Road. St.; Ward)

(2) FULL NAME OF CHILD Grace Elizabeth Gleason [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(9) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes.	Jan. 13, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	David I. Gleason	Lela E. Small.
(9) RESIDENCE / (15) RESIDENCE	1229 York Road.	1229 York Road.
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)		
(12) BIRTHPLACE / (18) BIRTHPLACE	Maryland.	Maryland.
(13) OCCUPATION / (19) OCCUPATION	P. O. Clerk	Housewife.

(20) Number of children born to this mother, including present birth 2. (21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Abt. 10.30 A. M., on the date above stated.

(23) Signature Harrison T. Cooper M.D.

Physician. (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Address 2425 St. Paul St,

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

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

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BUREAU OF VITAL STATISTICS RECORD

MAY 6 1910

JAS. BOSLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 154640

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 429 Whitridge Ave. St.; Ward)

(2) FULL NAME OF CHILD Vernaine Plowman

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 11 1910

	FATHER	MOTHER
(8) FULL NAME	William O. Plowman	(14) FULL MAIDEN NAME Miriam Mourraye
(9) RESIDENCE	429 Whitridge Ave.	(15) RESIDENCE 429 Whitridge Ave.
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	33	(17) AGE AT LAST BIRTHDAY (Years) 22
(12) BIRTHPLACE	Maryland.	(18) BIRTHPLACE Mass.
(13) OCCUPATION	Fireman Steam R. R.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth	One	(21) Number of children of this mother now living None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.07 a. M., on the date above stated.

(23) Signature Harrison F. Cooper M. D.

Physician (Physician or Midwife)

Address 2425 St. Paul St.

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

1 0 0 0 2 1 2 0

RECEIVED MAR 6 1910 JAS. BOSLEY M.D. COMM'R OF HEALTH

(24) Given name added from a supplemental report , 19 . Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54841

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE, (No. 2502 Fait ave St.; Ward)

(2) FULL NAME OF CHILD George E. Frederick — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	1	Yes	July 24 1910

FATHER

(9) FULL NAME George W. Frederick

(9) RESIDENCE 2502 Fait ave Baltimore Md

(10) COLOR White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Balto City

(13) OCCUPATION Engineer on tug boats

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Mary M. Weber

(15) RESIDENCE 2502 Fait ave Baltimore Md

(16) COLOR White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Baltimore City

(19) OCCUPATION Housework Home

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.45 a. M., on the date above stated.

(23) Signature E. O. L. Lee

2429 Fait ave (Physician or Midwife)

RECEIVED MAR 10 1911 JAS. BOSLEY, M.D. COM'R OF HEALTH

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

1 0 0 0 2 1 2 1

(24) Given name added from a supplemental report _____, 19

Address _____

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54642

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2428 N. Barclay St. St.; Ward)

FULL NAME OF CHILD Charles Albert Merritt (If child is not yet named, make supplemental report, as directed)

(2) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	-----	-----	Yes	Mar 2nd. 1910

FATHER	MOTHER
(8) FULL NAME: Guy Rogers Merritt	(14) FULL MAIDEN NAME: Ida Rosetta Albaigh
RESIDENCE: 2428 N. Barclay St.	(15) RESIDENCE: 2428 N. Barclay St.
(9) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 33 (Years)	(17) AGE AT LAST BIRTHDAY: 33 (Years)
(12) BIRTHPLACE: Balto., Md.	(18) BIRTHPLACE: Balto., Md.
(13) OCCUPATION: Clerk	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: Third	(21) Number of children of this mother now living: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 3.45 A. M., the date above stated.

(23) Signature J. Lawrence Ewald M.D. (Physician or Midwife)

Address 905 N. Gilmor St.

Filed Mar 15th., 1910

Registrar

(24) Given name added from a supplemental report ____, 19 ____

Registrar

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

C 0 0 0 2 1 2 2

MAR 15 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A54643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child.

1. Name of child, Annie Greenwald.
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White.
4. Date of Birth March 10th 1910.
5. Place of Birth, (Street and number) No 528 S. Carroline st.
6. Full name of Mother, Sophie Greenwald.
7. Mother's Maiden Name, Sofapie Roberts.
8. Mother's Birthplace, Balto. Md.
9. Full name of Father, William Greenwald.
10. Father's Occupation, Teamster.
11. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Annie Fisher

Address, No 720 S. Bond st.

Remarks,

1 9 1 0 0 0 0 2 1 2 3

RECD FOR RECORD MAR 10 1910 REGISTRY M.D. BOARD OF HEALTH

of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, as herein required. And every person who shall neglect or refuse to make such report hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1286.

RETURN OF A BIRTH.

A54644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Elsie Hemstetter
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 12th of March
5. Place of Birth, (Street and number) 40th St Brooklyn A.R. Co. Md.
6. Full name of Mother, Lula Hemstetter
7. Mother's Maiden Name, Lula Reinhardt
8. Mother's Birthplace, Brooklyn A.R. Co. Md
9. Full name of Father, William Hemstetter
10. Father's Occupation, Laborer
11. Father's Birthplace, Brooklyn A.R. Co. Md

Name of Medical Attendant, or other person who makes this Return, H. W. Auer

Address, 1135 Light St

Remarks, 19100002124

RECEIVED FOR RECORD MAR 10 1910 WM. BOOLEY M.D. BOARD OF HEALTH

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be present at the birth, by the parent of such child, to the office of the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered in.

RETURN OF A BIRTH. A54645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Rudolph
2. Sex, (state whether male or female) Fem -
3. Race or color, (if not of the White Race) Wh -
4. Date of Birth June 1, 1909 -
5. Place of Birth, (Street and number) 1223 Mc Elderry St -
6. Full name of Mother, Ida ~~Rudolph~~ Rudolph Kirschner
7. Mother's Maiden Name,
8. Mother's Birthplace, Russia -
9. Full name of Father, Louis Rudolph
10. Father's Occupation, a Tailor
11. Father's Birthplace, Russia -

Name of Medical Attendant, or other person who makes this Return, J. Johnson M.D.

Address, 4 N. Bway.

Remarks,

19100002125

RECEIVED FOR RECORD NOV 10 1910 A. J. BRADLEY, M.D. CITY HEALTH OFFICER

of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect, refuse or omit to make such return, or who shall make a false return, shall be guilty of a misdemeanor and shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NAME CHANGED BY COURT ORDER 4-10-52

RETURN OF A BIRTH. A54646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. Name of child, Joseph C. Wilson Joseph Ziomek
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White.
4. Date of Birth March. 6. 1910.
5. Place of Birth, (Street and number) No. 419 S. Ann st.
6. Full name of Mother, Elizabeth Ziomek.
7. Mother's Maiden Name, Elizabeth Dziewoczko.
8. Mother's Birthplace, Balto. Md.
9. Full name of Father, Peter Ziomek.
10. Father's Occupation, Rigger.
11. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Annie Fisher.

Address, No. 720 S. Bond st.

Remarks, 1910000212 5

RECEIVED FOR RECORD MAR 28 1910 J. BROOKEY M.D. BOARD OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health in such district, and if any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period of time required, and any person or persons so offending shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of Child,* Joseph Bateman
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* March 1 - 1910
6. *Place of Birth, (Street and number)* 112 Monticello ave
6. *Full name of Mother,* Catherine Tallman Bateman
7. *Mother's Maiden Name,* Catherine Tallman
8. *Mother's Birthplace,* Richmond Va
9. *Full name of Father,* Jos. Bateman
10. *Father's Occupation,* Cook
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Edward Curtis M.D.

Address, 112 Monticello ave

Remarks,

1910000212 7

CERTIFIED FOR RECORD
MAR 19 1910
WM. BOOLEY, M.D.
REGISTER OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the requirements of this section shall, for each and every such offense, be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child.

1. Name of child, Fredrick German.
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White.
4. Date of Birth March. 6th 1910.
5. Place of Birth, (Street and number) No 1803. Eastern Ave.
6. Full name of Mother, Bessie. C. German.
7. Mother's Maiden Name, Bessie. C. Pedrin.
8. Mother's Birthplace, Balto. Md.
9. Full name of Father, Andrew German.
10. Father's Occupation, Teamster.
11. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Fistar.

Address, No 720 S. Bond st.

Remarks, 19100002128

RECEIVED FOR RECORD MAR 19 1910 [illegible] M.D. BOARD OF HEALTH

If a child born alive be not reported within the period above required, the Midwife, Physician or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. All persons who shall neglect or refuse to report as above required, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child.

1. Name of child, Jerome Bishop.
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White.
4. Date of Birth March 15th 1910.
5. Place of Birth, (Street and number) No. 732 S. Dallas st.
6. Full name of Mother, Elizabeth Bishop.
7. Mother's Maiden Name, Elizabeth Remley.
8. Mother's Birthplace, Balto. Md.
9. Full name of Father, Walter M. Bishop.
10. Father's Occupation, Teamster.
11. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Fisher.

Address, No. 720 S. Bond st.

Remarks,

1910002129

RECEIVED FOR RECORD MAR 19 1910 S. COSLEY M.D. BOARD OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and to make and sign the record required to be made by the person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 3

1. Name of Child, [illegible]
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 22 February 1910
6. Place of Birth, (Street and number) 1227 N. Washington St
6. Full name of Mother, Dora Johnson
7. Mother's Maiden Name, RECORDED FOR Dora Mitchell
8. Mother's Birthplace, RECORD Baltimore Md
9. Full name of Father, MAR 19 1910 Joe Johnson
10. Father's Occupation, JAS BOGLEY M.D. Laborer
11. Father's Birthplace, BOARD OF HEALTH Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm. M. Logan

Address, 404 N. Chester St

Remarks,

1910000 2130

third day of each and every month, to the office of the Registrar of said city, or should no other person be in attendance upon the mother, then it shall become the duty of the person or parents of such child to report the birth as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Dorothy Finkelstein
2. Sex, (state whether male or female) Fem
3. Race or color, (if not of the White Race) Wh
4. Date of Birth Sept. 29, 1909
5. Place of Birth, (Street and number) 214 N. High St
6. Full name of Mother, Sadie Finkelstein
7. Mother's Maiden Name, Rosen
8. Mother's Birthplace, Russian Poland
9. Full name of Father, Jacob Finkelstein
10. Father's Occupation, a clerk
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. Josephson M.D.

Address, 4 N. Bway

Remarks, Parents live in New York

19100002131

RECEIVED FOR RECORD MAR 16 1910 HOWARD BOSLEY, M.D. HEALTH COMMISSIONER

of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any person or persons neglecting or refusing to make such report as herein required shall thereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Name of child, Henry.
2. Sex, (state whether male or female) male.
3. Race or color, (if not of the White Race) White.
4. Date of Birth 10. March. 1910.
5. Place of Birth, (Street and number) 117. N. Glover Street.
6. Full name of Mother, Fanny Robinson.
7. Mother's Maiden Name, Fanny Schuster.
8. Mother's Birthplace, Germany.
9. Full name of Father, Ernest Robinson.
10. Father's Occupation, Watchman.
11. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return, Marie Klass.

Address, 304. Third Street.

Remarks, Highland Town.

RECEIVED FOR
APR 15 1910
REGISTRY M.D.
BUREAU OF HEALTH

1910 00021 32

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, mother or person in charge of such child, or the occupant of the house in which such birth occurs, shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male -
2. Race or Color, (if not of the white race) White -
3. Date of Birth March - 17 - 1910 -
4. Place of Birth, (Street and Number) Bay View Hospital -
5. Full Name of Mother, Mary Hattie Robinson -
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Staunton - Virginia
8. Full Name of Father, Roy Lowing -
9. Father's Occupation, Robber -
10. Father's Birthplace, Staunton Va -

Name of Medical Attendant, or other person who makes this Return, [illegible] Mikell

Address, Bay View Hospital

Remarks, 1910002133

RECORD
MAR 18 1910
J.S. BOSLEY M.D.
COM'R OF HEALTH

Third day of each and every month to the office of the Commissioner of Health. If any [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above directed, and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54654

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 16 W. Eager St.; Ward)

(2) FULL NAME OF CHILD _____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 17th 1910

FATHER	MOTHER
(8) FULL NAME: Hugh J. Kavanagh	(14) FULL MAIDEN NAME: Mary A. McCarthy
(9) RESIDENCE: 16 W. Eager	(15) RESIDENCE: 16 W. Eager
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 24 (Years)	(17) AGE AT LAST BIRTHDAY: 20 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Architect	(19) OCCUPATION: Milliner
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 a. M., on the date above stated.

(23) Signature Richard McSherry (Physician ~~or Midwife~~)

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

STATE FILE NO. 0 0 0 2 1 3 4

(24) Given name added from a supplemental report _____, 19

Address 104 E. Madison St.

Filed _____, 19 .

RECEIVED FOR RECORD MAR 18 1910

Registrar

Registrar

(READ THE REVERSE SIDE)

JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. B. 454655

CITY OF BALTIMORE. (No. 1218 Carroll St St.; 22nd Ward)

FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3rd	Yes	May 15 1910

FATHER	MOTHER
(8) FULL NAME: James Walter Galloway	(14) FULL MAIDEN NAME: Minnie Rebecca Gorman
RESIDENCE: 1218 Carroll St	(15) RESIDENCE: 1218 Carroll St
(9) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 27 (Years)	(17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Machinist	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.05 a.M., the date above stated.

(23) Signature: Benj. F. Phillips M.D. (Physician or Midwife)

Address: 929 Madison Ave

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

B 0 0 0 2 1 3 5

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

RECEIVED FOR RECORD MAR 28 1910 JAS. BOSLEY, M.D. COMR OF HEALTH Registrar

(READ THE REVERSE SIDE)

CERTIFICATE OF BIRTH

A54656

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 608 N. Gilmor St.; Ward)

(2) FULL NAME OF CHILD — {If child is not yet named, make supplemental report, as directed.}

(3) Sex of Child: Male | (4) Twin, triplet, or other? (To be answered only in event of plural births) | (5) Number in order of birth: 1 | (6) Legitimate? Yes | (7) Date of Birth: Mar. 14, 1916 (Month, Day, Year)

FATHER

(8) FULL NAME: Jack Phelan

(9) RESIDENCE: New York City.

(10) COLOR: White | (11) AGE AT LAST BIRTHDAY: 33 (Years)

(12) BIRTHPLACE: Texas

(13) OCCUPATION: Marine

MOTHER

(14) FULL MAIDEN NAME: Mary B. Crandall

(15) RESIDENCE: New York City.

(16) COLOR: White | (17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Rhode Island

(19) OCCUPATION: None

(20) Number of children born to this mother, including present birth: one

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1:30 a. M., on the date above stated.

(23) Signature: Jos. Edmondson
Physician
(Physician or Midwife)

Address: 1810 Druid Hill Ave

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

(24) Given name added from a supplemental report, 19

Filed, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAR 28 1916

E. E. JOSLEY M.D. COMM'R OF HEALTH

CERTIFICATE OF BIRTH

A54657

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 413 N. Stricker St.; Ward)

(2) FULL NAME OF CHILD James Herbert Jamison — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2nd	Yes	Mar. 11th 1910

FATHER	MOTHER
(8) FULL NAME Chas. E. Jamison	(14) FULL MAIDEN NAME Jane Cook
(9) RESIDENCE 413 N. Stricker St.	(15) RESIDENCE 413 N. Stricker St.
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 39 (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Real Estate	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 a. M., on the date above stated.

(23) Signature Guy C. Edmunds
Physician
(Physician or Midwife)

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

(24) Given name added from a supplemental report ____, 19 ____

Address 1913 Edmondson Ave

Registrar

Filed ____, 19 ____

BOARD OF HEALTH RECORD MAR 18 1910 Registrar

JAS. BOSLEY M.D. SUPT. BOARD OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B 54658

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 516 S. Bond St.; Ward)

(2) FULL NAME OF CHILD: IRENE Lokstein

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Fem.			Yes	March 14, 1910

	FATHER	MOTHER
(8) FULL NAME	Antoni Lokstein	(14) FULL MAIDEN NAME: Maria Nowakowska
(9) RESIDENCE	516 S. Bond St.	(15) RESIDENCE: Same
(10) COLOR	Wh.	(16) COLOR: Wh.
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years): 22
(12) BIRTHPLACE	Russ. Poland	(18) BIRTHPLACE: Russ. Poland
(13) OCCUPATION	a tailor	(19) OCCUPATION: a housewife

(20) Number of children born to this mother, including present birth: 1st

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 A. M., on the date above stated.

(23) Signature: J. Foxe Gray M.D. (Physician or Midwife)

Address

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

C 0 0 2 1 3 8

(24) Given name added from a supplemental report 3/18, 19 10 — Registrar

Filed 3/19, 19 10 — Registrar

(READ THE REVERSE SIDE)

COPY FOR RECORD
MAR 19 1910
HAS. E. OSLEY M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54659

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2317 E. Preston St.; Ward)

(2) FULL NAME OF CHILD — [If child is not named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 9, 1910

FATHER	MOTHER
(8) FULL NAME: Edgar Bloom	(14) FULL MAIDEN NAME: Edna Parker
(9) RESIDENCE: 2317 E. Preston	(15) RESIDENCE: 2317 E. Preston St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 26 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Hagerstown Md	(18) BIRTHPLACE: Hagerstown Md
(13) OCCUPATION: Telegrapher	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: One	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 11.30 P. M., on the date above stated.

(23) Signature: W. C. Sandrock M.D. (Physician or Midwife)

Address: 1242 N. Bond

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

(24) Given name added from a supplemental report, 19

Filed , 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
MAR 19 1910
JAS. EDSLEY M.D.
REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54660

CITY OF BALTIMORE. (No. 700, Edmondson Ave St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		4th	Yes	March 11th, 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: Harry Frederick Hurdle	(14) FULL MAIDEN NAME: Dora May Greene
RESIDENCE: 700 Edmondson Ave	(15) RESIDENCE: 700 Edmondson Ave
(9) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Baltimore Md	(18) BIRTHPLACE: Baltimore Md
(13) OCCUPATION: Grocers Clerk	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.30 O. M., the date above stated.

(23) Signature: J. Howard Iglehart MD (Physician or Midwife)

Address: 539 N. Carrollton Ave

Filed ____, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

0 0 0 2 1 4

RECEIVED FOR RECORD
MAR 19 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

(READ THE REVERSE SIDE)

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

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54663

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1102 Fort Ave. St.; 24. Ward)

(2) FULL NAME OF CHILD Annie M. Hutson — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	Twin	6.	Yes	February 21, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	George O. Hutson	Lydia Link
(9) RESIDENCE / (15) RESIDENCE	1102 Fort Ave.	1102 Fort Ave.
(10) COLOR	white	white
(11) AGE AT LAST BIRTHDAY (Years)	27.	
(16) COLOR		white
(17) AGE AT LAST BIRTHDAY (Years)		22.
(12) BIRTHPLACE	Baltimore	Baltimore
(13) OCCUPATION	Laborer.	
(19) OCCUPATION		Wife

(20) Number of children born to this mother, including present birth 7. (21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1102 Fort Ave. M., on the date above stated.

(23) Signature Hattie Mehren Midwife (Physician or Midwife)

Address 1531 Fulton Ave

RECEIVED FOR RECORD MAR 18 1910 JAS. BOSLEY M.D. COMR OF HEALTH

U 0 0 2 1 4 1

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

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54662

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1031 E. Fort Ave. St.; 24. Ward)

(2) FULL NAME OF CHILD Hellen Bircak — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	Sin	7.	OK.	2 March 22, ____, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	H. Bircak.	Haniolua Bircak
(9) RESIDENCE / (15) RESIDENCE	1031 Fort Ave.	1031 Fort Ave
(10) COLOR / (16) COLOR	white	white
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	37.	37
(12) BIRTHPLACE / (18) BIRTHPLACE	Germany.	Germany.
(13) OCCUPATION / (19) OCCUPATION	Laborer	Wife

(20) Number of children born to this mother, including present birth 9. (21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1031 Fort Ave, M., on the date above stated.

(23) Signature Kate Mehren Midwife (Physician or Midwife)

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

(24) Given name added from a supplemental report ____, 19

Address 1031 Fleet

Filed ____, 19 ____ Registrar

Registrar

RECEIVED FOR RECORD MAR 18 1910 JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54663

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No.) 121 Pearl (St.); 4 (Ward)

(2) FULL NAME OF CHILD — Ida Augusta Cuss

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	Mar. 11 1910

FATHER

(8) FULL NAME: William Henry Cuss

(9) RESIDENCE: 121 Pearl St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 23 (Years)

(12) BIRTHPLACE: Balto Md

(13) OCCUPATION: Electrician

MOTHER

(14) FULL MAIDEN NAME: Louise Dorothy Cuss

(15) RESIDENCE: 121 Pearl St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Balto Md

(19) OCCUPATION: House Keeper

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 00 M., the date above stated.

(23) Signature: V Ken Williams M.D.

(Physician or Midwife)

Address: 605 N. Carrollton Ave

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

10 0002143

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19 .

Registrar

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

454664

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 162 N. Canton St.; Ward)

(2) FULL NAME OF CHILD — Hazel Virginia Dowis — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Mar. (Day) 8, (Year) 1910

FATHER

(8) FULL NAME: Eager F. Dowis

(9) RESIDENCE: 62 N Canton St

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: Ky

(13) OCCUPATION: Sergeant U. S. A.

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Nellie Parr

(15) RESIDENCE: 162 N. Canton St.

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: City

(19) OCCUPATION: House wife

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 P. M., on the date above stated.

(23) Signature: H. L. Lair, Physician (Physician or Midwife)

Address: 12 E. 25th St.

(24) Given name added from a supplemental report ____, 19 ____

Filed Mar 18, 1910

Registrar

(READ THE REVERSE SIDE)

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

U 0 0 2 1 4 4

RECEIVED BY RECORD MAR 18 1910 ROSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54665

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1914 Edmondson Ave St.; Ward)

(2) FULL NAME OF CHILD Vernona Evaline Disney — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
	(To be answered only in event of plural births)			Mar 6, 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Irving Disney	(14) FULL MAIDEN NAME Vernona Young
(9) RESIDENCE 1914 Edmondson Ave	(15) RESIDENCE 1914 Edmondson Ave.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Balto. Co.	(18) BIRTHPLACE City
(13) OCCUPATION Artist	(19) OCCUPATION Home wife

(20) Number of children born to this mother, including present birth 1 — (21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:40 P. M., on the date above stated.

(23) Signature T. L. Fair, Physician (Physician or Midwife)

Address 12 E 26th St

Filed Mar 16, 1910

Registrar

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report ____, 19

Registrar

RECORDED MAR 28 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 54666

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 1610 Ford Ave St.; 24 Ward)

(2) FULL NAME OF CHILD Carl E. Wingate. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child male | (4) Twin, triplet, or other? Sin. | (5) Number in order of birth 8. | (6) Legitimate? Ok | (7) Date of Birth 8 March, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Carl Wingate

(9) RESIDENCE 1610 Ford Ave.

(10) COLOR white | (11) AGE AT LAST BIRTHDAY 25. (Years)

(12) BIRTHPLACE Portland. Ind.

(13) OCCUPATION Soldier.

MOTHER

(14) FULL MAIDEN NAME Elizabeth O. Brien.

(15) RESIDENCE 1610 Ford Ave

(16) COLOR white | (17) AGE AT LAST BIRTHDAY 24. (Years)

(18) BIRTHPLACE Baltimore.

(19) OCCUPATION Wife.

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1610 Ford Ave. M., on the date above stated.

(23) Signature Mrs Kath J Nelson

U 0 0 2 1 4 6 Midwife (Physician or Midwife)

Address 1331 Hull st.

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

RECEIVED FOR RECORD MAR 18 1910 JAS. BOSLEY, M.D. COMR OF HEALTH Registrar

(READ THE REVERSE SIDE)

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

RETURN OF A BIRTH. A54667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Name of Child,* Hildia Lecompte
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* March 18. 1910
6. *Place of Birth, (Street and number)* 612 N Spring St
6. *Full name of Mother,* Cordie Lecompte
7. *Mother's Maiden Name,* Cordie Barr
8. *Mother's Birthplace,* York Pa
9. *Full name of Father,* Thamos Lecompte
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 516 Haley alley

Remarks, Doing well.

RECEIVED FOR RECORD MAR 30 1910 JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

1910002147

and physician shall deliver to the parent or person having charge of such child, a certificate, stating the name, sex, color, date and place of birth of such child, and the name and residence of the parents, and shall make a return of such birth to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, both of whom shall reside in the house where such birth occurs, make a return of such birth, then the attendance upon the mother, immediately after the birth, shall be required to make such return. Such return shall be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Mar 14/10
5. *Place of Birth, (Street and number)* 549 Fort Ave
6. *Full name of Mother,* Gertrude Harrison
7. *Mother's Maiden Name,* Swann
8. *Mother's Birthplace,* America
9. *Full name of Father,* Lehr Harrison
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 914 Fort Ave

Remarks,

1910 U 0002148

Section 4. And be it further enacted, That it shall be the duty of the Registrar of Vital Statistics to furnish to any person having the control of the birth of a child, a certificate setting forth the fact, time and place of birth, the name, sex and color of the child, and the name, birthplace and residence of the parents, which certificate shall be prepared from the information contained in the return of birth required to be made by this ordinance. In case of the refusal or neglect of the parents of such child, or either of them, or in case of their absence, or the absence of the mother, then of the occupier of the house in which such child was born, or of the person having charge of such child, to report the birth thereof to the Registrar of Vital Statistics within the time prescribed by this ordinance, then the physician, midwife, or other person in attendance upon the mother at the birth shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to make such report, as aforesaid, shall be subject to a fine of not less than five (5) dollars nor more than fifty (50) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Name of child, Branham Leroy Watts
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth March 19. 1910
5. Place of Birth, (Street and number) 1849 W. Pratt St
6. Full name of Mother, Mary Rebecca Watts
7. Mother's Maiden Name, " " Magruder.
8. Mother's Birthplace, Baltimore City
9. Full name of Father, Samuel T. Watts
10. Father's Occupation, Furniture Mover
11. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, P. Bebrison M.D.

Address, 20 15 Watkins Ave.

Remarks, 1910002149

of a certificate between the 5th and 10th day of the month following the birth, and every such physician or midwife, or failing in such case, or where no physician or midwife was in attendance, then the owner or agent of the premises where such birth occurs, or the parent of such child, shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Name of child,* Ysabel Freedenburg
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* February 26 1910
5. *Place of Birth, (Street and number)* 611 Fiegnith St
6. *Full name of Mother,* Pearl Freedenburg
7. *Mother's Maiden Name,* Shapiro
8. *Mother's Birthplace,* London England
9. *Full name of Father,* Isaac Freedenburg
10. *Father's Occupation,* Letter Carrier
11. *Father's Birthplace,* London England

Name of Medical Attendant, or other person who makes this Return, Alfred A. Broadrick M.D.

Address, 28 S Patterson Park Ave

Remarks,

19100002150

of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or midwife, in or about the city of Baltimore, who shall neglect or refuse to make such return shall become the duty of the person or parents of such child to cause the birth to be registered as herein provided, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Name of child,* William Laurence
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 15. 1916.
5. *Place of Birth, (Street and number)* 37 S. Front St.
6. *Full name of Mother,* Catie Gunn
7. *Mother's Maiden Name,* Catie Wheeler
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Henry Gunn
10. *Father's Occupation,* Iron Dealer
11. *Father's Birthplace,* Tennessee Nashville

Name of Medical Attendant, or other person who makes this Return. Otho Schuerman

Address, 42 Alameda St Catts

Remarks, 1910002151

Every person who shall refuse or neglect to make the return of a birth required by this section, within the time and in the manner above specified, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. *Name of Child,* John Roland Burkett
2. *Sex, (state whether male or female)* Colored
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Tuesday, March 15, 1910
6. *Place of Birth, (Street and number)* 1618 Saturn Street
6. *Full name of Mother,* Emma L. Burkett
7. *Mother's Maiden Name,* Emma L. Lee
8. *Mother's Birthplace,* Caroline County, Va.
9. *Full name of Father,* Joseph E. Burkett
10. *Father's Occupation,* Trainer
11. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Elizabeth Johnson

Address, 719 Druid Street

Remarks,

1910000152

Per. E. C.

third day of each and every month, to the office of the Commissioner of Health in the city of Baltimore, and if any midwife or other person be in attendance upon any birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth as herein required, and within the time aforesaid, and any midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) one

1. Name of child, Mabel Carrollton Porter
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 11" 1910
5. Place of Birth, (Street and number) 1314 W Franklin St
6. Full name of Mother, Gertrude Porter
7. Mother's Maiden Name, Gertrude Smith
8. Mother's Birthplace, Delaware
9. Full name of Father, Homer Porter
10. Father's Occupation, Clerk
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, James W Athey

Address, 871 Harlem Ave

Remarks,

19100002153

This is a printed notice to be sent with every blank to be filled out and returned by the Physician or Midwife in attendance upon the mother, immediately after the birth of a child. Every physician or midwife in attendance upon a case of birth is required to report its birth to the Commissioner of Health, in the manner and within the period above required, and a penalty of ten dollars is imposed for each offense, to be recovered as other fines and forfeitures are recoverable.

Every physician or midwife who shall attend upon any case of birth, and who shall neglect or refuse to make return of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nearest relative present, and of the householder, to report its birth to the Commissioner of Health, in the manner and within the period above required, and a penalty of ten dollars is imposed for each offense, to be recovered as other fines and forfeitures are recoverable. Every person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54674

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. Maryland Homeopathic Hospital St.; Ward)

(2) FULL NAME OF CHILD Maria Young

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

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? No | (7) Date of Birth (Month) Mar. (Day) 8, (Year) 1910

FATHER	MOTHER
(8) FULL NAME William Ford	(14) FULL MAIDEN NAME Estelle Young
(9) RESIDENCE Don't know	(15) RESIDENCE 1321 Vine St
(10) COLOR Colored (11) AGE AT LAST BIRTHDAY Don't know (Years)	(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 15 (Years)
(12) BIRTHPLACE Not known	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Porter	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11:20 A.M., on the date above stated.

(23) Signature George H. Whitaker MD. (Physician or Midwife)

Address Maryland Homeopathic Hospital

Filed 3-10, 1910

Registrar

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

(24) Given name added from a supplemental report March 13, 1910

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

454675

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Homeopathic Hosp St.; Ward)

(2) FULL NAME OF CHILD Ethel Johnson

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

(3) Sex of Child | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (16) Legitimate? No | (7) Date of Birth May 5, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME Harry Brown

(9) RESIDENCE 1614 Bruce St

(10) COLOR Colored (11) AGE AT LAST BIRTHDAY Unknown (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Driver

MOTHER

(14) FULL MAIDEN NAME Bertha Johnson

(15) RESIDENCE 1430 N Mount St

(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Housework

(20) Number of children born to this mother, including present birth One

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9:40 A.M., on the date above stated.

(23) Signature George F. Whittaker M.D. (Physician or Midwife)

Address Maryland Homeopathic Hospital

Filed , 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

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

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54676

CITY OF BALTIMORE. (No. Maryland Homeopathic Hospital St.; Ward)

(2) FULL NAME OF CHILD Helen Jackson — If child is not yet named, make supplemental report, as directed

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? No | (7) Date of Birth Feb. 12, 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Richard Thomas	(14) FULL MAIDEN NAME Sidonia Stewart Jackson
(9) RESIDENCE Unknown	(15) RESIDENCE 1304 Calhoun St
(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Catonsville	(18) BIRTHPLACE Queen Annes Co
(13) OCCUPATION Waiter	(19) OCCUPATION Chamber maid
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6:20 A. M., on the date above stated.

(23) Signature Dr. George Whitaker Physician (Physician or Midwife)

Address Maryland Homeopathic Hospital

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

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54677

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1815 Lorman St. Ward)

(2) FULL NAME OF CHILD Annie Gertrude Harris. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 4, 1910

FATHER	MOTHER
(8) FULL NAME Henry Harris	(14) FULL MAIDEN NAME Mary Susie Montague
(9) RESIDENCE 1815 Lorman St	(15) RESIDENCE 1815 Lorman St
(10) COLOR Black (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Baltimore Md	(18) BIRTHPLACE S. Boston Va.
(13) OCCUPATION Waiter	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.45 P. M., on the date above stated.

(23) Signature J. Edmund Cummins Junior Medical Student (Physician or Midwife)

Address 2214 N Calvert St

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

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 154673

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2505 Oak St. St.; 12 Ward)

(2) FULL NAME OF CHILD Evelyn Goebel (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth March 13 1910 (Month) (Day) (Year)

FATHER

(9) FULL NAME Emil Goebel

(10) RESIDENCE 2505 Oak St.

(11) COLOR | AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION Insurance Agent

(20) Number of children born to this mother, including present birth Two

MOTHER

(14) FULL MAIDEN NAME Florence Hazelt

(15) RESIDENCE 2505 Oak St

(16) COLOR | AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION —

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 a M., on the date above stated.

(23) Signature L. A. Richardson M.D.

0 0 0 2 1 5 8 (Physician or Midwife)

Address 112 W. 25th St.

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

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

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 3-11-59

Registered No. B 154679

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 2504, Hudson St.; 1st Ward)

(2) FULL NAME OF CHILD Serena Minnie Hartman (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	3. 8, 19 10

FATHER	MOTHER
(8) FULL NAME: William E. Hartman	(14) FULL MAIDEN NAME: Rosina Tuttle
(9) RESIDENCE: 2504 Hudson St.	(15) RESIDENCE: 2504 Hudson St.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 38 (Years)	(17) AGE AT LAST BIRTHDAY: 29 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Laborer	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5-45 P. M., the date above stated.

(23) Signature Mrs. L. Bekerken (Physician or Midwife)

Address 816 S. Ann St.

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

U 0 0 2 1 5 9

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

CERTIFICATE AMENDED 6/4/70

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 6/1/70

A54680

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. — St. — Ward)

(2) FULL NAME OF CHILD ~~[illegible]~~ EMMA FRANCES SHIPLEY

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				March 7 1910

FATHER	MOTHER
(8) FULL NAME: Edward Shipley	(14) FULL MAIDEN NAME: Kate Cheeseman
(9) RESIDENCE: 1803 Covington st	(15) RESIDENCE: 1803 Covington st
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 37 (Years)
	(16) COLOR: White
	(17) AGE AT LAST BIRTHDAY: 41 (Years)
(12) BIRTHPLACE: Hawkinstown W Va	(18) BIRTHPLACE: Hawkinstown W Va
(13) OCCUPATION: Engineer B. O.	(19) OCCUPATION: House Work
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 4 A M., the date above stated.

(23) Signature Mrs Kate Lee (Physician or Midwife)

Address 1705 Byrd st

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

C 0 0 0 2 1 6 0

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54681

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Kathleen Frances — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				March 8 1910

FATHER

(9) FULL NAME: Martin Hanlon

(10) RESIDENCE: 1910 Hanover st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Labor

MOTHER

(14) FULL MAIDEN NAME: Kate Meyer

(15) RESIDENCE: 1910 Hanover st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: House work

(20) Number of children born to this mother, including present birth: 3

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 A M., on the date above stated.

(23) Signature: Mrs Katie Lion (Physician or Midwife)

Address: 1705 Bond st

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

G 0 0 0 2 1 6 1

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54682

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Margaret (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female				March	2	1910

FATHER

(8) FULL NAME: John E. Allen

(9) RESIDENCE: 424 E Randall st

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Virginia

(13) OCCUPATION: Fireman B. O

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME: Ida Johnson

(15) RESIDENCE: 424 E. Randall st

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 35 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: House Work

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 A M., on the date above stated.

(23) Signature Mrs Katie Deer (Physician or Midwife)

Address 1705 Byrd st

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

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

1 0 0 0 0 2 1 6 2

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54683

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Gladys — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female				March 8 19 10

(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: William Reedish	(14) FULL MAIDEN NAME: Lottie Bradley
(9) RESIDENCE: 105 E. Fort ave	(15) RESIDENCE: 105 E Fort ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 26 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 21 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Labor	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.15 p. M., on the date above stated.

(23) Signature Mrs Katie Leon

Address 1705 Byrd st

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

C 0 0 0 2 1 6 3

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54684

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1622 Holbrook St.; Ward)

(2) FULL NAME OF CHILD Madden Gilloly — If child is not yet named, make supplemental report, as directed

(3) Sex of Child F | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth 1 (Month) 26 (Day) 1910 (Year)

	FATHER	MOTHER
(8) FULL NAME	Michael Gilloly	(14) FULL MAIDEN NAME Margaret Rowland
(9) RESIDENCE	1622 Holbrook St	(15) RESIDENCE 1622 Holbrook
(10) COLOR	W	(16) COLOR W
(11) AGE AT LAST BIRTHDAY	29 (Years)	(17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE	Ireland	(18) BIRTHPLACE Ireland
(13) OCCUPATION	Laborer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 30 P.M., on the date above stated.

(23) Signature E H Hayward (Physician or Midwife)

Address 1350 N Caroline St

Filed JANUARY, 19 10

Registrar

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54685

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 321, N. Durrell St.; Ward)

(2) FULL NAME OF CHILD Barry Tucker

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month); (Day); 19 (Year)
				October 11, 19 10

FATHER	MOTHER
(8) FULL NAME Charles Tucker	(14) FULL MAIDEN NAME Irene [illegible] Jones
(9) RESIDENCE 321 N. Durrell St.	(15) RESIDENCE 321 N. Durrell St.
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 45 (Years)	(17) AGE AT LAST BIRTHDAY 41 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Yard Man	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P.M., on the date above stated.

(23) Signature [illegible] (Physician or Midwife)

Address [illegible]

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

B 1 0 0 0 2 1 6 5

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54686

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2704, Boston St.; 1st Ward)

(2) FULL NAME OF CHILD Joseph Martin Petzinsky

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male			Yes	3	6	1910

	FATHER	MOTHER
(8) FULL NAME	Elick Petzinsky	(14) FULL MAIDEN NAME Julia Sapitska
(9) RESIDENCE	2704 Boston St.	(15) RESIDENCE 2704 Boston St.
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY	32 (Years)	(17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE	Lomsake, Russia	(18) BIRTHPLACE Lomsake, Russia
(13) OCCUPATION	Fireman	(19) OCCUPATION Household

(20) Number of children born to this mother, including present birth 7

(21) Number of children of this mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:00 P. M., the date above stated.

(23) Signature Wm. F. Schnecken, M.D. (Physician or Midwife)

Address 816 S. Rose St.

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

1 G 0002166

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

4/14/44 A54687

AMENDED BY COURT ORDER

(1) PLACE OF BIRTH — CITY OF BALTIMORE. Registered No. B.

(Name HARRY MICHAEL KAUFFMAN; S.; Ward)

(2) FULL NAME OF CHILD [illegible] [illegible]

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				March 4 1910

FATHER

(8) FULL NAME	John J. Turner
(9) RESIDENCE	1833 Bet ave
(10) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	42
(12) BIRTHPLACE	Balto
(13) OCCUPATION	Laborer
(20) Number of children born to this mother, including present birth	4

MOTHER

(14) FULL MAIDEN NAME	Kate Sadler
(15) RESIDENCE	1833 Bet ave
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	35
(18) BIRTHPLACE	Washington
(19) OCCUPATION	House Work
(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.30 A M., on the date above stated.

(23) Signature Mrs Katie Leon

U 0 0 2 1 6 7 Midwife (Physician or Midwife)

Address 1205 Byrd st

Filed 3/22, 19 10

Registrar

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

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54688

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Edward Lonzo

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male				March 10 (Month) (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: John Phillips

(9) RESIDENCE: 1671 Marshall Ave

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Labor

(20) Number of children born to this mother, including present birth: 12

MOTHER

(14) FULL MAIDEN NAME: Maggie A Thompson

(15) RESIDENCE: 1641 Marshall Ave

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 35 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: House work

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P. M., the date above stated.

(23) Signature: Mrs. Katie Lee

Midwife (Physician or Midwife)

Address: 1705 Byrd at

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

1910 0 0 0 2 1 6 8

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54689

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 105 N. Front St.; Ward)

(2) FULL NAME OF CHILD — John Krieger

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	(To be answered only in event of plural births)		yes	3 12, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	John Krieger	Julia Keier
(9) RESIDENCE / (15) RESIDENCE	105 N. Front St.	105 N. Front St.
(10) COLOR / (16) COLOR	white	white
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	33 yrs.	25 yrs.
(12) BIRTHPLACE / (18) BIRTHPLACE	Penna.	Penna
(13) OCCUPATION / (19) OCCUPATION	Bricklayer	Housewife
(20) Number of children born to this mother, including present birth	3	
(21) Number of children of this mother now living		3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.40 a. M., on the date above stated.

(23) Signature Dr. Hempel, M.D.
(Physician or Midwife)

Address 1103 Valley St.

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

U 0 0 2 1 6 9

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54690

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1325 Hartford ave St.; Ward)

(2) FULL NAME OF CHILD Joseph John Gumbert

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

(3) Sex of Child M | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth 3 (Month), 8 (Day), 1910 (Year)

FATHER

(8) FULL NAME Jno. H. Gumbert

(9) RESIDENCE 1325 Hartford ave

(10) COLOR W | (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Balto

(13) OCCUPATION Piano worker (maker)

(20) Number of children born to this mother, including present birth 1 st

MOTHER

(14) FULL MAIDEN NAME Anna Lentz

(15) RESIDENCE 1325 Hartford ave

(16) COLOR W | (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Balto

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 A. M., on the date above stated.

(23) Signature E. H. Hayward (Physician or Midwife)

Address 1338 N Caroline St,

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

1910 0002170

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54691

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2204, Ashland ave St.; Ward)

(2) FULL NAME OF CHILD Walter Girard DeLawder — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M		4th	Yes	Nov 28, 1910

FATHER

(9) FULL NAME Jacob K. DeLawder

(10) RESIDENCE 2204 Ashland ave

(10) COLOR W — (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE Md.

(13) OCCUPATION Engineer (Stationary)

(20) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME Annie Heddleman

(15) RESIDENCE 2204 Ashland

(16) COLOR W — (17) AGE AT LAST BIRTHDAY 37 (Years)

(16) BIRTHPLACE Balto

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 40 P. M., on the date above stated.

(23) Signature Ed Hayward (Physician or Midwife)

Address 1230 N Caroline St.

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

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

U 0 0 2 1 7 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

454692

(1) PLACE OF BIRTH Baltimore Maryland. Registered No. B

CITY OF BALTIMORE. (No. 1306 Garrett Ave St.; 24th Ward)

(2) FULL NAME OF CHILD Esther Cox

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

(3) Sex of Child female (4) Twin, triplet, or other? none (5) Number in order of birth (To be answered only in event of plural births)

(6) Legitimate? legit illegit (7) Date of Birth March, (Month) 19th (Day) 19 10 (Year)

FATHER

(9) FULL NAME Tony Cox

(9) RESIDENCE Fort Mc Henry

(10) COLOR White (11) AGE AT LAST BIRTHDAY 23 yrs (Years)

(12) BIRTHPLACE Ohio.

(13) OCCUPATION Soldier

MOTHER

(14) FULL MAIDEN NAME Bethie Rinkye

(15) RESIDENCE Garrett Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 18 yrs (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Factory work.

(20) Number of children born to this mother, including present birth 1st

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Garrett Ave. on the date above stated.

(23) Signature Mrs Evelina Ryer Midwife (Physician or Midwife)

Address 1475 Garrett Ave

Filed 19th March 1910

Registrar

(24) Given name added from a supplemental report good. , 1910

Registrar

(READ THE REVERSE SIDE)

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

B 0002172

CERTIFIED FOR RECORD MAR 22 1910

GEO. A. LINGLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 154693

CITY OF BALTIMORE. (No. 1512 W. North Ave St.; Ward)

FULL NAME OF CHILD Cathrine Marie Reddy (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	—	1	Yes	Oct. 12, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: Frank Reddy

RESIDENCE: 1512 W North Ave

(9) COLOR: White — (11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: New York

(13) OCCUPATION: Clerk Tea Store

(20) Number of children born to this mother, including present birth: one

MOTHER

(14) FULL MAIDEN NAME: Libby Berger

(15) RESIDENCE: 1512 W. North Ave

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: none

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 o'clock A. M., the date above stated.

(23) Signature: Mrs Fox M.D. (Physician or Midwife)

Address: 1512 W North Ave

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

1 0 0 0 0 2 1 7 3

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed MAR 30 1910, 19 .

Registrar

RECEIVED FOR RECORD

JAS. E. OSLER M.D. (READ THE REVERSE SIDE)
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54694

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 501 W. 27th St.; or Ward)

(2) FULL NAME OF CHILD — Morris Goedetein — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male				Mch	18	1916

FATHER		MOTHER	
(9) FULL NAME	Isaac Goedetein	(14) FULL MAIDEN NAME	Bessie Burbau
(9a) RESIDENCE	501 W. 27th St	(15) RESIDENCE	501 W. 27th St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	47	(17) AGE AT LAST BIRTHDAY (Years)	35
(12) BIRTHPLACE	England	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Grocer	(19) OCCUPATION	

(20) Number of children born to this mother, including present birth 4

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 M., on the date above stated.

(23) Signature L. A. Richardson MD (Physician or Midwife)

Address 112 W. 25th St.,

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

S 1 0 0 0 2 1 7 4

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____ 19

Registrar

RECEIVED RECORD MAR 22 1916 JAS. BOSLEY COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

454695

(3) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. ____ St.: ____ Ward)

(1) FULL NAME OF CHILD Francis Philbin Schaecher (If child is not yet named, make supplemental report, as directed)

(2) Sex of Child: Male | (4) Twin, triplet, or other? \ | (5) Number in order of birth \ | (6) Legitimate? Yes | (7) Date of Birth: March (Month) 17 (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER

(9) FULL NAME: Christian Henry Schaecher

(10) RESIDENCE: 2525 Barclay St

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Plumber

MOTHER

(14) FULL MAIDEN NAME: Ella Cecelia Philbin

(15) RESIDENCE: 2525 Barclay

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 A. M., on the date above stated.

(23) Signature: J. B. Schwatka, M. D., (Physician or Midwife)

Address: 1003 N. Broadway

Filed MAR 29 1910, 19 .

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

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

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 454696

CITY OF BALTIMORE. (No. 212 S. High St.; 3d. Ward)

(2) FULL NAME OF CHILD Milton Wasserman. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		Fourth	Yes.	March 6, 1910

FATHER	MOTHER
(8) FULL NAME Morris Wasserman.	(14) FULL MAIDEN NAME Bessie Levenson
(9) RESIDENCE	(15) RESIDENCE 212 S. High St.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia.
(13) OCCUPATION Tailor	(19) OCCUPATION Household
(20) Number of children born to this mother, including present birth Four	(21) Number of children of this mother now living Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6. P. M., on the date above stated.

(23) Signature Lewis H. Ephraim M.D. (Physician or Midwife)

Address 218 S. Exeter St.

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

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(24) Given name added from a supplemental report _____, 19

Filed MAR 22 1910, 19

Registrar

RECEIVED FROM
JAS. BOSLEY M.D.
COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED - 4/9/14

Registered No. B A54697

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1701 Appleton St. St.; Ward)

(2) FULL NAME OF CHILD GRACE ADELAIDE DREXEL (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? yes | (7) Date of Birth March 11, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME Edwin S. Drexel

RESIDENCE 1701 Appleton St

(9) COLOR White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Baltimore Md.

(13) OCCUPATION Real Estate Agent.

MOTHER

(14) FULL MAIDEN NAME Grace M. Drexel

(15) RESIDENCE 1701 Appleton St

(16) COLOR White (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Baltimore Md.

(19) OCCUPATION House-Wife

(20) Number of children born to this mother, including present birth Five

(21) Number of children of this mother now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.45 a. M., the date above stated.

(23) Signature Edward Plummer M. D.

0 0 0 2 1 7 7 Physician (Physician or Midwife)

Address 539 N. Fulton Ave

Filed 3/22, 19 10

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

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAR 22 1910

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

51698

PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 505, W. Castle St.; Ward)

FULL NAME OF CHILD Magdelena Schirmer

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

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		3rd	Married	March 16th, 19 10

FATHER

FULL NAME: Frank Schirmer

RESIDENCE: 505 W. Castle St.

(9) COLOR: White — (11) AGE AT LAST BIRTHDAY: 31 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Carpenter

(14) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Anna Dinling Schirmer

(15) RESIDENCE: 505 W. Castle St.

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 27 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 4:30 P. M., the date above stated.

(23) Signature: Mrs A. Kerr, Midwife (Physician or Midwife)

Address: 203 W. Washington St

Filed March 21st, 1910.

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that never breathes or shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED
RECORDED
MAR 25 1910
REGISTRAR OF VITAL STATISTICS
DEPARTMENT OF HEALTH
0 0 0 0 2 1 7 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

54699

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 806, St. Wolfe St.; Ward)

(2) FULL NAME OF CHILD — John Schmidt

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legit. (note)	(7) Date of Birth
Male		5th	Married	March 15th, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: John Schmidt

(9) RESIDENCE: 806 W. Wolfe St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 31 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Tailor

(20) Number of children born to this mother, including present birth: 5th

MOTHER

(14) FULL MAIDEN NAME: Maggie Mueller Schmidt

(15) RESIDENCE: 806 W. Wolfe St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 P. M., on the date above stated.

RECEIVED FOR RECORD MAR 22 1910 JAS. BOGLEY M.D. REGISTRAR OF BIRTHS

(23) Signature: Mrs H. Lion Midwife (Physician or Midwife)

Address: 202 W. Washington St.

Filed March 17, 1910.

Registrar

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

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

2100021791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54700

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1831 W. Franklin St.; Ward)

FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			yes	Mar. 17, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: Harry Chester Goudy

RESIDENCE: 1831 W. Franklin St

(9) COLOR: White

(11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: Baltimore Md

(13) OCCUPATION: Salesman. Hay & Grain

(20) Number of children born to this mother, including present birth: First

MOTHER

(14) FULL MAIDEN NAME: Wilhelmina Klaesius

(15) RESIDENCE: 1831 W. Franklin St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 20 (Years)

(18) BIRTHPLACE: Baltimore Md

(19) OCCUPATION: House Wife

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at One a. M., the date above stated.

(23) Signature Edward Plummer M.D. Physician (Physician or Midwife)

Address 539 N. Fulton Ave

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

(24) Given name added from a supplemental report ____, 19

Registrar

Filed MAR 22 1910, 19

Registrar

J.M.S. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

0 0 0 2 1 8 0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. B A54701

CITY OF BALTIMORE. (No. 824 Columbia Ave. St.; Ward)

FULL NAME OF CHILD Not named. (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	——— (To be answered only in event of plural births)	———	Yes	Mar. (Month), 22 (Day), 1910 (Year)

FATHER	MOTHER
FULL NAME: John Joseph Bopp	(14) FULL MAIDEN NAME: Agnes Mary Kelly
RESIDENCE: 824 Columbia Ave.	(15) RESIDENCE: 824 Columbia Ave.
) COLOR: White — (11) AGE AT LAST BIRTHDAY: 42 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 37 (Years)
) BIRTHPLACE: Baltimore, Md.	(18) BIRTHPLACE: Hamilton, Canada.
) OCCUPATION: Commissary, B. & O.	(19) OCCUPATION: House-wife
) Number of children born to this mother, including present birth: Six	(21) Number of children of this mother now living: Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.30 A. M., the date above stated.

(23) Signature G. Latrobe Ewell M.D. (Physician or Midwife)

Address 905 W. Lemmor St.

Filed MAR 22 1910, 19

Registrar

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

1 0 0 0 0 2 1 8 1

(24) Given name added from a supplemental ——, 19

Registrar

RECEIVED FOR RECORD MAR 22 1910 JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54702

PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 3332 E. Baltimore St.; Ward)

FULL NAME OF CHILD William Howard Taft Frenzer (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legit. imate?	(7) Date of Birth (Month) (Day) (Year)
Male		4th	Married	March 10th, 1910

FATHER

FULL NAME: Louis Frenzer

RESIDENCE: 3332 E. Baltimore St.

(9) COLOR: White

(11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Revenue Officer

(20) Number of children born to this mother, including present birth: 4

MOTHER

(14) FULL MAIDEN NAME: Anna Frischmann Frenzer

(15) RESIDENCE: 3332 E. Baltimore St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 39 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 A.M., the date above stated.

(23) Signature: Mrs L. Strow, Midwife (Physician or Midwife)

Address: 203 N. Washington St

Filed March 21st, 1910.

Registrar

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes or shows any other evidence of life after birth.

RECEIVED FOR RECORD MAR 22 1910 JAS. BOSLEY, M.D. BOARD OF HEALTH

50002182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 54703

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 216 Dolphin St.; 17 Ward)

(2) FULL NAME OF CHILD Lillian Mamie Milley

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female				11 (Month), 1 (Day), 19 09 (Year)

(4) and (5) To be answered only in event of plural births

FATHER

(8) FULL NAME James Milley

(9) RESIDENCE 216 Dolphin St

(10) COLOR Colored

(11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Towson Md.

(13) OCCUPATION Cook

MOTHER

(14) FULL MAIDEN NAME Grace May Welch

(15) RESIDENCE 216 Dolphin St

(16) COLOR Colored

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Claiborne Md.

(19) OCCUPATION Domestic

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 216 Dolphin St. M., the date above stated.

(23) Signature Hesley V. Cott
2090 W. Preston St.
(Physician or Midwife)

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

B 10 000218

(24) Given name added from a supplemental report, 19

Registrar

Address

Filed MAR 23 1910, 19

Registrar

RECEIVED FOR RECORD
MAR 23 1910
JAS. BOGLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 224 W Biddle St.; 17 Ward)

Registered No. B 154704

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				3 — 15 , 1910

FATHER

(8) FULL NAME: Noble H. Ruff

(9) RESIDENCE: 224 W. Biddle St.

(10) COLOR: Colored

(11) AGE AT LAST BIRTHDAY: 20 (Years)

(12) BIRTHPLACE: Belair, Md.

(13) OCCUPATION: Porter

MOTHER

(14) FULL MAIDEN NAME: Elsie Smith

(15) RESIDENCE: 224 W. Biddle St.

(16) COLOR: Colored

(17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: Baltimore, Md.

(19) OCCUPATION: Domestic

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 224 W. Biddle St., on the date above stated.

(23) Signature: Hesley Scott, M.D.

509 W. Preston St. (Physician or Midwife)

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

1 0 0 0 0 2 1 8 4 9

(24) Given name added from a supplemental report _____, 19

Address _____

Filed MAR 23 1910, 19

RECEIVED FOR RECORD

JAS. BOGLEY M.D. COMM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54705

CITY OF BALTIMORE (No. 1313 Calhoun St.; Ward)

(2) FULL NAME OF CHILD James Young (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male				5	10	1910

FATHER

(9) FULL NAME: Enoch Young

(10) RESIDENCE: 1313 Calhoun St.

(10) COLOR: Colored (11) AGE AT LAST BIRTHDAY: 33 (Years)

(12) BIRTHPLACE: Dorchester Co. Md

(13) OCCUPATION: Waiter

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Mabel Bankes

(15) RESIDENCE: 1313 Calhoun St.

(16) COLOR: Colored (17) AGE AT LAST BIRTHDAY: 33 (Years)

(18) BIRTHPLACE: Dorchester Co. Md

(19) OCCUPATION: Domestic

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 1313 Calhoun St., on the date above stated.

(23) Signature: Hester V. Scott

Address: 1509 W. Preston St. (Physician or Midwife)

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

1 0 0 0 2 1 8 5

(24) Given name added from a supplemental report _____, 19

Registrar

Filed MAR 23 1910, 19

J. S. BOGLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

154706

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No.) 805 S. Hare St.; 1 Ward)

(2) FULL NAME OF CHILD — Mary Sylvia Lightner

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

(3) Sex of Child: Female | (4) Twin, triplet, or other? | (5) Number in order of birth | (6) Legitimate? Yes | (7) Date of Birth: Feb. 5 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: Wm. Lightner	(14) FULL MAIDEN NAME: Mary Ellen Birmingham
(9) RESIDENCE: 805 S. Hare st.	(15) RESIDENCE: 805 S. Hare st.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 40 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 33 (Years)
(12) BIRTHPLACE: Md	(18) BIRTHPLACE: Md
(13) OCCUPATION: Driver	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1. P. M., the data above stated.

(23) Signature: M. J. McAvoy M.D. (Physician or Midwife)

Address: 839 S. Caroline st.

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

(24) Given name added from a supplemental report, 19

Registrar

Filed, 19

Registrar

(READ THE REVERSE SIDE)

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RECORD
MAR 23 1910
OSLEY M.D.
OF HEALTH

CERTIFICATE AMENDED 1/6/12

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54707

PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. 31 St.; 6 Ward)

FULL NAME OF CHILD: ELIZABETH HUGHES Fowler

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

Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female			Yes	Feb. 22 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME: Wilson E. Fowler

RESIDENCE: 31 N. Caulton Av.

(9) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Md.

(13) OCCUPATION: Bricklayer

MOTHER

(14) FULL MAIDEN NAME: Lulu Volk

(15) RESIDENCE: 31 N. Caulton Av.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Md.

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 2nd

(21) Number of children of this mother now living: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.30 P. M., the date above stated.

(23) Signature: M. J. McAvoy M.D. (Physician or Midwife)

839 S. Caulton Av. (Address)

U 0002187

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

RECEIVED FOR RECORD MAR 22 1910 JAS BOSLEY M.D. REGISTRAR OF HEALTH

(24) Given name added from a supplemental report, 19

Registrar

Address

Filed 5/23, 1910

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54708

PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 807 S. Hare St.; 1 Ward)

FULL NAME OF CHILD — Annie F. Behrens (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 10 1910

FATHER		MOTHER	
FULL NAME	George Behrens	(14) FULL MAIDEN NAME	Annie Duvall
RESIDENCE	807 S. Hare st.	(15) RESIDENCE	807 S. Hare st.
(9) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years)	35
(12) BIRTHPLACE	Md.	(18) BIRTHPLACE	Md.
(13) OCCUPATION	Electric Plainer	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 A. M., the date above stated.

(23) Signature M. J. McAvoy M.D. (Physician or Midwife)

Address 839 S. Canton Ave.

Filed _____, 19 .

Registrar

(24) Given name added from a supplemental report _____, 19

Registrar

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

U 0002188

RECEIVED FOR RECORD MAR 23 1910 J. H. BOSLEY M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54709

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 826 S. Caunton St.; 1 Ward)

(2) FULL NAME OF CHILD Anna Rosalie Lynch

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 10 1910

FATHER	MOTHER
(8) FULL NAME: John P. Lynch	(14) FULL MAIDEN NAME: Anna R Wubbold
(9) RESIDENCE: 826 S Caunton St.	(15) RESIDENCE: 826 S. Caunton St.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 30 (Years)	(17) AGE AT LAST BIRTHDAY: 22 yrs (Years)
(12) BIRTHPLACE: Md	(18) BIRTHPLACE: Md
(13) OCCUPATION: Book Salesman	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.45 A. M., the date above stated.

(23) Signature M. J. McAvoy M.D. (Physician or Midwife)

Address 839 S. Caunton St

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

S U 0 0 2 1 8 9

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD MAR 23 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Filed MAR 23 1910, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 154710

CITY OF BALTIMORE. (No. 038 N. Barre St.; Ward)

(2) FULL NAME OF CHILD Doris Smith

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

(3) Sex of Child: Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes. | (7) Date of Birth: 2 (Month) 13 (Day) 1910 (Year)

FATHER

(8) FULL NAME: Pro. Smith

(9) RESIDENCE: 038 N. Barre St.

(10) COLOR: White | (11) AGE AT LAST BIRTHDAY: 24. (Years)

(12) BIRTHPLACE: Maryland

(13) OCCUPATION: Engineer & Fireman

(14) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Victoria Sanford

(15) RESIDENCE: 038 N. Barre St.

(16) COLOR: White | (17) AGE AT LAST BIRTHDAY: 17. (Years)

(18) BIRTHPLACE: Maryland

(19) OCCUPATION: Housework duties home

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 15 A. M., on the date above stated.

(23) Signature: M C Fritzinger M.D. (Physician or Midwife)

Address: 38 N. Columbia Ave.

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

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

Registrar

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RECEIVED FOR RECORD MAR 23 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B. A54711

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 825 Fremont St.; Ward)

(2) FULL NAME OF CHILD Margaret Sears. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female (4) Twin, triplet, or other? (5) Number in order of birth (6) Legitimate? Yes. (7) Date of Birth 3 (Month) 4 (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Ralston Sears.	(14) FULL MAIDEN NAME Myrtle Stallings
(9) RESIDENCE 825 Fremont Ave	(15) RESIDENCE 825 Fremont
(10) COLOR White (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Merchant: Restaurant	(19) OCCUPATION Home duties
(20) Number of children born to this mother, including present birth 1.	(21) Number of children of this mother now living 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11:45 A. M., on the date above stated.

(23) Signature W. C. Spellinger. M.D. (Physician or Midwife)

Address 5317 Columbia Ave.

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

B 10 0002191

RECEIVED FOR RECORD MAR 23 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B 54712

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 2120 Barclay St. St.; Ward)

(2) FULL NAME OF CHILD Lucille Swormstedt (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date Birth Mar. 12, 1910
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Richard Swormstedt	(14) FULL MAIDEN NAME Maude Johnson
(9) RESIDENCE 2120 Barclay St.	(15) RESIDENCE 2120 Barclay St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Balto. Co	(18) BIRTHPLACE Harford Co.
(13) OCCUPATION Machinist	(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 2 (21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6. a. M., on the date above stated.

(23) Signature H. L. Fair Physician (Physician or Midwife)

Address 12 E 25th St.

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

(24) Given name added from a supplemental report ..... , 19

Registrar

RECEIVED FOR RECORD MAR 29 1910 , 19 .

J. OSLEY M.D. COMMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54713

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. No. 2636 Huntingdon Ave St.; Ward)

(2) FULL NAME OF CHILD Mable Hallick (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth March 11, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME Wm. H. Hallick

(9) RESIDENCE 2636 Huntingdon Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Pa.

(13) OCCUPATION R.R. Engineer

(20) Number of children born to this mother, including present birth 5

MOTHER

(14) FULL MAIDEN NAME Annie Wolf

(15) RESIDENCE 2636 Huntingdon Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Germany

(19) OCCUPATION House dfr

(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2, a, M., on the date above stated.

(23) Signature H. L. Fair Physician (Physician or Midwife)

Address 12 E. 25th St.

Filed MAR 23 1910 19

WM. S. BOOLEY M.D. REGISTRAR OF BIRTHS

Registrar

(24) Given name added from a supplemental report , 19

Registrar

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

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54714

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2613 Fait St. St.; 1. Ward)

(2) FULL NAME OF CHILD _____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth 20 March (Month) (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME Jacob Brunowsky.	(14) FULL MAIDEN NAME Ida Kadanska.
(9) RESIDENCE 2613 Fait St.	(15) RESIDENCE 2613 Fait St.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 40 Years. (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 40 Years. (Years)
(12) BIRTHPLACE Dobla Austrian	(18) BIRTHPLACE Dobla Austrian.
(13) OCCUPATION Laborer.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 6.	(21) Number of children of this mother now living 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 50 Clark

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 20 of March 1910. a.M., the date above stated.

(23) Signature Mrs. E. Babnken (Keiss) Midwife. (Physician or Midwife)

Address [illegible] S. Rose Street.

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

A 10 0002194

(24) Given name added from a supplemental ____ rt _____, 19

Filed MAR 23 1910, 19 10

Registrar

Registrar

RECEIVED FOR RECORD

(OVER FOR DIRECTIONS AND PENALTY—READ THE REVERSE SIDE)

WM. R. BOSLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54715

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1724 Hanover St.; Ward)

(2) FULL NAME OF CHILD Ada Lee Darsch — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	May 20 1910

FATHER	MOTHER
(8) FULL NAME: William H. Darsch	(14) FULL MAIDEN NAME: Edith L. Darsch
(9) RESIDENCE: 1724 Hanover St	(15) RESIDENCE: 1724 Hanover St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 38 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 32 (Years)
(12) BIRTHPLACE: Balto City	(18) BIRTHPLACE: Balto City
(13) OCCUPATION: Gas Maker	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.45 A. M., on the date above stated.

(23) Signature: J H Grohans M.D. (Physician or Midwife)

Address: 1303 Light St

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

(24) Given name added from a supplemental report 5-12, 1953 L.M. Registrar

Filed , 19 .

Registrar

(READ THE REVERSE SIDE)

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APPROVED FOR RECORD MAR 23 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54716

(1) PLACE OF BIRTH GIVEN NAME ADDED 7/19/60 Registered No. B.

CITY OF BALTIMORE. (No. 703 E Fort Av. St.; Ward)

(2) FULL NAME OF CHILD Catherine Anna Meeder (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	3	yes	Mar. 2 1910

FATHER	MOTHER
(8) FULL NAME Frank J Meeder	(14) FULL MAIDEN NAME Tillie Stagge
(9) RESIDENCE 703 E Fort Av	(15) RESIDENCE 703 E Fort Av
(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Balto City	(18) BIRTHPLACE Balto City
(13) OCCUPATION Electrician	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12:30 A. M., on the date above stated.

(23) Signature J H Cushane MD (Physician or Midwife)

Address 703 Eastern Av

Filed MAR 23 1910 19

JAS. BOOLEY M.D. COMR OF HEALTH Registrar

RECEIVED FOR RECORD

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

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE 11-2-65

CERTIFICATE OF BIRTH **GIVEN NAME ADDED** A54717

(1) PLACE OF BIRTH [redacted] AMENDED ...ed No. B.

CITY OF BALTIMORE. (No. 105 E Cross St.; Ward)

(2) FULL NAME OF CHILD Anna Mildred Bowen (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 27 1910

FATHER		MOTHER	
(8) FULL NAME	Jesse W Bowen	(14) FULL MAIDEN NAME	Carrie Arnold
(9) RESIDENCE	105 E Cross St	(15) RESIDENCE	105 E Cross
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years)	35
(12) BIRTHPLACE	Washington D.C.	(18) BIRTHPLACE	Balto Cty
(13) OCCUPATION	Plumber	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:15 A. M., on the date above stated.

(23) Signature J H Grosbans M.D. (Physician or Midwife)

Address 1303 Light St

Filed MAR 23 1910, 19 .

Registrar

(24) Given name added from a supplemental report ..., 19 .

Registrar

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

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RECEIVED FOR RECORD BALTIMORE CITY HEALTH DEPARTMENT MAR 23 1910 WM. S. BOSLEY, M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54718

CITY OF BALTIMORE. (No. 3006 Dillon St.; 1 Ward)

(2) FULL NAME OF CHILD — Andrew Joseph Strassner (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Jan. 19 1910

FATHER		MOTHER	
(8) FULL NAME	Andrew Strassner	(14) FULL MAIDEN NAME	Flora Pleen
(9) RESIDENCE	3006 Dillon St.	(15) RESIDENCE	3006 Dillon St.
(10) COLOR	White	(16) COLOR	
(11) AGE AT LAST BIRTHDAY (Years)	26.	(17) AGE AT LAST BIRTHDAY (Years)	26
(12) BIRTHPLACE	Md.	(18) BIRTHPLACE	Md.
(13) OCCUPATION	R.W. Conductor	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth 4 — (21) Number of children of this mother now living 4 a.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.30 a. M., the date above stated.

(23) Signature M. J. McAvoy MD (Physician or Midwife)

Address 839 S. Canton Ave

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

C 0 0 0 2 1 9 6

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAR 23 1910 Registrar WM. S. BOSLEY, M.D. COMMISSIONER OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1102 S. Streeper St.; 1 Ward)

Registered No. B. 454719

(2) FULL NAME OF CHILD: Howard Emminizer (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Male | (4) Twin, triplet, or other? (To be answered only in event of plural births) | (5) Number in order of birth | (6) Legitimate? Yes | (7) Date of Birth: March 10 (Month), (Day), 1910 (Year)

FATHER

(8) FULL NAME: John Thos. Emminizer

(9) RESIDENCE: 1102 S. Streeper St

(10) COLOR: White | (11) AGE AT LAST BIRTHDAY: 64 (Years)

(12) BIRTHPLACE: Md

(13) OCCUPATION: Captain of Barge

MOTHER

(14) FULL MAIDEN NAME: Ella M. Peroy

(15) RESIDENCE: 1102 S. Streeper St.

(16) COLOR: White | (17) AGE AT LAST BIRTHDAY: 37 (Years)

(18) BIRTHPLACE: Va.

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 7

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.45 A. M., on the date above stated.

(23) Signature: M. J. McAvoy M.D. (Physician or Midwife)

Address: 839 S. Caroline St

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

(24) Given name added from a supplemental report, _____, 19

Registrar

RECEIVED FOR RECORD MAR 23 1910

Filed MAR 23 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54720

CITY OF BALTIMORE. (No. 1936 Frederick St.; 19 Ward)

(2) FULL NAME OF CHILD Archibald Harry Burdette — {If child is not yet named, make supplemental report, as directed.}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.			Yes	3, 20, 1910

FATHER	MOTHER
(8) FULL NAME: Harry Martin Burdette	(14) FULL MAIDEN NAME: Beatrice Willis Metzler
(9) RESIDENCE: 1936 Frederick Ave	(15) RESIDENCE: 1936 Frederick Ave
(10) COLOR: W. (11) AGE AT LAST BIRTHDAY: 25 (Years)	(16) COLOR: W (17) AGE AT LAST BIRTHDAY: 16 (Years)
(12) BIRTHPLACE: Kingsley Md.	(18) BIRTHPLACE: Philadelphia Pa "
(13) OCCUPATION: Carpenter	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: 1st	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1936 Frederick Ave M., on the date above stated.

(23) Signature E. Heller Henning M.D. (Physician or Midwife)

Address 2000 Hollins St

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

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(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

RECEIVED FOR RECORD MAR 23 1910 JAS. BOGLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 154721

CITY OF BALTIMORE. (No. 1912 E Lafayette Av St.; Ward)

(2) FULL NAME OF CHILD — Harry C. Dumler

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	Mar. 6 1910

(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: George L. Dumler	(14) FULL MAIDEN NAME: Lena E. Leitz
(9) RESIDENCE: 1912 E Lafayette Av	(15) RESIDENCE: 1912 E Lafayette Av
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 34 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: V. Balto City	(18) BIRTHPLACE: Balto City
(13) OCCUPATION: Paper Cutter	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.30 P. M., on the date above stated.

(23) Signature J H Groshan M.D. (Physician or Midwife)

Address 1303 Light St.

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

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(24) Given name added from a supplemental report _____, 19

Filed _____, 19 .

Registrar

(READ THE REVERSE SIDE)

FILED FOR RECORD MAR 23 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54722

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1027 Riverside Ave St.; Ward)

(2) FULL NAME OF CHILD William Howard Schelhaus

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	(To be answered only in event of plural births)		yes	Mar 3 (Month) (Day) 1910 (Year)

FATHER		MOTHER	
(8) FULL NAME	John E Schelhaus	(14) FULL MAIDEN NAME	Mary E Squires
(9) RESIDENCE	1027 Riverside Ave	(15) RESIDENCE	1027 Riverside Ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	Balto City	(18) BIRTHPLACE	Howard Co. Md
(13) OCCUPATION	R.R. Brakeman	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.25 A. M., on the date above stated.

(23) Signature J F Grinhaus M.D. (Physician or Midwife)

Address 1303 Light

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

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(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

RECORD EQR
MAR 23 1910
WM. BOSLEY M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54723

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No.) 328 N. Gilmore St.; Ward)

(2) FULL NAME OF CHILD: Charles Andrews (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Male | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? yes | (7) Date of Birth: Mar. 13 (Month) (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME: Charles M. Andrews	(14) FULL MAIDEN NAME: Adelaide Hutchinson
(9) RESIDENCE: 328 N. Gilmore	(15) RESIDENCE: 328 N. Gilmore
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 37 (Years)
(12) BIRTHPLACE: Hanover Co. Va.	(16) BIRTHPLACE: Richmond Va.
(13) OCCUPATION: Stone Mason	(18) OCCUPATION: Nurse
(20) Number of children born to this mother, including present birth: 4th	(21) Number of children of this mother now living: three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.15 A. M., on the date above stated.

(23) Signature: M. Byers M.D. Physician (Physician or Midwife)

Address: 1112 W. Edmondson ave

Filed MAR 25 1910 JAS. BIGLEY M.D. REGISTRAR OF HEALTH, 19

Registrar

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

(24) Given name added from a supplemental report ____, 19

Registrar

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RECORD

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A54724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Name of child, Elizabeth Earle
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 16. 1910.
5. Place of Birth, (Street and number) 2714 N. Charles St.
6. Full name of Mother, Willie Wickes Earle
7. Mother's Maiden Name, Willie Wickes.
8. Mother's Birthplace, Chestertown Md.
9. Full name of Father, William B. Earle
10. Father's Occupation, Farmer.
11. Father's Birthplace, Queen Anns Co. Md.

Name of Medical Attendant, or other person who makes this Return, Alfred Wainstain M.D.

Address, 924 Cathedral St

Remarks,

19100002204

RECEIVED FOR RECORD MAR 28 1910 REGISTRY M.D. OF HEALTH

A certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother of such child shall become the duty of the person above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4547725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Sylvia Bloomenstein
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 16 1910
5. Place of Birth, (Street and number) 645 Light St
6. Full name of Mother, Regina Schoen Bloomenstein
7. Mother's Maiden Name, Schoen
8. Mother's Birthplace, Cracow Galacia Austria
9. Full name of Father, Louis Bloomenstein
10. Father's Occupation, Merchant Bread Dealer
11. Father's Birthplace, Lemberg Galacia Austria

Name of Medical Attendant, or other person who makes this Return, Alfred A Bundick M D

Address, 228 Patterson Park Av

Remarks,

RECEIVED FOR RECORD MAR 23 1910 H.S. BOSLEY M.D. BOARD OF HEALTH

1910000 2205

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the person in charge of the house in which such birth occurs, or the mother if she is able, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th mid

1. Name of child, Mary Julia Zelinska
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Febrnary 2nd 1910
5. Place of Birth, (Street and number) 1625 Eastern Av
6. Full name of Mother, Jennie Zelinski
7. Mother's Maiden Name, Dombrosk
8. Mother's Birthplace, Govvumina Smina Russia Poland
9. Full name of Father, Julius Zelinski
10. Father's Occupation, Laborer (Grave digger)
11. Father's Birthplace, Govvumina Smina Russia Poland

Name of Medical Attendant, or other person who makes this Return, A.A. Burdick M.D.

Address, 1806 E. Baltimore St

Remarks,

RECEIVED FOR RECORD MAR 23 1910 H.S. BOGLEY, M.D. COMR OF HEALTH

19100002206

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, the parent or parents of such child, or the householder or manager of the premises where it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Russell Theodore Steele
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 8th 1910
5. *Place of Birth, (Street and number)* 5 S Fremont St
6. *Full name of Mother,* Ida Steele
7. *Mother's Maiden Name,* Thon
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Otis Theodore Steele
10. *Father's Occupation,* Book Keeper
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, John Girard M.D.

Address, 102 E Lanvale St

Remarks,

RECEIVED FOR RECORD MAR 23 1910 REGISTRY M.D. BD OF HEALTH

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of a serious nature between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner above directed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Virginia Louise Gardner
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 2nd 1910
5. *Place of Birth, (Street and number)* 2213 W. Fayette St.
6. *Full name of Mother,* Mary Gardner
7. *Mother's Maiden Name,* Schneider
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Louis Gardner
10. *Father's Occupation,* Shipping clerk
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, John Gardner M.D.

Address, 102 E. 25th St.

Remarks,

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RECEIVED FOR RECORD
MAR 23 1910
M. J. BOSLEY, M.D.
COMM'R OF HEALTH

Every physician, midwife, or other person in attendance upon the birth of a child, shall within the first and third day of each and every month, report to the office of Commissioner of Health, in the manner and form prescribed by the Board of Health, the birth of such child, and in default of a certificate being so made and delivered by a physician or practitioner of medicine, midwife, or other person in attendance upon the birth, the parent or parents of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Charles Saul Levinson
2. *Sex, (state whether male or female)* White
3. *Race or color, (if not of the White Race)* Male
4. *Date of Birth* March 1/10
5. *Place of Birth, (Street and number)* 1529 E Madison St
6. *Full name of Mother,* Esther Levinson
7. *Mother's Maiden Name,* Isaacs
8. *Mother's Birthplace,* London, England
9. *Full name of Father,* Louis Levinson
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, John Garland M.D.

Address, 1122 E 25th St

Remarks,

19100002209

RECEIVED FOR RECORD
MAR 12 1910
HENRY M. WALEY M.D.
COMMISSIONER OF HEALTH

Every physician or midwife in attendance upon any case of birth shall, within the first and third day of each and every month, report to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if either of said persons shall fail to report as aforesaid, the parent or parents, or person having charge of said child, shall, within ten days after the birth, report the same to the Commissioner of Health, in the manner and within the period above required, and any such person so neglecting shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

454730

(1) PLACE OF BIRTH — Registered No. B. 2787

CITY OF BALTIMORE (No. 1314 Whatcoat St.; 16 Ward)

(2) FULL NAME OF CHILD James Easton Hall Child
Geo. Allston Hall

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Males	Twin	Two	No	March 11 1910

FATHER		MOTHER	
(8) FULL NAME	George Hall	(14) FULL MAIDEN NAME	Elvira Gregg
(9) RESIDENCE	1610 Presstman St.	(15) RESIDENCE	1314 Whatcoat St.
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	(19)	(17) AGE AT LAST BIRTHDAY (Years)	(17)
(12) BIRTHPLACE	Calvert Co. Md.	(18) BIRTHPLACE	Baltimore Md.
(13) OCCUPATION	Errand - Boy.	(19) OCCUPATION	Domestic
(20) Number of children born to this mother, including present birth	(Two)	(21) Number of children of this mother now living	Two)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 4 — P. M., on the date above stated.

(23) Signature J Allston Dent
Physician, (Physician or Midwife)

Address 1602 Druid Park Drive

Filed MAR 21 1910 — Registrar

(READ THE REVERSE SIDE)

JAS. BOSLEY M.D. COM'R OF HEALTH

RECORD

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

(24) Given name added from a supplemental report _____, 19 _____

_____ Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54731

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1005 Parrish Alley St.; Ward)

(2) FULL NAME OF CHILD — George Elsworth Shepherd (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) March (Day) 22, (Year) 1910
Male				

FATHER	MOTHER
(8) FULL NAME: George Adam Shepherd	(14) FULL MAIDEN NAME: Nancy Fairfax
(9) RESIDENCE: 1005 Parrish Alley	(15) RESIDENCE: 1006 Parrish Alley
(10) COLOR: C	(16) COLOR: Colored
(11) AGE AT LAST BIRTHDAY (Years): 22	(17) AGE AT LAST BIRTHDAY (Years): 21
(12) BIRTHPLACE: Baltimore Md	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Laborer.	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: Two	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Five A. M., on the date above stated.

(23) Signature Kenneth A. Johnson, M.D. (Physician or Midwife) Mt. Vernon Hospital Address 2252 N Mount St

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

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(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed MAR 22 1910, 19 ____ Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

GIVEN NAME ADDED - 3/6/15

RETURN OF A BIRTH. 54732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Name of child, MARIE ESTELLA GORDON
2. Sex, (state whether male or female) ~~Male~~ Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth March 17 - 1910
5. Place of Birth, (Street and number) 1913 Leadenhall St
6. Full name of Mother, Carrie E Gordon
7. Mother's Maiden Name, Carrie E. Boyer
8. Mother's Birthplace, Balto Md
9. Full name of Father, Clarence H Gordon
10. Father's Occupation, Driver
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant or other person who makes this Return, Augue M Davis

Address, 917 Peach Al

Remarks, 1 9 1 0 0 0 0 2 2 1 2

Filed 4/24/10

RECORD
MAR 24 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the said parents are hereby required to cause such report to be made; and shall hereafter fail to comply with the previsions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Col'd
4. *Date of Birth* March 23. 10
5. *Place of Birth, (Street and number)* 420 E. Ostend st
6. *Full name of Mother,* Minnie Beregfold
7. *Mother's Maiden Name,* Esther
8. *Mother's Birthplace,* America
9. *Full name of Father,* Edward Beregfold
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carding Gebhart

Address, 434 E. Fort Ave.

Remarks,

1 9 1 0 0 0 0 2 2 1 3

date and place of birth; and the said schedules shall be delivered, duly signed by the practitioner in the form of a certificate as herein provided, to the Registrar of Vital Statistics of the City of Baltimore within ten days after the birth shall occur, or within ten days after the first visit of the midwife, or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner above provided. Any person who shall violate any of the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FILED FOR RECORD
MAR 31 1910
C. BERNEY MD.
BOARD OF HEALTH

RETURN OF A BIRTH. A54734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Mar 18/10
5. *Place of Birth, (Street and number)* 112 E Clement St
6. *Full name of Mother,* Gladys Lawrence
7. *Mother's Maiden Name,* Sewell
8. *Mother's Birthplace,* America
9. *Full name of Father,* Nathan Lawrence
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort Ave

Remarks,

1910000 2214

RECEIVED FOR RECORD MAR 21 19[illegible] JAS. BOSLEY REGISTER OF WILLS

date and place of birth; and the said schedules shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, as aforesaid, and the said certificate shall be signed by the midwife, or if there be no midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as aforesaid, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 116 Eutaw Place

Place of Birth, (Street and Number) Feb 16 1910.

Full Name of Mother, Fannie A. Dives

Mother's Maiden Name, " " Aulick

Mother's Birthplace, Balto.

Full Name of Father, Edw M. Dives

Father's Occupation, Merchant

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W B Kemp M.D

Address,

19100002215

RECEIVED RECORDS
MAR 14 19
U.S. BOOLEY COMR OF HEA

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 454736

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1535 N. Lanvale St.; Ward)

(2) FULL NAME OF CHILD Virginia E. Dance

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

(3) Sex of Child: Female | (4) Twin, triplet or other? Single (To be answered only in event of plural births) | (5) Number in order of birth: 1st | (6) Legitimate? Yes | (7) Date of Birth: Feb. 24th, 1916 (Month, Day, Year)

FATHER

(8) FULL NAME: Lawrence Dance

(9) RESIDENCE: # 1535 N. Lanvale

(10) COLOR: White | (11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Long Green Md.

(13) OCCUPATION: Manager

(20) Number of children born to this mother, including present birth: one

MOTHER

(14) FULL MAIDEN NAME: Estella X. Stiff

(15) RESIDENCE: # 1546 N. Lanvale

(16) COLOR: White | (17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Middle Sq. Co. Va.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 P. M., on the date above stated.

(23) Signature: John E. Heck M.D.

(Physician or Midwife)

Address: 936 E. Monument St

Filed MAR 11, 1916

Registrar

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

0 0 0 2 2 1 6

(24) Given name added from a supplemental report ____, 19

Registrar

RECORD

JAS. BOGLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

54737

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1247 E. Lexington St.; Ward)

(2) FULL NAME OF CHILD — Ruth Kay Cook. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or subject (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	First	Yes	March 14th, 1910

FATHER		MOTHER	
(8) FULL NAME	Jacob Cook.	(14) FULL MAIDEN NAME	Esther Dickowitz
(9) RESIDENCE	# 1936 Orleans	(15) RESIDENCE	# 1936 Orleans
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	23.	(17) AGE AT LAST BIRTHDAY (Years)	20
(12) BIRTHPLACE	Baltimore Md.	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Dyer & Cleaner	(19) OCCUPATION	House wife
(20) Number of children born to this mother, including present birth	One	(21) Number of children of this mother now living	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8:40 P. M., on the date above stated.

(23) Signature — John J. Patrick. M.D.

(Physician or Midwife)

Address # 136 E. Monument St

Filed MAR 22 1910

Registrar

(24) Given name added from a supplemental report , 19

Registrar

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

U 0 0 2 2 1 7

RECORDED IN RECORD

JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 154738

CITY OF BALTIMORE (No. 3619 Franklin Road St.; Ward)

(2) FULL NAME OF CHILD Emma Belle Leighy

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.			yes	Feb. 23 1910

FATHER

(8) FULL NAME: John A. Leighy

(9) RESIDENCE: 3619 Franklin Road

(10) COLOR: W

(11) AGE AT LAST BIRTHDAY: 34 (Years)

(12) BIRTHPLACE: Md

(13) OCCUPATION: R.R. Brakeman

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Emma Izetta Schleier

(15) RESIDENCE: 3619 Franklin Road

(16) COLOR: W.

(17) AGE AT LAST BIRTHDAY: 19 (Years)

(18) BIRTHPLACE: Pa.

(19) OCCUPATION: Housework

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A. M., on the date above stated.

(23) Signature: E. Chris Murray M.D.

(Physician or Midwife)

Address: 1721 W. Lafayette Ave

Filed Mr 19 M.D.

Registrar

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

0 0 0 2 2 1 8

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD MAR 22 1910 JAS. BOSLEY COMR OF HEALTH

(READ THE REVERSE SIDE)

NAME ADDED. 4-28-65

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 54739

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 419, Kenwood Ave St.; Ward)

(2) FULL NAME OF CHILD — Gertrude Elizabeth McDonnell — Mc Donnell — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.		1st	Yes	3 — 2 — 1910

FATHER	MOTHER
(8) FULL NAME: Edward McDonnell	(14) FULL MAIDEN NAME: Mary Hock
(9) RESIDENCE: 419 Kenwood Ave	(15) RESIDENCE: 419 Kenwood Ave
(10) COLOR: W. (11) AGE AT LAST BIRTHDAY: 14 (Years)	(16) COLOR: W. (17) AGE AT LAST BIRTHDAY: 17 yrs (Years)
(12) BIRTHPLACE: Balto.	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Chauffer	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1st	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 8 A. M., on the date above stated.

(23) Signature: Jos. B. Scholl M. D. (Physician or Midwife)

Address: 1055 E. Lanvale St.

Filed MAR 24 1910, 19 .

JAS. BOSLEY, M.D. COMM'R OF HEALTH

Registrar

(24) Given name added from a supplemental report ____, 19 .

Registrar

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

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 54740

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2022 Ashland Ave St.; Ward)

(2) FULL NAME OF CHILD Stella Antonia Healy {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F			Yes	Mar. 16, 1910

FATHER	MOTHER
(8) FULL NAME Elmer Bernard Healy	(14) FULL MAIDEN NAME Francis Antonia Healy
(9) RESIDENCE 2022 Ashland Ave	(15) RESIDENCE 2022 Ashland Ave
(10) COLOR W.	(16) COLOR W
(11) AGE AT LAST BIRTHDAY 27 (Years)	(17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Plumber	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1st.	(21) Number of children of this mother now living none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 3 a. M., on the date above stated.

(23) Signature J. Lee Magness M.D. Physician (Physician or Midwife)

Address 1203 E. Preston St.

Filed MAR 21 1910, 19

Registrar

JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report ____, 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54741

CITY OF BALTIMORE. (No. 1907 McHenry St. St.; Ward)

(2) FULL NAME OF CHILD Thompson (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), (Year)
Male		1st	Yes	3 — 15 — 1910

FATHER	MOTHER
(8) FULL NAME Henry Clay Thompson	(14) FULL MAIDEN NAME Mary Miller
(9) RESIDENCE 1907 McHenry St.	(15) RESIDENCE 1907 McHenry St.
(10) COLOR W. (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR W. (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Balto.	(18) BIRTHPLACE Balto.
(13) OCCUPATION Comm. Merchant	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7.20 P.M., on the date above stated.

(23) Signature G. B. Scholl M.D. (Physician or Midwife)

Address 1005 W. Lanvale St.

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

1910 00221

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed MAR 24 1910, 19 ____ Registrar

RECEIVED FOR JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 154742

CITY OF BALTIMORE. (No. 28, Louden Ave. St.; Ward)

(2) FULL NAME OF CHILD JOHN FREDERICK Hahn

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), (Year)
Male		1st	Yes.	March 21, 1910

FATHER	MOTHER
(8) FULL NAME: Frederick P. Hahn	(14) FULL MAIDEN NAME: Laura Edna Rothrock
(9) RESIDENCE: 28 Louden Ave	(15) RESIDENCE: 28 Louden Ave.
(10) COLOR: W. (11) AGE AT LAST BIRTHDAY (Years): 33	(16) COLOR: W. (17) AGE AT LAST BIRTHDAY (Years): 30
(12) BIRTHPLACE: Catonsville Md	(18) BIRTHPLACE: Balto.
(13) OCCUPATION: Contractor	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 1.25 P. M., on the date above stated.

(23) Signature: Geo. B. Scholl M.D. (Physician or Midwife)

Address: 1005 E. Lanvale St.

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

(24) Given name added from a supplemental report 3/18, 1975 Lape Registrar

Filed MAR 21 1910 19 . Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

GIVEN NAME ADDED - 7/28/71

RETURN OF A BIRTH. A54743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JACOB MARSHALL MELVIN, JR.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 22-09
4. Place of Birth, (Street and Number)	Md Gen Hospital.
5. Full Name of Mother,	Emma J. Melvin
6. Mother's Maiden Name,	E. J. Brenneman
7. Mother's Birthplace,	Jefferson Co W. Va
8. Full Name of Father,	Jacob M. Melvin
9. Father's Occupation	Merchant
10. Father's Birthplace,	Jefferson Co W. Va
Name of Medical Attendant, or other person who makes this Return,	Dr Blake
Address,	1910 U St
Remarks,	

RECEIVED FOR RECORD MAR 24 1910 JAS. BOSLEY M.D. COMR. OF HEALTH

been committed. Its sex, color, date and place of birth, the full name, birthplace and occupation of its parents, and the number of the child of the mother, if living, and if dead, the number of children born alive to her. Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month to the office of the Commissioner of Health. In case there is no physician or midwife in attendance, the owner, agent or manager of the house in which a birth shall occur without the attendance of a physician or midwife, or, if there be no such owner, agent or manager, then the parent of such child, or the person with whom such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case there is no person in attendance who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 4/29/11

RETURN OF A BIRTH.

A54744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: VERNON RUTLEDGE CALDWELL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 March 1910
4. Place of Birth, (Street and Number) 1238 E. North ave
5. Full Name of Mother, Myrtle R. Caldwell
6. Mother's Maiden Name, " " Rutledge
7. Mother's Birthplace. Harford Co Md
8. Full Name of Father, Wm H. Caldwell
9. Father's Occupation Mercerant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. W B Perry

Address, 1910000 2224 1238 E. North ave

Remarks,

RECEIVED FOR RECORD MAR 24 1910 H.S. FOGLE'Y M.D. COM'R OF HEALTH

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

154745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 4. 010
5. *Place of Birth, (Street and number)* 614 Hyson st
6. *Full name of Mother,* Minnie Bazemore
7. *Mother's Maiden Name,* Bartlett
8. *Mother's Birthplace,* America
9. *Full name of Father,* Luther Bazemore
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carline Schwartz

Address,

Remarks,

19100002225

RECEIVED FOR RECORD

FEB 21 1910

REGISTRAR OF VITAL STATISTICS

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or other person in charge of the child, within ten days after the birth, and by him transmitted to the office of Commissioner of Health. In case the birth of any child shall occur without the presence of a medical attendant or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and form as herein provided. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Dwl

A54746

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 259-W-31 St St.: 12 Ward)

(2) FULL NAME OF CHILD Howard Cleveland Baker (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			yes	Feb. 19, 1910

FATHER	MOTHER
(8) FULL NAME Howard Henry Baker	(14) FULL MAIDEN NAME Martha Jane Hollingshade
(9) RESIDENCE 259-W-31 St.	(15) RESIDENCE 259-W-31 St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Balto.	(18) BIRTHPLACE Balto. Co. Md
(13) OCCUPATION Laborer B & O.	(19) OCCUPATION House-wife
(20) Number of children born to this mother, including present birth 5	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 11.53 P. M., on the date above stated.

(23) Signature Rosenzweig Crossland Physician (Physician or Midwife)

Address 2110 Eutaw-25 St.

Filed MAR 25 1910, 19

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

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

1 0 0 0 2 2 2 6

RECORDED

JAS. BOSLEY M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54747

CITY OF BALTIMORE. (No. 2835 Bernard St. St.; 12 Ward)

(2) FULL NAME OF CHILD Williams Wesley Arnold. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	Mar. 13, 1910

FATHER		MOTHER	
(8) FULL NAME	Geo. Nelson Arnold	(14) FULL MAIDEN NAME	Ina Marie Kennedy
(9) RESIDENCE	2835 Bernard St	(15) RESIDENCE	2835 Bernard St.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Balto. Md.	(13) OCCUPATION	Boiler-maker
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	18
(18) BIRTHPLACE	Balto. Md.	(19) OCCUPATION	House-wife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.05 P. M., on the date above stated.

(23) Signature Roscoe G. Strosnider M.D. Physician (Physician or Midwife)

Address 2228 W. 25 St.

Filed MAR 25 1910 19 . Registrar

(READ THE REVERSE SIDE)

JAS. BOSLEY, M.D. COMR OF HEALTH

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

U 0022227

RECEIVED FOR RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

54748

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1517 Aces Road St.; 12 Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Mar. 9, 1910

FATHER	MOTHER
(8) FULL NAME: Joseph Edward Williams	(14) FULL MAIDEN NAME: Mary Virginia Ahrens
(9) RESIDENCE: 1517 Aces Road	(15) RESIDENCE: 1517 Aces Road
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY (Years): 24
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY (Years): 28
(12) BIRTHPLACE: Balto. Md.	(18) BIRTHPLACE: Parkton, Md.
(13) OCCUPATION: Day-Laborer.	(19) OCCUPATION: House-wife.
(20) Number of children born to this mother, including present birth: 6	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.10 a. M., on the date above stated.

(23) Signature: Roscoe L. Crosshold M.D. (Physician or Midwife)

Address: 2105 W. 25 St.

Filed MAR 15 1910, 19 .

Registrar

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

1-0 0 0 0 2 2 2 8

(24) Given name added from a supplemental report , 19

Registrar

RECEIVED RECORD

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54749

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 412-W-25-St. St.; 12 Ward)

(2) FULL NAME OF CHILD Hilda May McDowell { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	Mar. 4, 1910

	FATHER	MOTHER
(8) FULL NAME	Jerome McDowell	(14) FULL MAIDEN NAME Reva May Adkins
(9) RESIDENCE	412-W-25 St.	(15) RESIDENCE 412-W-25 St.
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	41	(17) AGE AT LAST BIRTHDAY (Years) 27
(12) BIRTHPLACE	Balto. Md.	(18) BIRTHPLACE Stockton, Pa.
(13) OCCUPATION	Laborer Pa. R.R.	(19) OCCUPATION House wife
(20) Number of children born to this mother, including present birth	7th	(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.30 P. M., on the date above stated.

(23) Signature Pearce & Crossnell D. Physician (Physician or Midwife)

Address 221-W-25 St.

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

1 0 U 0 0 3 2 2 9

(24) Given name added from a supplemental report ____, 19

Filed MAR 25 1910, 19

JAS. BOGLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

54750

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2922 Pennington Ave St.; 12 Ward)

(2) FULL NAME OF CHILD Margaret Wilson. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	Mar 11, 1910

FATHER	MOTHER
(8) FULL NAME Franklin Ellsworth Wilson	(14) FULL MAIDEN NAME Florence Edna Weichart
(9) RESIDENCE 2922 Pennington Ave.	(15) RESIDENCE 2922 Pennington Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Balto. Md.	(18) BIRTHPLACE Balto. Co. Md.
(13) OCCUPATION Laborer Cotton Mill.	(19) OCCUPATION House wife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 12.04 P. M., on the date above stated.

(23) Signature Horace L. Crossland M.D. (Physician or Midwife)

Address 2922 W. Pennington Ave

Filed MAR 25 1910 19 . Registrar

JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

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

STATE FILE NO. 0 0 0 2 2 3 0

(24) Given name added from a supplemental report , 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54751

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1505 N. Rose St.; 8 Ward)

(2) FULL NAME OF CHILD Mary Agnes Williams (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.	—	8	Yes	March 14 1910

FATHER	MOTHER
(8) FULL NAME Edward Miller Williams	(14) FULL MAIDEN NAME Mary Eugenie McMullen
(9) RESIDENCE 1505 N. Rose St.	(15) RESIDENCE 1505 N. Rose.
(10) COLOR W. (11) AGE AT LAST BIRTHDAY 41 (Years)	(16) COLOR W. (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Penna.	(18) BIRTHPLACE Penna
(13) OCCUPATION Civil Engineer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 8	(21) Number of children of this mother now living Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.30 A. M., on the date above stated.

(23) Signature A P Herzog M.D. Physician (Physician or Midwife)

Address 1301 E. Patterson Pk

Filed MAR 25 1910

Registrar

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

0 0 0 2 2 3 1

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD MAR 25 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

(REAR THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B 154752

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. ____, St.; Ward)

(2) FULL NAME OF CHILD Not name. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child female | (4) Twin, triplet, or other? | (5) Number in order of birth | (6) Legitimate? | (7) Date of Birth 23 of Feb 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(9) FULL NAME Garal gipson
(10) RESIDENCE 1316 Stirling St.
(10) COLOR colard (11) AGE AT LAST BIRTHDAY ____ (Years)
(12) BIRTHPLACE Philadelphia Pa.
(13) OCCUPATION waiter

MOTHER

(14) FULL MAIDEN NAME Lizzie Bright Gipson
(15) RESIDENCE
(16) COLOR colard (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Sarger Town Co. md
(19) OCCUPATION house work

(20) Number of children born to this mother, including present birth 2.
(21) Number of children of this mother now living 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* midwife

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at a.m. Lisle M., on the date above stated.

(23) Signature Mary a Keller

(Physician or Midwife)

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

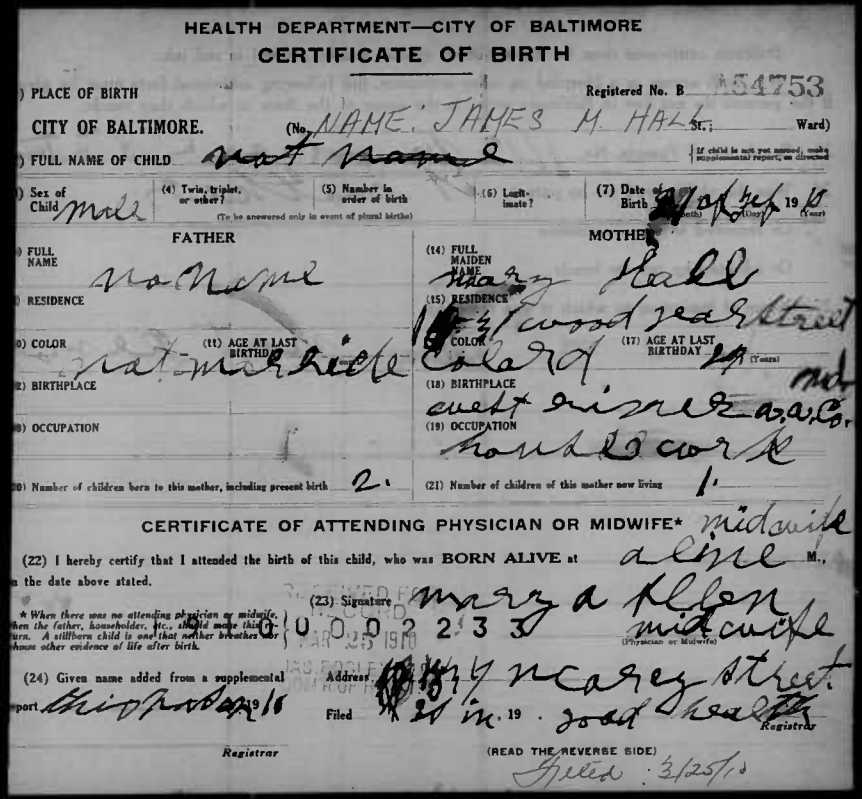
(24) Given name added from a supplemental report ____, 19

Address 113 N Caroline street

Filed June, 19 Redeth Registrar

Registrar

(READ THE REVERSE SIDE)



HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 54753

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. NAME: JAMES M. HALL St.; Ward)

(2) FULL NAME OF CHILD not named

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

(3) Sex of Child male | (4) Twin, triplet, or other? | (5) Number in order of birth | (6) Legitimate? | (7) Date of Birth (Month) 10 (Day) 24 19 16 (Year)

(To be answered only in event of plural births)

FATHER

(9) FULL NAME no name

(9) RESIDENCE

(10) COLOR (11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE not married

(13) OCCUPATION

MOTHER

(14) FULL MAIDEN NAME Mary Hall

(15) RESIDENCE 1[illegible] 1/2 wood near Street

(16) COLOR Colard (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE not quite virginia U.S.A.

(19) OCCUPATION house work

(20) Number of children born to this mother, including present birth 2.

(21) Number of children of this mother now living 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* midwife

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at alive M., on the date above stated.

(23) Signature mary a klen midwife (Physician or Midwife)

Address [illegible] 1/2 n carey Street

Filed Mar 27 1916 in 19 . Board of Health Registrar

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

(24) Given name added from a supplemental report this 22 day of [illegible] 19 16

Registrar

(READ THE REVERSE SIDE)

Filed 3/25/16

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54754

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1117 Barrish alley St.; Ward)

(2) FULL NAME OF CHILD — not name (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male				Feb 6, 1910

FATHER	MOTHER
(8) FULL NAME: no name	(14) FULL MAIDEN NAME: Mary L Berry
(9) RESIDENCE	(15) RESIDENCE: 1117 Barrick Alley
(10) COLOR	(16) COLOR: colored
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: not married	(18) BIRTHPLACE: Baltimore Md
(13) OCCUPATION	(19) OCCUPATION: Laundress
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* midwife

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at alive M., on the date above stated.

RECEIVED FOR
APR 3 1910
JAS. BOSLEY, M.D.
COMMISSIONER OF HEALTH

(23) Signature: Mary A Allen midwife (Physician or Midwife)

Address: 1147 N Carey street

(24) Given name added from a supplemental report: This Baby is not Registered 19

Filed in good 19 10 Read Registrar

Registrar

Registrar

(READ THE REVERSE SIDE)

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

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54755

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	(To be answered only in event of plural births)			9 Aug 1910

FATHER

(8) FULL NAME: Edward Baiscar

(9) RESIDENCE: 1406 Stockton Street

(10) COLOR: colored

(11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Lafayette, Miss.

(13) OCCUPATION: Porter

(14) Married

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: anna wright Baiscar

(15) RESIDENCE: 124 Dickson Street

(16) COLOR: colored

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Lafayette, Miss.

(19) OCCUPATION: Laundress

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* midwife

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at a.m. on the date above stated.

(23) Signature: Mary A Allen midwife (Physician or Midwife)

Address: 1914 N Carey Street

Filed in my office 19 Aug 1910 Registrar

(24) Given name added from a supplemental report , 19 10

Registrar

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

RECEIVED FOR RECORD UM 0 0 1 2 3 5 JAS. BOSLEY, M.D. COMMISSIONER

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A54756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 25 1910
WM. BOSLEY, M.D.
SUPT. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* James H. Meads Jr.
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* Colored.
4. *Date of Birth* March 21. 1910.
5. *Place of Birth, (Street and number)* 1719 Druid Hill Ave.
6. *Full name of Mother,* Mamie Myers Meads
7. *Mother's Maiden Name,* Mamie Myers.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* James H. Meads
10. *Father's Occupation,* Laboring Man.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Margaret Swanson

Address, 216 N Druid Hill Ave.

Remarks, Nursing. Brightye.

1910002236

date and place of birth and the name, sex and color of the child, which certificate shall be signed by the person who shall be present at the birth, or in default thereof, by the person who shall be present within ten days after the birth, and shall be delivered to the Registrar of Vital Statistics, Board of Health, at the end of each and every month; and it shall be the duty of the Registrar of Vital Statistics, Board of Health, to issue a certificate to the person delivering the same, stating the date of such delivery. Any person who shall neglect or refuse to make the return required by this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No person shall be entitled to receive a certificate between the first and third day of each and every month to be issued by the Registrar of Vital Statistics, Board of Health, unless he shall produce a certificate of the birth of any child born within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the mother, within ten days after the birth, to make the return required of Health, to the manner and within the period above required, and any such person or person who shall

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54757

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2552 W. Baltimore St.; Ward)

(2) FULL NAME OF CHILD Augusta Frances Wulfert

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	V	V	Yes	March 22 1910

	FATHER	MOTHER
(8) FULL NAME	Julius Wulfert	(14) FULL MAIDEN NAME: Mary Shaben
(9) RESIDENCE	2552 W Balto St	(15) RESIDENCE: 2552 W Balto St
(10) COLOR	White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years)	40	(17) AGE AT LAST BIRTHDAY (Years): 31
(12) BIRTHPLACE	Winchester Va	(18) BIRTHPLACE: Balto. Md.
(13) OCCUPATION	Balto City Policeman	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth	5 — 4	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.25 A.m. M., on the date above stated.

(23) Signature Harry C. O'Hare M.D.

Physician (Physician or Midwife)

Address 1203 W. Fayette St

Filed , 19 .

Registrar

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

(24) Given name added from a supplemental report , 19

Registrar

RECEIVED FOR RECORD MAR 25 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54758

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2830 E. Baltimore St.; Ward)

(2) FULL NAME OF CHILD Catherine Carroll (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 26 1910

FATHER	MOTHER
(8) FULL NAME: Josiah J. Carroll	(14) FULL MAIDEN NAME: Catherine M. Carroll
(9) RESIDENCE: 2836 E. Balto St	(15) RESIDENCE: 2830 E. Balto St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 42	(17) AGE AT LAST BIRTHDAY (Years): 38
(12) BIRTHPLACE: Balto Md	(18) BIRTHPLACE: Balto Md
(13) OCCUPATION: Attorney at Law	(19) OCCUPATION: House Wife
(20) Number of children born to this mother, including present birth: Six	(21) Number of children of this mother now living: Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.15 P. M., on the date above stated.

(23) Signature William J. Sullivan Physician (Physician or Midwife)

Address 1701 N. Fulton Avenue

Filed _____, 19 _____ Registrar

RECEIVED FOR RECORD MAR 25 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

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

U 002238

(24) Given name added from a supplemental report _____, 19

_____ Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54759

CITY OF BALTIMORE. (No. 33 Gutman's Ave St.; Ward)

(2) FULL NAME OF CHILD Andrew Reinhardt Kroman (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	no	no	Yes	Feb 17, 1910

	FATHER	MOTHER
(8) FULL NAME	Geo. C. Kroman	(14) FULL MAIDEN NAME Anna M. Reinhardt
(9) RESIDENCE	33 Gutman's Ave.	(15) RESIDENCE 33 Gutman's Ave
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	29.	(17) AGE AT LAST BIRTHDAY (Years) 34
(12) BIRTHPLACE	Balto. Md.	(18) BIRTHPLACE Balto. Md.
(13) OCCUPATION	Salesman	(19) OCCUPATION None

(20) Number of children born to this mother, including present birth 3. (21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.30 A. M., on the date above stated.

(23) Signature C. Fullerton M.D. (Physician or Midwife)

Address 0 0 U 0 0 ? 2 3/8/14 W. Baltimore

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD

Filed MAR 25 1910, 19 .

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54769

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1808 E. Baltimore St.; Ward)

(2) FULL NAME OF CHILD Arthur (Abraham) Freedman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 24 1910

FATHER		MOTHER	
(8) FULL NAME	Harry Freedman	(14) FULL MAIDEN NAME	Esther Walhovsht
(9) RESIDENCE	1808 E. Balto. St	(15) RESIDENCE	1808 E. Balto St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Baker	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:10 P. M., on the date above stated.

(23) Signature Mary C. Daly, M.D. Physician (Physician or Midwife)

Address 1203 W. Pratt St

Filed ____ 19 ____ Registrar

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

(24) Given name added from a supplemental report ____, 19 ____ Registrar

0 0 0 2 2 4 0

RECEIVED FOR RECORD MAR 25 1910

S. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 154761

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 425 Hanover St.; Ward)

(2) FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				Mar. 22, 1910

FATHER		MOTHER	
(8) FULL NAME	John Alderman	(14) FULL MAIDEN NAME	Ida Calvin
(9) RESIDENCE	Parkin Canada	(15) RESIDENCE	Richwood W. Va
(10) COLOR	W.	(16) COLOR	W.
(11) AGE AT LAST BIRTHDAY (Years)	27	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Unknown	(18) BIRTHPLACE	London Canada
(13) OCCUPATION	Civil Engineer.	(19) OCCUPATION	Hmork
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 a. M., on the date above stated.

(23) Signature Dr G A Straus Jr. (Physician or Midwife)

Address 420 Hanover St.

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

(24) Given name added from a supplemental report ____, 19

Filed MAR 25 1910, 19 .

Registrar

0 0 0 2 2 4 1

RECORD

JAS. BOGLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. 34762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 26 1910
J.S. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Unnamed
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Mar. 5 — 10
6. *Place of Birth, (Street and number)* 583 Orchard St.
6. *Full name of Mother,* Emma Gittings
7. *Mother's Maiden Name,* Bell
8. *Mother's Birthplace,* Md
9. *Full name of Father,* John F. Gittings
10. *Father's Occupation,* Porter
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jos. Mitchell M.D.

Address, 1210 E. Fayette St.

Remarks, 1910 00022 42

said schedule shall be delivered duly signed as aforesaid to the Registrar of Vital Statistics, Board of Health, Baltimore, Md., within the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person, or parents of such child (as the case may be) to report in the manner and within the time above specified, the particulars required in said schedule, to the Registrar of Vital Statistics, Board of Health, Baltimore, Md., and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 34763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,* Herbert D. Young, Jr.
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* May 3 — 1910
6. *Place of Birth, (Street and number)* 702 W. Baltimore
6. *Full name of Mother,* Elizabeth V. Young
7. *Mother's Maiden Name,* Dunlap
8. *Mother's Birthplace,* Penna.
9. *Full name of Father,* Herbert D. Young
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, H. Mitnick

Address, 424 N. Green St.

Remarks, 1 9 1 0 0 0 0 2 2 4 3

RECEIVED FOR RECORD
MAY 28 1910
H.S. BOSLEY M.D.
COMR OF HEALTH

The said schedule shall be delivered, duly signed by the practitioner in the case of a confinement, within three days after the birth, and in all other cases within the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of child,* Frank L Koenig
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 12 March 1910
5. *Place of Birth, (Street and number)* 2427 Port St
6. *Full name of Mother,* Elizabeth Koenig
7. *Mother's Maiden Name,* Elizabeth Lotz
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Herbert Koenig
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Creamer

Address, 2406 Fait Ave

Remarks,

RECEIVED FOR RECORD MAR 26 1910 A. C. BOBLEY M.D. BOARD OF HEALTH

19100002244

date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur when no physician or practitioner of medicine is in attendance upon the mother, it shall be the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by law.

Over

RETURN OF A BIRTH. A54765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, ~~(Libie)~~ Gilbert Fisher
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, March 1, 1910
6. Place of Birth, (Street and number) 39 S. Caroline St
6. Full name of Mother, Libie Fisher
7. Mother's Maiden Name, Libie Kerdofsky
8. Mother's Birthplace, Russia
9. Full name of Father, Morris Fisher
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Ella Feldman

Address, 135 N. Books

Remarks,

1910000?245

RECEIVED FOR RECORD MAR 26 1910 J.S. BOSLEY M.D. COMR OF HEALTH

Every midwife, or other person (not a physician or practitioner of midwifery) in attendance upon any birth, shall, within ten days after the birth, report the same to the Commissioner of Health, in the form of a certificate between the first and second lines hereof, and in case there is no midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the father or mother of such child to cause the birth to be reported to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Name of child, Baby Marshall
2. Sex, (state whether male or female) Black Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth January 26th, 1910
5. Place of Birth, (Street and number) 314 N. Gun St.
6. Full name of Mother, Mary Marshall
7. Mother's Maiden Name, Goodman
8. Mother's Birthplace, Maryland
9. Full name of Father, Frank Marshall
10. Father's Occupation, Laborer
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, W. H. Thomlen

Address, Johns Hopkins Hospital

Remarks,

RECEIVED FOR RECORD FEB 3 1910 JAS. BOSLEY M.D. COMR. OF HEALTH

(Returned for correction 2/3)

RECEIVED FOR RECORD MAR 26 1910 JAS. BOSLEY M.D. COMR. OF HEALTH

1910000224 6

RETURN OF A BIRTH. A54767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 2 nd

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Mar 23rd 1910
6. Place of Birth, (Street and number) 1149 Mc Elderry St
6. Full name of Mother, Viola Anderson
7. Mother's Maiden Name,
8. Mother's Birthplace, Balto
9. Full name of Father, Preston Jackson
10. Father's Occupation, Waiter
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Champ

Address, 530 East St

Remarks,

1 9 1 0 0 0 0 2 2 4 7

RECEIVED FOR RECORD MAR 26 1910 H.S. BONLEY M.D. BD OF HEALTH

Sec. 3. And be it further enacted, That it shall be the duty of the father, mother, householder or owner of every house in which any child shall be born, and of the physician, midwife or nurse in attendance at any birth, to report the same to the Commissioner of Health within ten days after the birth shall occur without the attendance of a physician, midwife or nurse, and within the same period of time after the birth shall occur with the attendance of a physician, midwife or nurse, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 26 1910
REGISTRY OF VITAL STATISTICS
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of child,* Doris Freudenberg
2. *Sex,* (state whether male or female) Female
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth* March 17 1910
5. *Place of Birth,* (Street and number) 201 North Gay St comm Frederick
6. *Full name of Mother,* Mollie Freudenberg
7. *Mother's Maiden Name,* Cohen
8. *Mother's Birthplace,* Pinsenitz, Klotza, Prussia Poland
9. *Full name of Father,* Joseph Freudenberg
10. *Father's Occupation,* Merchant (Clothing Dealer)
11. *Father's Birthplace,* Pinsenitz Klotza Prussia Poland

Name of Medical Attendant, or other person who makes this Return, Alfred A. Bendrick M.D.

Address, 22 South Patterson Park Ave

Remarks,

19100002248

Every Physician, Midwife or other person who shall be present at the birth of any child shall cause the birth of such child to be registered, and it shall be the duty of each Physician, Midwife or other person who shall be present at the birth of any child to report such birth to the Registrar of Vital Statistics of the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. *Name of Child,* —
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 8, 1910
6. *Place of Birth, (Street and number)* 105 Medary St.
6. *Full name of Mother,* Nannie Bernstein
7. *Mother's Maiden Name,* Nannie Bernstein
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Dapie Bernstein
10. *Father's Occupation,* Grocer
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Yetta Feldman

Address, 135 N. Exeter St.

Remarks, Miscarriage at 5 months

1910000249

RECEIVED FOR RECORD MAR 26 1910 [illegible] EGGLEY M.D. BOARD OF HEALTH

And said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, and the head of any family neglecting to make such report, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Name of Child,* Lena Levin
2. *Sex, (state whether male or female)* ~~Male~~ Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 11, 1910
6. *Place of Birth, (Street and number)* 209 East St.
6. *Full name of Mother,* Rosa Levin
7. *Mother's Maiden Name,* Rosa Lerasky
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Nathan Leven
10. *Father's Occupation,* Paper Hanger
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Yetta Feldman

Address, 135 N. Exeter St.

Remarks,

1910000002250

RECEIVED FOR RECORD MAR 16 1910 H.O. BOSLEY M.D. COMR OF HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Commissioner of Health, in the manner prescribed by the Commissioner of Health; and any person who shall neglect to report its birth to the Commissioner of Health, in the manner and within the time above required, or shall refuse the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any person who shall neglect to report as aforesaid, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Church Home and Infirmary Registered No. B A54773

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD Ruth Douglas See (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Twin	Second	Yes	March 16, 1910

FATHER	MOTHER
(8) FULL NAME Robert Gamble See	(14) FULL MAIDEN NAME Louisa Douglas Spear
(9) RESIDENCE Marshall, Va	(15) RESIDENCE Marshall Va
(10) COLOR White (11) AGE AT LAST BIRTHDAY 31 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Ft. Defiance, Va	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Clergyman	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 P M., on the date above stated.

(23) Signature [illegible] Physician (Physician or Midwife)

Address 56 W Biddle St

Filed , 19 .

Registrar

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

1 0 0 0 0 2 2 5 1

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAR 26 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

1) PLACE OF BIRTH — Registered No. B. A54772

CITY OF BALTIMORE. (No. 1307 Glindon Av. St.; Ward)

2) FULL NAME OF CHILD Josepa Kirsch

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl	1			March 9 1910

FATHER	MOTHER
(8) FULL NAME Georg Kirsch	(14) FULL MAIDEN NAME Antonia Pracher
(9) RESIDENCE 1307 Glindon Av.	(15) RESIDENCE 1307 Glindon Av.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Steir Mark	(18) BIRTHPLACE Steir Mark
(13) OCCUPATION Cabinet Moucher	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.30 M., on the date above stated.

(23) Signature 0 0 0 2 2 5 2 Anna Dorn (Physician or Midwife)

Address 125 James St

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

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

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAR 26 1910 JAS. BOSLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B. A54773

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1107 Carey St. St.; Ward)

(2) FULL NAME OF CHILD: Rosi Bell

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl	1			March 9 19 10

FATHER	MOTHER
(8) FULL NAME: Frank C. Bell	(14) FULL MAIDEN NAME: Gertrude M. Cormick
(9) RESIDENCE: 1107 Carey St	(15) RESIDENCE: 1107 Carey St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 25 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Black Smit	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.35 M., on the date above stated.

(23) Signature: Amos Dasoc (Physician or Midwife)

Address: 1325 James St

Filed ____, 19 .

RECEIVED FOR RECORD MAR 26 1910 JAS. BOSLEY M.D. BOARD OF HEALTH Registrar

Registrar

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

AMENDED BY COURT ORDER 1-24-67

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 454774

(1) PLACE OF BIRTH 218 Loudon Ave Balto City

CITY OF BALTIMORE. (No. 218 Loudon Av St.; 20 Ward)

(2) FULL NAME OF CHILD ~~Emma Daisy~~ DAISY MAE Wolf

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) March (Day) 18 (Year) 1910
Girl				

FATHER	MOTHER
(8) FULL NAME Christopher Christian E Wolf	(14) FULL MAIDEN NAME ~~Katie Wolf~~ CATHERINE CAMPBELL
(9) RESIDENCE 218 Loudon Avenue	(15) RESIDENCE 218 Loudon Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Balto City	(18) BIRTHPLACE LUZERNE COUNTY ~~Luzerne Co~~ WILKES-BARRE Penna
(13) OCCUPATION Motorman	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth Five	(21) Number of children of this mother now living Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 218 Loudon Ave M., on the date above stated.

(23) Signature Elizabeth Hicks Midwife (Physician or Midwife)

Address 92 Johns Lane

Filed March 24, 1910

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

(24) Given name added from a supplemental report _____, 19

Registrar

RECEIVED FOR RECORD MAR 26 1910 JAS. BOSLEY Registrar BUR'O OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54775

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. The Bickler Hellman Pan St.; Ward)

(2) FULL NAME OF CHILD Janice Kiman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F	/	/	No	Feb 27 1910

FATHER	MOTHER
(8) FULL NAME Jan Kiman	(14) FULL MAIDEN NAME Lotta Key
(9) RESIDENCE Lotte Kiman	(15) RESIDENCE Balto
(10) COLOR White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR W (17) AGE AT LAST BIRTHDAY 21 yrs (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Balto
(13) OCCUPATION Clerk	(19) OCCUPATION Manicurist
(20) Number of children born to this mother, including present birth 0	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Bickler Hellman San M., on the date above stated.

(23) Signature August Horn M.D. (Physician or Midwife)

Address 40 E 2 St 24

Filed ____, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

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

RECEIVED FOR RECORD MAR 26 1910 JAS. BOSLEY M.D. REGISTRAR OF BIRTHS

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54776

(1) PLACE OF BIRTH West End Maternity — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Jessie Brundrett — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth First | (6) Legitimate? Yes | (7) Date of Birth March 23 1910 (Month) (Day) (Year)

(To be answered only in event of plural birth)

FATHER

(8) FULL NAME Arthur W. Brundrett

(9) RESIDENCE Mt. Washington, Maryland

(10) COLOR White | (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Lancashire, England

(13) OCCUPATION Carpenter

MOTHER

(14) FULL MAIDEN NAME Jessie W. Hoshall

(15) RESIDENCE Mt. Washington, Maryland

(16) COLOR White | (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Middletown, Maryland.

(19) OCCUPATION House-wife

(20) Number of children born to this mother, including present birth one

(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at seven p. M., on the date above stated.

(23) Signature Dr. Josiah S. Bowers (Physician or Midwife)

Address Mt. Washington, Maryland

Filed ____, 19 ____ Registrar

U 0002256

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAR 26 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54777

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Church Home and Infirmary St.; Ward)

(2) FULL NAME OF CHILD Robert Gamble See Jr [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	twin	first	Yes	March 16, 1910

FATHER	MOTHER
(8) FULL NAME Robert Gamble See.	(14) FULL MAIDEN NAME Louise Douglas Shear
(9) RESIDENCE Marshall, Va	(15) RESIDENCE Marshall, Va
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 31 (Years)	(17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Fort Defiance, Va	(18) BIRTHPLACE Baltimore, Md
(13) OCCUPATION Clergyman	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 P M., on the date above stated.

(23) Signature [illegible] (Physician or Midwife)

Address 36 W Biddle St

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

B 1 U 0 0 3 2 5 7

(24) Given name added from a supplemental report_____, 19

Filed _____, 19 .

Registrar

RECEIVED FOR RECORD MAR 26 Registrar

(READ THE REVERSE SIDE)

JAS. BOGLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54778

(1) PLACE OF BIRTH 10 East Preston Street — Registered No. B _____

CITY OF BALTIMORE. (No. 10 East Preston St.; Ward)

(2) FULL NAME OF CHILD Copeland Winston Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	✓	1	Yes	March 7, 1910

FATHER	MOTHER
(8) FULL NAME Copeland Winston	(14) FULL MAIDEN NAME Frances Eloise Comstock
(9) RESIDENCE 10 East Preston	(15) RESIDENCE 10 East Preston St
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 47 (Years)	(17) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE San Francisco Cal	(18) BIRTHPLACE Rome N.Y.
(13) OCCUPATION Coffee Broker	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A M., on the date above stated.

(23) Signature Geo W Dollenbacher

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

0 0 0 2 2 5 8 (Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Address 56 East Biddle Street

Filed _____, 19 .

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAR 26 1910 Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54779

(1) PLACE OF BIRTH

CITY OF BALTIMORE (No. 1636 E Madison St.; Ward)

(2) FULL NAME OF CHILD Robert Albert Thomas

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	June 20, 1910

FATHER

(8) FULL NAME Jessie Albert Thomas

(9) RESIDENCE 1636 E Madison St

(10) COLOR White (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Balt.

(13) OCCUPATION Clerk.

MOTHER

(14) FULL MAIDEN NAME Lula Melia Lawrie

(15) RESIDENCE 1636 E Madison

(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Balt

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth One

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 30 P.M., on the date above stated.

(23) Signature Geo D Young

1085 N Broadway

(Physician or Midwife)

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

100 0 0 2 2 5 9

(24) Given name added from a supplemental report ____, 19

Registrar

Address ____

Filed ____, 19 .

Registrar

RECEIVED FOR RECORD MAR 26 1910 JAS. BOGLEY M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B 464730

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1916 Aliciana St.; Ward)

(2) FULL NAME OF CHILD Frank Kropp. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 23d 1910

FATHER	MOTHER
(9) FULL NAME Philip Kropp.	(14) FULL MAIDEN NAME Antonina Fierezence
(8) RESIDENCE 1910 Aliciana St.	(15) RESIDENCE 1910 Aliciana St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE Galicia	(18) BIRTHPLACE Galicia
(13) OCCUPATION Barber	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 O'Clock A. M., on the date above stated.

(23) Signature M. L. Kozzelman Physician (Physician or Midwife)

Address 1617 E. Baltimore St.

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

0 0 0 2 2 6 0

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 ____ Registrar

RECEIVED FOR RECORD MAR 26 1910

Registrar

(READ THE REVERSE SIDE)

S. BOGLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 15478

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. St. Luke's Hospital St.; Ward)

(2) FULL NAME OF CHILD — Baby Young Barnes — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	No	March 23, 1910

FATHER	MOTHER
(8) FULL NAME Milton Young Barnes	(14) FULL MAIDEN NAME Annie R. Barnes
(9) RESIDENCE 2216 Etting St.	(15) RESIDENCE 2240 Druid Hill Ave
(10) COLOR Black (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Baltimore, Md.	(18) BIRTHPLACE Baltimore, Md.
(13) OCCUPATION Driver of wagon	(19) OCCUPATION House work
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P. M., on the date above stated.

(23) Signature J. A. Boatay, M. D. (Physician or Midwife)

Address St. Luke's Hospital

Filed MAR 29 1910, 19 . Registrar

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

(24) Given name added from a supplemental report , 19 . Registrar

0 0 0 2 2 6 1

DOCTOR'S RECORD

(SEE REVERSE SIDE)

JAS. BOGLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54782

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1921 Penna Ave St.; 14 Ward)

(2) FULL NAME OF CHILD Kathrine Naomi Winkler (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural birth)		Yes	Aug. (Month) 21 (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME Leonard Winkler	(14) FULL MAIDEN NAME Estella Winkler
(9) RESIDENCE 1921 Penna Ave	(15) RESIDENCE 1921 Penna Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 39 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Balto Md	(18) BIRTHPLACE Balto. co. Md
(13) OCCUPATION Plumber	(19) OCCUPATION Home Wife
(20) Number of children born to this mother, including present birth 5	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 30 P M., on the date above stated.

(23) Signature V Van Williams

0 0 0 2 2 6 2

(Physician or Midwife)

Address 901 N Carrollton Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

RECEIVED FOR RECORD MAR 29 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54783

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 1932 Christian St. ... Ward)

(2) FULL NAME OF CHILD Annie Fannie Summers
If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Mar. 19 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Meyer Summers	(14) FULL MAIDEN NAME Lillie Wagman
(9) RESIDENCE 1932 Christian St.	(15) RESIDENCE 1932 Christian St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Baltimore, Md.
(13) OCCUPATION Tailor	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.40 A. M., on the date above stated.

(23) Signature Nathan B. Bodenstein, M.D. (Physician or Midwife)

Address 978 S. Pulaski St.

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

U 0 0 2 2 6 3

(24) Given name added from a supplemental report ..., 19 ...

Filed MAR 30 1910, 19 ...

JAS. BOSLEY M.D. Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A34784

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2013 Christian St.; Ward)

(2) FULL NAME OF CHILD Mollie Cohen {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	March 18 1910

FATHER	MOTHER
(8) FULL NAME Louis Cohen	(14) FULL MAIDEN NAME Esther Spector
(9) RESIDENCE 2013 Christian St.	(15) RESIDENCE 2013 Christian St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Tailor	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.30 P. M., on the date above stated.

(23) Signature Nathan B. Bordensky, M.D. (Physician or Midwife)

Address 51 S. Pulaski St.

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

10 0002264

(24) Given name added from a supplemental report ____, 19 ____

Filed MAR 29 1910, 19 ____

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. 454785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 29 1910
LEO BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child, Bettie Abramowitz
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 16 1910
5. Place of Birth, (Street and number) 428 N. Eutaw St.
6. Full name of Mother, Minnie Jacobson
7. Mother's Maiden Name, Minnie Abramowitz
8. Mother's Birthplace, Russia
9. Full name of Father, Solomon Abramowitz
10. Father's Occupation, Rabbi
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Louis Stefanyan
Address, 828 E. Lexington St.
Remarks,

1 9 1 0 0 0 0 2 2 6 5

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Officer of Registration of Health. In case the birth of any child shall occur without the presence upon the mother, immediately thereafter it shall be the duty of the person in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health. In the manner and within the period above required, and said such person or midwife or should the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and said such person or midwife shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 10 1910
E. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,* Ida Chanzon
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 16 1910
5. *Place of Birth, (Street and number)* 235 Eden St
6. *Full name of Mother,* Sarah Chanzon
7. *Mother's Maiden Name,* Sarah Goldman
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Morris Chanzon
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Paul Silverman

Address, 828 E Baltimore St

Remarks,

19100002266

date and place of birth and the said subscribe shall be returned, duly signed by the practitioner in the form of a certificate between the first and third day of each month. Any person or corporation neglecting or refusing to make such return within the time prescribed by this section shall be subject to a fine of not less than ten (10) dollars nor more than fifty (50) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the householder or the owner or agent of the house in which such birth occurs shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of not less than ten (10) dollars nor more than fifty (50) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child, Rosie Perel
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Mary Hellman maiden name
5. Place of Birth, (Street and number) 131 Harrison St
6. Full name of Mother, Feb 27 1910
7. Mother's Maiden Name, Mary Perel
8. Mother's Birthplace, Russia
9. Full name of Father, Max Perel
10. Father's Occupation, Grocery & Store
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fanny Silberman

Address, 858 E. Baltimore St.

Remarks,

1 9 1 0 0 0 0 2 2 6 7

RECEIVED FOR RECORD MAR 29 1910 WS. BOSLEY M.D. BOARD OF HEALTH

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a sealed letter addressed to the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the time required above, and any person who shall neglect or refuse hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Name of child,* Nannie Wolfe
2. *Sex, (state whether male or female)* White
3. *Race or color, (if not of the White Race)* Female
4. *Date of Birth* March 13 10
5. *Place of Birth, (Street and number)* 1736 Gough St.
6. *Full name of Mother,* Eva Wolfe
7. *Mother's Maiden Name,* Eva Goldberg
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Hyman Wolfe
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Paul Saltzman

Address, 828 E. Baltimore St.

Remarks,

1910 00002268

RECEIVED FOR RECORD MAR 29 1910 H.S. FOSLEY M.D. BOARD OF HEALTH

date and place of birth, and the said schedule shall be returned, duly signed by the practitioner in the form of a certificate herein, the practitioner shall forthwith deliver to the person required by law to report the birth a certificate setting forth the date and place of birth, and the name, sex and color of the child, which certificate shall be sufficient evidence to the Board of Health, to the undertaker or person in charge of burial, of the facts therein stated. Any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person required by law to report the birth

RETURN OF A BIRTH. A54789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of child, Florence Blake
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 19 1910
5. Place of Birth, (Street and number) 2402 N. Calvert St Balto
6. Full name of Mother, Florence Burns Blake
7. Mother's Maiden Name, Burns
8. Mother's Birthplace, Balto
9. Full name of Father, Roscoe Blake
10. Father's Occupation, Engineer for R R
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Geo F Keating M D

Address, 5 St Paul St City

Remarks,

1 9 1 0 0 0 0 2 2 6 9

OF RECORD
MAR 30 1910
REGISTRY OF VITAL STATISTICS
BOARD OF HEALTH

date and place of birth and the said schedule shall be delivered duly signed to the midwife or person in attendance upon the mother immediately thereafter. It shall be the duty of the midwife or person in attendance upon the mother immediately thereafter to make out a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the parent or parents of such child to report the birth to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of child,* Rebecca Latimer Boyce
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Mch 3/10
5. *Place of Birth, (Street and number)* 223 E Biddle St
6. *Full name of Mother,* Amabel Lee George Boyce
7. *Mother's Maiden Name,* George
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* Hayward Earle Boyce
10. *Father's Occupation,* Broker
11. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Jno A Sterling M.D.

Address, Park St Cty.

Remarks,

19100002270

RETURNED FOR RECORD MAR 20 1910 BOSLEY M.D. BOARD OF HEALTH

date and place of birth; and the said child shall be delivered, duly signed by the Practitioner in the form of a certificate, to the Registrar of Vital Statistics of the City of Baltimore, within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then the midwife, or, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form of a certificate, as aforesaid, and any person or persons neglecting or refusing hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 154791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 29 1910
W.S. BARLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, Bernice Seigel
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth March 22 10
5. Place of Birth, (Street and number) 433 N. Eden
6. Full name of Mother, Sarah Seigel
7. Mother's Maiden Name, Sarah Kreitsky
8. Mother's Birthplace, Russia
9. Full name of Father, Louis Seigel
10. Father's Occupation, Presser
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Talmage Silverman

Address, 828 E. Balto St.

Remarks,

1910002271

Of each birth which shall occur within the City of Baltimore after the first day of January, 1877, it shall be the duty of the Physician, Midwife or other person in attendance upon the mother, or of the parent or householder, to report the same to the Commissioner of Health, on a certificate to be furnished by him for that purpose, within ten days after the birth, stating the name, if any, and the sex, color and date and place of birth, and the said schedule shall be delivered, only signed by the Practitioner in the form of a certificate between the 3rd and third day of each and every month of each year, to the Commissioner of Health, to be used by him for statistical purposes only. In default of compliance with this requirement by the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 29 1910
J. S. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, Morris Levy
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) W. White
4. Date of Birth March 19 10
5. Place of Birth, (Street and number) 112 S. Eden St
6. Full name of Mother, Ethelma Levy
7. Mother's Maiden Name, Ethelma Meltzer
8. Mother's Birthplace, Russia
9. Full name of Father, Myer Levy
10. Father's Occupation, Agent
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Jacob Seltzer M.D.

Address, 828 E. Baltimore St

Remarks,

19100002272

The certificate of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate below, or as nearly as may be, to the Registrar of Vital Statistics, Board of Health, Baltimore City. If such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and it shall be the duty of the person so reporting to furnish the information required by this schedule. Failure to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A54793

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Name of child, Isaac Snyder
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth March 16 1910
5. Place of Birth, (Street and number) 1055 E. Pratt St
6. Full name of Mother, Anna Snyder
7. Mother's Maiden Name, Anna Meltzer
8. Mother's Birthplace, Russia
9. Full name of Father, Morris Snyder
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Family Physician

Address, 828 E. Baltimore St.

Remarks,

19100002273

RECEIVED FOR RECORD
MAR 25 1910
J. EDGLEY MD.
REGISTRAR OF HEALTH

date and place of birth; and to said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the like of which shall be given by every physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in accordance with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child, Rachel Lebowitz
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth March 13 1910
5. Place of Birth, (Street and number) 1610 E Monument St
6. Full name of Mother, Sophia Lebowitz
7. Mother's Maiden Name, Sophia Ashman
8. Mother's Birthplace, Russia
9. Full name of Father, Mayer Lebowitz
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silverman

Address, 828 E. Eager St

Remarks,

1 9 1 0 0 0 0 2 2 7 4

RECEIVED FOR RECORD MAR 29 1910 WM. BOWLEY M.D. REGISTER OF HEALTH

Sec. 1. Be it ordained, &c., That the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Births of the district in which the birth occurs, within ten days after the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in accordance with the provisions of this section, and every such person so offending shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

Over

RETURN OF A BIRTH.

A54795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of child,* Harry + Bennie Fossman
2. *Sex, (state whether male or female)* Males (Twins)
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 19, 10
5. *Place of Birth, (Street and number)* 1104 E. Pratt St. V.
6. *Full name of Mother,* Sadie Fossman
7. *Mother's Maiden Name,* Sarah Sadie Aaslan
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Samuel Fossman / Sam Fossman
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silverman

Address, 828 E. Pratt

Remarks, See Volume 171 U U U 0 2 2 7 5

105 Wilkens Ave

RECEIVED FOR RECORD MAR 29 1910 JOS. BOOLEY M.D. REGISTRAR OF HEALTH

RETURN OF A BIRTH. A54796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 29 1910
J.S. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* Isadore Abramson
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 4 1910
5. *Place of Birth, (Street and number)* 1423 E. Pratt St.
6. *Full name of Mother,* Sophia Abramson
7. *Mother's Maiden Name,* Sophia Weisoff
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Ben Abramson
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Fannie S. Liberman

Address, 828 E. Baltimore St.

Remarks, 19100002276

RETURN OF A BIRTH. A54797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 29 1910
H. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Name of child, Isaac Goldfey
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth February 25 1910
5. Place of Birth, (Street and number) 329 N Forrest St
6. Full name of Mother, Jennie Goldfey
7. Mother's Maiden Name, Jennie Goldstein
8. Mother's Birthplace, Russia
9. Full name of Father, David Goldfey
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Louis Silverman M.D.

Address, 828 E. Baltimore St.

Remarks, 1910000022777

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child, Sam Snyder
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 25 1910
5. Place of Birth, (Street and number) 235 Rogers Ave.
6. Full name of Mother, Pearl Snyder
7. Mother's Maiden Name, Pearl Edmonds
8. Mother's Birthplace, Russia
9. Full name of Father, Morris Snyder
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Sam Silberman

Address, 828 E. Baltimore

Remarks,

19100002278

This schedule shall be filled out by the attendant at the birth, if there be one, and if not, by the father or mother of the child, if able to do so, and if not, by the householder in whose house the birth occurs, or if it occurs elsewhere than in a house, by the owner or agent in charge of the premises. It shall be the duty of the person required to make this return to inquire of the parents the facts required to be stated, and to write the answers in a plain hand, and to sign his name as informant. He shall then read the schedule to the parents, if able to understand it, and correct any error or omission that may appear. He shall then deliver the schedule to the physician or midwife in attendance, if there be one, and if not, he shall himself deliver it to the Registrar of the district within which the birth occurs, within ten days after the birth. Any person who shall refuse or neglect to perform any duty required of him by this section shall be subjected to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A64739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Name of child,* Sol Millman
2. *Sex, (state whether male or female)* Male
3. *Race ar color, (if nat of the White Race)* White
4. *Date of Birth* February 24, 1910
5. *Place of Birth, (Street and number)* V
6. *Full name of Mother,* Lena Millman
7. *Mother's Maiden Name,* Lena Gross
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Morris Millman
10. *Father's Occupation,* grocery Store
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Louis V. Herman

Address, 628 E. Baltimore

Remarks,

1 9 1 0 0 0 0 2 2 7 9

RECEIVED
REGIS
MAR 29 1
REGISTRAR
CITY OF BAL

a true and correct register of such births as may occur in his district during the month next following the date of such certificate. The Health shall contain a list of the births which have been certified to him during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics on the first Tuesday of each month. No certificate of birth shall be issued by the Registrar of Vital Statistics, Board of Health, without the attendance of a physician, midwife or nurse at the birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics on the first Tuesday of each month. In case the birth of any child shall occur without the attendance of a physician, midwife, or nurse, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner prescribed by the Board of Health, and any person or persons neglecting to do so shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 4/26/73

RETURN OF A BIRTH.

A54390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 3d

1. Name of Child, JOHN ~~Known~~ EDWARD FISHER
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 26 of March 1910
6. Place of Birth, (Street and number) 622 Fredericks ave ave
6. Full name of Mother, Agnes Fisher
7. Mother's Maiden Name, Russel
8. Mother's Birthplace, Washington Co Ohio
9. Full name of Father, John D Fisher
10. Father's Occupation, Salesman
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Margaret C Waller

Address, 1614 W Baltimore St

Remarks,

19100002280 Filed: 3/27/10

RECEIVED FOR RECORD MAR 13 1910 REGISTER MD. OF VITAL STATISTICS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, as soon as practicable and in no case later than the third day of each and every month, to the officer or Commissioner of Health, and in default of such delivery, or should no other person be in attendance upon the mother, immediately thereafter (s)he shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so neglecting shall be guilty of a misdemeanor, and on conviction thereof shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; any such person or persons who shall refuse or fail to comply with the provisions of this section shall be severally liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Name of Child, Thomas E. Eder
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, March 18th 1910
6. Place of Birth, (Street and number) 1526 Bethel st
6. Full name of Mother, Rose Eder
7. Mother's Maiden Name, Rose Kreitzer
8. Mother's Birthplace, Balto
9. Full name of Father, Leo Eder
10. Father's Occupation, Steel Worker
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Marbeck

Address, 1814 N Bethel st

Remarks,

RECEIVED FOR RECORD MAR 29 1910 JOS. BARLEY, M.D. COMR OF HEALTH

1910000022811

RETURN OF A BIRTH.

A54802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Name of child,* Allen Jean Harper.
2. *Sex, (state whether male of female)* Male
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* Oct 16/09.
5. *Place of Birth, (Street and number)* 1732 N. Broadway. Baltimore.
6. *Full name of Mother,* Elizabeth M L. Harper
7. *Mother's Maiden Name,* M Laughlin
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Andrew J Harper
10. *Father's Occupation,* Coal Salesman.
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr A Sterling M.d.

Address, 1401 N. Ave.

Remarks,

RECEIVED FOR RECORD MAR 29 1910 BALTIMORE MD BOARD OF HEALTH

1910 00022282

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of every physician, midwife, or other person in attendance upon any case of birth occurring within the City of Baltimore, to deliver, duly signed by the practitioner in the form of a certificate hereinafter directed, to the Registrar of Vital Statistics, Board of Health, at the office of the Commissioner of Health, within ten days after the birth, a return of such birth, and in case no physician, midwife, or other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health, in the form and manner above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the practitioner if there be one in attendance, to the person required to make a certificate between the first and third days of each month next after the birth, and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and such person or persons shall forfeit for each offence, on conviction thereof before any court of competent jurisdiction, a sum not less than ten dollars nor more than fifty dollars, and shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) Male
2. Race ar Color, (if not of the white race) White
3. Date of Birth Mch. 2 1910
4. Place of Birth, (Street and Number) Bay View Hospl.
5. Full Name of Mother, Margaret White
6. Mother's Maiden Name, Margaret Webb
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William White
9. Father's Occupatian, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Branch Craig M.D.

Address, Bay View Hospital

Remarks, 1910002283

RECEIVED FOR RECORD MAR 29 1910 GEO. BOSLEY M.D. BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Church Home & Infirmary — Registered No. B. 54804

CITY OF BALTIMORE. (No. North Broadway St.; Ward)

(2) FULL NAME OF CHILD Robert Slober Gilson — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			Yes	March 24 1910

FATHER		MOTHER	
(8) FULL NAME	Frank Gilson	(14) FULL MAIDEN NAME	Slober Margarete
(9) RESIDENCE	2439 Edmondson Ave	(15) RESIDENCE	2439 Edmondson Ave
(10) COLOR	white	(11) AGE AT LAST BIRTHDAY (Years)	32
(16) COLOR	white	(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	~~Maine~~ Milford, New Hampshire	(18) BIRTHPLACE	Missouri
(13) OCCUPATION	Secretary	(19) OCCUPATION	housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 24 March 1910 11 P M., on the date above stated.

(23) Signature A. Lee A. Mayer

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

0 0 0 0 2 2 8 4

Physician (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 1616 Monument Ave

Filed ____, 19 ____ Registrar

RECEIVED FOR RECORD MAR 29 1910 JAS. BOSLEY M.D. REG'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

GIVEN NAME ADDED 12-27-67

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 454805

CITY OF BALTIMORE, (No. 1629 Friendsbury Place St.; 15 Ward)

(2) FULL NAME OF CHILD Russell Stewart Maykrantz (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	X	2nd	Yes	March 26, 1910

FATHER	MOTHER
(8) FULL NAME: Albert J. Maykrantz	(14) FULL MAIDEN NAME: Nova B. Stewart
(9) RESIDENCE: 1629 Friendsbury Place	(15) RESIDENCE: 1629 Friendsbury Place
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 28 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 20 yrs (Years)
(12) BIRTHPLACE: Md	(18) BIRTHPLACE: Md.
(13) OCCUPATION: Harnessmaker	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 2nd	(21) Number of children of this mother now living: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.40 a. M., on the date above stated.

(23) Signature Wm. Grant M.D.

67 N Eutaw St (Physician or Midwife)

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

STATE FILE NO. 1 0 0 0 0 2 2 8 5 7

(24) Given name added from a supplemental report ____, 19

Address ____

Registrar

Filed MAR 29 1910, 19 .

Registrar

VITAL RECORD

MAR 29 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54806

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 308 Vincent St.; Ward)

(2) FULL NAME OF CHILD Stephen Paul (Gera) Gera — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child: Male. | (4) Twin, triplet, or other? — | (5) Number in order of birth — (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth: March 11 (Month) (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME: John (Gera) Gera	(14) FULL MAIDEN NAME: Anna Yeo
(9) RESIDENCE: 308 Vincent St.	(15) RESIDENCE: 308 Vincent St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 45 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 39 (Years)
(12) BIRTHPLACE: Hungary	(18) BIRTHPLACE: Hungary
(13) OCCUPATION: Blacksmith	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 10	(21) Number of children of this mother now living: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.30 a. M., on the date above stated.

(23) Signature: Nathan B Bodenstein, M.D. (Physician or Midwife)

Address: 507 S. Pulaski St

Filed _____, 19 _____ Registrar

(24) Given name added from a supplemental report _____, 19 _____ Registrar

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

T-0 0 0 0 2 2 8 6

VITAL STATISTICS RECORDED MAR 29 1910

J. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. 154807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD MAR 23 1910 J.C. BOSLEY M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Eddie Parsons
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Negro
4. Date of Birth Feb 7 - 1910
5. Place of Birth, (Street and number) 541 W. Biddle Alley
6. Full name of Mother, Eddie Parsons
7. Mother's Maiden Name, Eddie Webb
8. Mother's Birthplace, Virginia
9. Full name of Father, Moses Parsons
10. Father's Occupation, Laborer
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, James H Hughes

Address, 622 S Ann St

Remarks,

19100002287

Of each child (if any child have been born) state, under the full name and surname of the father, the name and surname of the mother, the date of birth, and the sex of each child. Only twins shall be delivered on the same certificate of birth, and the said certificate shall be delivered only to the father or mother of the child, or to the person having charge of the house in which the child was born. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, then the midwife or other person who shall be present at the birth shall, within ten days after the birth, deliver to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of each child, if any shall have been conferred) races, color, the full name and occupation of the parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner or Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should the person or persons required by this section to report such birth be unable to do so, then the same shall be reported within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Lemaley G. Davis.
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth Feb 9th 1910
5. Place of Birth, (Street and number) 909 Plum Alley
6. Full name of Mother, Mamie Helena Davis
7. Mother's Maiden Name, Mamie H. Cole
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Frank Davis.
10. Father's Occupation, Laborer
11. Father's Birthplace, Charlotte. N. C.

Name of Medical Attendant, or other person who makes this Return. James Washington

Address, 622 N Fountain St

Remarks,

RECEIVED FOR RECORD MAR 28 1910 WM. BOSLEY, M.D. REGISTRAR OF HEALTH

19100002288

RETURN OF A BIRTH. A54809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 28 1910
J.S. BOSLEY, M.D.
COMMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Name of child, Baby Boy Mallum
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth Feb 13 - 1910
5. Place of Birth, (Street and number) 846 Boyd St
6. Full name of Mother, Daisy Boyd Mallum
7. Mother's Maiden Name, Daisy Jackson
8. Mother's Birthplace, Baltimore
9. Full name of Father, Hanson Johnson
10. Father's Occupation, Paint R.
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. James T. Stevens

Address, 612 N Fremont St

Remarks,

1 9 1 0 0 0 0 2 2 8 9

or each child (if any shall have been born) to state, color, the full name and occupation of the parents, the date of birth of each child, and the number of children born to the mother, and to deliver to the person in charge of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person in charge of the premises where the birth occurs to report it to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* Baby Williams
2. *Sex,* (state whether male or female) Female
3. *Race or color,* (if not of the White Race) Colored
4. *Date of Birth* 9-5-10
5. *Place of Birth,* (Street and number) 622 West Lombard St
6. *Full name of Mother,* Carrie Williams
7. *Mother's Maiden Name* Carrie Williams
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* James Meredith
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, James O. Hughes

Address, 622 W. Lombard St

Remarks,

19100002290

RECEIVED FOR RECORD MAR 29 1910 JNO. BOSLEY M.D. REGISTRAR OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto, the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, then it shall be the duty of the person or parent of such child so reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 622 W. Lombard St. Registered No. B. A54311

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Goldie Florence Davis (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	3, 3, 19 10

FATHER		MOTHER	
(8) FULL NAME	John Westley Davis	(14) FULL MAIDEN NAME	Annie Gill Davis
(9) RESIDENCE	622 Vine St.	(15) RESIDENCE	622 Vine St.
(10) COLOR	Black.	(16) COLOR	Black.
(11) AGE AT LAST BIRTHDAY	32 (Years)	(17) AGE AT LAST BIRTHDAY	27 (Years)
(12) BIRTHPLACE	Talbot County	(18) BIRTHPLACE	Balto.
(13) OCCUPATION	Laborer	(19) OCCUPATION	Housework

(20) Number of children born to this mother, including present birth 5 (21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Emmett Taylor M.D.

(Physician or Midwife)

Address 1322 W. Lombard St

Filed MAR 28 1910 Registrar

(24) Given name added from a supplemental report , 19

Registrar

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

U 0022291

RECORD

JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54812

CITY OF BALTIMORE. (No. 1110 D. H. Ave St.; Ward)

(2) FULL NAME OF CHILD Beatrice Neal — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			No	3/22/1910

FATHER	MOTHER
(8) FULL NAME Clarence Boyce	(14) FULL MAIDEN NAME Cath Neal
(9) RESIDENCE	(15) RESIDENCE 1110 D. H. Ave
(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 17 (Years)	(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 15 (Years)
(12) BIRTHPLACE Balto City	(18) BIRTHPLACE Balto. City
(13) OCCUPATION Laborer	(19) OCCUPATION School girl.
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P. M., on the date above stated.

(23) Signature A. Lee Ellis M.D. (Physician or Midwife)

Address 1 [illegible] Druid. ave.

Filed MAR 28 1910, 19

Registrar

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

1-0 0 0 0 2 2 9 2

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD
MAR 28 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

(OVER FOR THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 622 West Lombard St. Registered No. B. A54813

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Annie Louise Clemens. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female	(To be answered only in event of plural birth)			3	7	19 10

FATHER		MOTHER	
(8) FULL NAME	Matthews Brown	(14) FULL MAIDEN NAME	Mary Milinda Clemens
(9) RESIDENCE	1136 Calhoun St.	(15) RESIDENCE	271 Etting St.
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	20	(17) AGE AT LAST BIRTHDAY (Years)	19.
(12) BIRTHPLACE	St Mary's Co.	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Waiter	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature James F. Heyl Jr (Physician or Midwife)

Address 6 E. Preston St

Filed MAR 28 1910, 19 ____ Registrar

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

0 0 0 0 2 2 9 3

(24) Given name added from a supplemental report ____, 19 ____ Registrar

RECEIVED RECORD

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54814

(1) PLACE OF BIRTH 622 W. Lombard St — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Mollie Kate Trapp — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				3, 3, 1910

FATHER		MOTHER	
(8) FULL NAME	Edward Matthews	(14) FULL MAIDEN NAME	Blanche Trapp
(9) RESIDENCE	Westminster Md	(15) RESIDENCE	Westminster Md.
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	15	(17) AGE AT LAST BIRTHDAY (Years)	15
(12) BIRTHPLACE	Carroll County	(18) BIRTHPLACE	Balto.
(13) OCCUPATION	Waiter	(19) OCCUPATION	housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature James H. Hughes

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

U 0002294

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 622 W. Lombard St

Filed MAR 28 1910.

Registrar

RECORD

JAS. SOGLEY, M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

GIVEN NAME ADDED - 12/22/11

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54815

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 748 Robert St. St.; Ward)

(2) FULL NAME OF CHILD Baby Williams, SARAH GOLDIE

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

(3) Sex of Child	(4) Twin, triplet or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yo	Feb. 26 1910

FATHER

(8) FULL NAME John Hampton Lee

(9) RESIDENCE 748 Robert St.

(10) COLOR B.

(11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION Teamster

MOTHER

(14) FULL MAIDEN NAME Adeline Williams

(15) RESIDENCE 748 Robert St.

(16) COLOR B.

(17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION Housework

(20) Number of children born to this mother, including present birth 8

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 30 P. M., on the date above stated.

(23) Signature J. Wilson Osburn M.D.

(Physician or Midwife)

Address 632 W. Lombard St.

Filed MAR 28 1910, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19 .

Registrar

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

U 0002295

RECORDED

MAS EOSLEY M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A51816

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 229 Myrtle Ave — St.; Ward)

(2) FULL NAME OF CHILD Baby Cohens — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 27 1910

FATHER	MOTHER
(8) FULL NAME Harry Cohens	(14) FULL MAIDEN NAME Carrie Denby
(9) RESIDENCE 229 Myrtle Ave -	(15) RESIDENCE 229 Myrtle Ave -
(10) COLOR Black	(16) COLOR Black
(11) AGE AT LAST BIRTHDAY 34 (Years)	(17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE South Carolina	(18) BIRTHPLACE Maryland
(13) OCCUPATION Laborer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature J. Nelson Coburn M.D.

(Physician or Midwife)

Address 622 W. Lombard St.

Filed MAR 28 1910, 19 .

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report ____, 19

Registrar

U 000 2296

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54817

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 14 N Prestman St.; Ward)

(2) FULL NAME OF CHILD Emma Jones

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 25 1910

FATHER	MOTHER
(8) FULL NAME: David Jones	(14) FULL MAIDEN NAME: Emma Quill
(9) RESIDENCE: 14 N Prestman St	(15) RESIDENCE: 14 N Prestman St
(10) COLOR: Black	(16) COLOR: Black
(11) AGE AT LAST BIRTHDAY: 37 (Years)	(17) AGE AT LAST BIRTHDAY: 34 (Years)
(12) BIRTHPLACE: Carroll Co. Md.	(18) BIRTHPLACE: Carroll Co. Md.
(13) OCCUPATION: Cook	(19) OCCUPATION: Laundress
(20) Number of children born to this mother, including present birth: 7	(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature James R Hughes

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

U 0 0 2 2 9 7

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 622 S Amity St

RECEIVED FOR RECORD MAR 28 1910 JAS. BOGLEY, M.D. COM'R OF HEALTH

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A54818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Estella Hulley

1. *Name of child,* Baby Hulley
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Feb. 5th 1910 — 5:00 P.M.
5. *Place of Birth, (Street and number)* 856 Lemon St
6. *Full name of Mother,* Estella Hulley
7. *Mother's Maiden Name* " "
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* ~~~
10. *Father's Occupation,* ~~~
11. *Father's Birthplace,* ~~~

Name of Medical Attendant, or other person who makes this Return, James A. Stephens

Address, 622 N Lombard St.

Remarks,

19100002298

RECEIVED FOR RECORD MAR 28 1910 BOSLEY M.D. COMMR OF HEALTH

of each child, if any shall have been conformed to sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly registered, to the person named in the return of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the owner or occupier of the house in which such birth shall occur, or of the nurse in attendance, or any person present at the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

4319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 23 1910
H. BARKLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child, Baby Thomas
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Feb 1st 1910
5. Place of Birth, (Street and number) 704 Loch Ave
6. Full name of Mother, Alice Thomas
7. Mother's Maiden Name, Alice Thomas
8. Mother's Birthplace, Baltimore
9. Full name of Father, Harry Thomas
10. Father's Occupation, ~~Baltimore~~ Driver
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. James A Hinshaw

Address, 612 Lombard St

Remarks,

1 9 1 0 0 0 0 2 2 9 9

his or her care during the month, and within ten days from the birth of each child, it may have been conferred; name, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly filled out by the practitioner in the form of a certificate before the undertaker of such child shall obtain the certificate of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in writing, upon the schedule above mentioned, and any person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 29 1910
WM. S. BOGLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* Baby Mathews
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth* Feb 2 - 10
5. *Place of Birth, (Street and number)* 622 Lombard St.
6. *Full name of Mother,* Louise Mathews
7. *Mother's Maiden Name,* Louise Mathews
8. *Mother's Birthplace,* Muirkirk, Prince Georges Co. Md.
9. *Full name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. A. Hughes

Address, 622 Lombard St

Remarks,

19100002300

his or her care during the month, etc., as required by law, and the name and occupation of its parent, and the date of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parent, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate before the first Third day after each and every month to the office of Vital Statistics of Health. In the manner and within the period above required, and such person or Persons so shall become the duty of the person or parents of such child to report its birth to the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be neglected or refused to be performed by the person in charge of the case, it shall for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Name of child, Baby Burley
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth Feb 12-1910
5. Place of Birth, (Street and number) 829 Raborg Street
6. Full name of Mother, Ella Burley
7. Mother's Maiden Name, Ella Burke
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, George Dickson
10. Father's Occupation, Tailor
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. James A Hughes

Address, 622 W Fayette St

Remarks,

1910002301

RECEIVED FOR RECORD
MAR 29 1910
REGISTRAR M.D.
BOARD OF HEALTH

Every midwife, or other person who shall attend upon the mother, at the birth of any child, shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A34822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD MAR 28 1910 JOS. SOSLEY M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. *Name of child,* Baby Carter
2. *Sex, (state whether male or female)* male.
3. *Race or color, (if not of the White Race)* black
4. *Date of Birth* Feb. 13
5. *Place of Birth, (Street and number)* 215 Carlton St.
6. *Full name of Mother,* Hattie Carter
7. *Mother's Maiden Name,* Hattie Norman
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* Temple Carter
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Alexandria Co. Va.

Name of Medical Attendant, or other person who makes this Return, Jerman A. Hughes

Address, 622 N. Carlton St

Remarks,

19100002302

The midwife or other person in attendance upon the mother, immediately after the birth of each child, shall have the same recorded, and shall report to the Registrar of Vital Statistics, the form of certificate between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother herself to report the same to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9/20/74

RETURN OF A BIRTH.

A54823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED
MAR 15 1910
M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, ~~Baby~~ Woodlon, Milburn Franklin
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Feb 15 1910
5. Place of Birth, (Street and number) 168 W. Hamburg St.
6. Full name of Mother, Carrie Virginia Woodlon
7. Mother's Maiden Name, Carrie V. Height
8. Mother's Birthplace, Baltimore
9. Full name of Father, James W. Woodlon
10. Father's Occupation, draymans
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. James A Stoughton

Address, 622 W Lombard St

Remarks, Filed 3/28/10

9100002303

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the Mother, immediately thereafter it shall be the duty of the Mother, and in case of her inability, of the person with whom she may be, to report the same as herein required, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 54824

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Name of child, Infant of Blanche Jones
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Black
4. Date of Birth February 17th 1910
5. Place of Birth, (Street and number) 916 Leadenhall St
6. Full name of Mother, Blanche Jones.
7. Mother's Maiden Name, Blanche Ennis.
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Calvin Jones.
10. Father's Occupation, Laborer
11. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Janet Brayton

Address, 620 W Lanvale St

Remarks,

RECEIVED FOR RECORD MAR 25 1910 THOS. BOSLEY M.D. REGR OF HEALTH

19100002304

...ns or for care taking, etc.
...of each child, if any shall have been contrary to sex, color, the full name and occupation of its parents, the ...
...of a certificate between the first and third day of each month, in the form to be prescribed by the Board of ...
...Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of ...
...midwifery, or should no other person be in attendance upon the mother, immediately thereafter it ...
...shall become the duty of the midwife attending upon the mother to report the birth to the Commissioner of ...
...Health, in the manner and within the period above required, and any midwife who shall neglect or refuse ...
...hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars ...
...for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Name of child, Baby Shorter
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth 2/19-1910
5. Place of Birth, (Street and number) Albemarle St 309
6. Full name of Mother, Rachel Shorter
7. Mother's Maiden Name, " Bacon
8. Mother's Birthplace, Maryland
9. Full name of Father, Isaac Shorter
10. Father's Occupation, Laborer
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. T. Dougherty

Address, 622 N. Lombard St

Remarks,

1910000002305

ACCEPTED FOR RECORD
MAR 28 1910
H. B. EDSLEY M.D.
SUPR. OF HEALTH

of each child, (if any shall have been conferred) names, color, the full name and occupation of the parents, the date and place of birth of each child, and such other information as may be required by the Board of Health. Every midwife, or other person in attendance upon the mother, immediately thereafter to deliver to the Registrar of Vital Statistics, Board of Health, a certificate containing the above required information, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* Baby Jones
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* 8-5-10
5. *Place of Birth, (Street and number)* 622 West Lombard St
6. *Full name of Mother,* Hattie Jones
7. *Mother's Maiden Name* Hattie Jones
8. *Mother's Birthplace,* Portsmouth Va.
9. *Full name of Father,* Lawrence Carter
10. *Father's Occupation,* Elevator Operator
11. *Father's Birthplace,* ?

Name of Medical Attendant, or other person who makes this Return. James O'Hughes

Address, 622 W Lombard St

Remarks,

19100002306

RECEIVED FOR RECORD
MAR 28 1910
A. C. BOSLEY M.D.
COMR OF HEALTH

he or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child of any female who shall have been confined, its sex, color, the full name and occupation of its parents, the date of birth and the street and number of the house where the mother resides. The physician or practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwife, or, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person who may be the nearest relative present, or the householder, to report the same to the Commissioner of Health, in the manner and within the period above required. And any such person or persons hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 54827

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Baby Garrison
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth 2-3-10
5. Place of Birth, (Street and number) 699 East Lombard St
6. Full name of Mother, Bertha Garrison
7. Mother's Maiden Name Bertha Garrison
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Sol Banks
10. Father's Occupation, Musician
11. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Jennie A Stephens

Address, 622 E Lombard St

Remarks,

RECEIVED FOR RECORD
MAR 29 1910
R.S. BOSLEY M.D.
BOARD OF HEALTH

1910000 2307

of each child, (if any shall have been conferred) name, color, the full names and occupation of the parents, the date and place of birth, and the full name and residence of the midwife, physician or other person in attendance, and the date of each birth, and shall report the same to the Office of Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother to report the birth of such child to the said Office of Registrar of Vital Statistics within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A34828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 28 1910
J. E. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Baby Sergel
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Feb 21 - 1910
5. Place of Birth, (Street and number) Etting St 231H
6. Full name of Mother, Emma Sergel
7. Mother's Maiden Name, Emma Sergel
8. Mother's Birthplace, Maryland
9. Full name of Father, ——
10. Father's Occupation, ——
11. Father's Birthplace, ——

Name of Medical Attendant, or other person who makes this Return, James Burgess

Address, 1211 Lombard St

Remarks,

1910002308

of such child; if any omit to do so, they shall severally forfeit and pay the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 18 1910
MR. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd.
1. *Name of child,*	Baby Westby
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	Colored
4. *Date of Birth*	Feb 3 1910
5. *Place of Birth, (Street and number)*	631 Penn alley
6. *Full name of Mother,*	Lulu Westby
7. *Mother's Maiden Name,*	Lulu Westby
8. *Mother's Birthplace,*	Baltimore Md
9. *Full name of Father,*	William Curtiss
10. *Father's Occupation,*	Laborer
11. *Father's Birthplace,*	St Mary's Co
Name of Medical Attendant, or other person who makes this Return.	James B Hughes
Address,	622 W Lombard St
Remarks,	

1910002309

of each child, if more than one born at a birth, and the day and hour of birth of each child. The information required by this section shall be duly given by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, it shall become the duty of the person in charge of the premises where the birth occurs, or of the mother herself if able, to report the particulars required by this section to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Name of child, Wilson
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black
4. Date of Birth Feb 4 - 191[illegible]
5. Place of Birth, (Street and number) 816 Elmwalt.
6. Full name of Mother, Carrie Wilson
7. Mother's Maiden Name Carrie Stricklin
8. Mother's Birthplace, Baltimore
9. Full name of Father, William Wilson
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James A. Hughes

Address, 622 Montwalt

Remarks,

1 9 1 0 0 0 0 2 3 1 0

RECEIVED FOR RECORD MAR 23 1910 REGISTRAR BALTIMORE CITY BOARD OF HEALTH

of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, or other person authorized to register births, within ten days after the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and the said report shall be verified by the oath of such person or parents, and shall be recorded by the said Commissioner of Health. Any person who shall fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 28 1910
H.S. BOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Name of child, "Baby" Thomas.
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Black.
4. Date of Birth Feb. 3, 1910.
5. Place of Birth, (Street and number) 633 Eastern St.
6. Full name of Mother, Lillie Thomas
7. Mother's Maiden Name, Lillie Butler.
8. Mother's Birthplace, Anne Arundel Co.
9. Full name of Father, Alexander Thomas.
10. Father's Occupation, "Shucks" Oysters.
11. Father's Birthplace, Davidsonville, Md.

Name of Medical Attendant, or other person who makes this Return. James W. Stringfellow

Address, 622 W. Lombard St

Remarks,

19100002311

Of each child, (if any) which have been conferred by it; or, the full name and occupation of the reputed father, if the child be illegitimate. The certificate shall be signed by the attending physician or midwife, or by the householder, or owner or agent of the premises where the birth occurred. The return of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the mother, or in case of her inability, of the nearest relative present at the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Name of child, Robbie Hacket
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth 2/4/10
5. Place of Birth, (Street and number) 712 South Sharp
6. Full name of Mother, Salida Hacket
7. Mother's Maiden Name, Salida Johnson
8. Mother's Birthplace, Balto Md
9. Full name of Father, Eddie Hacket
10. Father's Occupation, Oyster Schucker
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, James D. Hughes

Address, 622 Lombard St

Remarks,

19100002312

RECEIVED FOR RECORD MAR 28 1910 OSLEY M.D. OF HEALTH

of each child. (If any shall have been conferred) Laws, 1898, Ch. 123, Sec. 6) except as to [illegible] date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall become the duty of the person or parents of such child to report the birth to the Commissioner of Midwifery, or other person in attendance, a report of a physician or practitioner or midwife shall be delivered to the parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A-42333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Name of Child,* Irvin Crosby
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* March 23 1910
6. *Place of Birth, (Street and number)* Baltimore 604 N Spring St.
6. *Full name of Mother,* Florence Crosby
7. *Mother's Maiden Name,* Florence Bivotor
8. *Mother's Birthplace,* Baltimore Maryland
9. *Full name of Father,* William Crosby
10. *Father's Occupation,* laborer
11. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Carolin Patterson

Address, 516 Hubbards Court.

Remarks, doing Well

1910002313

month, as required by section 12 of its powers; he shall enter the full name and occupation of its parents; he shall enter the full name and residence of the physician or midwife, if any, in attendance upon the mother, and if there be no physician or midwife in attendance, then the name and residence of the person who has been conferred) its sex, color, the full name and residence of the physician or midwife, if any, in attendance upon the mother, and if there be no physician or midwife in attendance, then the name and residence of the person who shall be present at the birth of each child within the period above required, and shall forthwith report the same in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, the mother herself shall report the same to the Commissioner of Health in the manner and within the period above required, and such report so made by the mother shall be sufficient. Any physician, midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

54634

(1) PLACE OF BIRTH 1412 Brunt St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD George Johnson {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child Male | (4) Twin, triplet, or other? | (5) Number in order of birth Seventh (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth Feb. (Month) 15 (Day) 1910 (Year)

FATHER

(8) FULL NAME Philip H. Johnson

(9) RESIDENCE 1412 Brunt St.

(10) COLOR Black (11) AGE AT LAST BIRTHDAY 47 (Years)

(12) BIRTHPLACE Montgomery Co. Md.

(13) OCCUPATION Waiter

MOTHER

(14) FULL MAIDEN NAME Mary ~~Thomas~~

(15) RESIDENCE 1412 Brunt St.

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Baltimore Md.

(19) OCCUPATION Housekeeping work

(20) Number of children born to this mother, including present birth 7

(21) Number of children of this mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 a M., on the date above stated.

(23) Signature H. A. Pruitt

0 0 0 0 2 3 1 4 1119 McCulloh St. (Physician or Midwife)

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

RECEIVED FOR RECORD MAR -4 1910 WM. S. GOODLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Address

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54835

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Charley Keene — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Colard				March 25th, 1910

FATHER	MOTHER
(8) FULL NAME George L. Keene	(14) FULL MAIDEN NAME Emmania Hughes
(9) RESIDENCE # 1648 mulikin Street	(15) RESIDENCE # 1648 mulikin Street
(10) COLOR Colard (11) AGE AT LAST BIRTHDAY 44 (Years)	(16) COLOR Colard (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Dorchester Co Md	(18) BIRTHPLACE Dorchester Co Md
(13) OCCUPATION Occupation Laborer	(19) OCCUPATION house holder

(20) Number of children born to this mother, including present birth 10 — (21) Number of children of this mother now living 4 children

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at # 1648 mulikin St B. M., on the date above stated.

(23) Signature Maggie Hughes

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

U 0 0 2 3 1 5 midwife (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address # 1029 Chapel Street Balto

Filed MAR 28 1910 19 .

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B. 54836

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 625 Archer St St.; Ward)

(2) FULL NAME OF CHILD Stuart Washington
If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 19 1910

FATHER

(8) FULL NAME: John Scott

(9) RESIDENCE: 625 Archer St

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY (Years): —

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Driver

(20) Number of children born to this mother, including present birth: —

MOTHER

(14) FULL MAIDEN NAME: Mary Washington

(15) RESIDENCE: 625 Archer St

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY (Years): 19

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Home Work

(21) Number of children of this mother now living: —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at (M., on the date above stated.

(23) Signature: James H Hughes (Physician or Midwife)

Address: 625 Archer St

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

(24) Given name added from a supplemental report, 19

Filed MAR 28 1910 19

Registrar

Registrar

(READ THE REVERSE SIDE)

0 0 0 2 3 1 6
RECORDER RECORD
JAS. BOSLEY M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A34837

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 317 King St.; Ward)

(2) FULL NAME OF CHILD Baby House — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 21 1910

FATHER		MOTHER	
(8) FULL NAME	X	(14) FULL MAIDEN NAME	Wilhemina House
(9) RESIDENCE		(15) RESIDENCE	317 King St
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Blk	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	317 King St
(13) OCCUPATION		(19) OCCUPATION	H. W.
(20) Number of children born to this mother, including present birth 1		(21) Number of children of this mother now living 1	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature James F. Hughes (Physician or Midwife)

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

0 0 0 2 3 1 7

(24) Given name added from a supplemental report ____, 19

Address 627 W. Lombard St

Registrar

Filed MAR 28 1910, 19 Registrar

RECEIVED FOR RECORD

JAS. BOOLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 74338

(1) PLACE OF BIRTH 622 W. Lombard St. (No.) St.; (Ward)

CITY OF BALTIMORE.

(2) FULL NAME OF CHILD William Taylor. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				2, 23, 1910

FATHER	MOTHER
(8) FULL NAME Frank H Taylor.	(14) FULL MAIDEN NAME Stella Taylor.
(9) RESIDENCE 416 Lemmette St.	(15) RESIDENCE 407 Hamburg St.
(10) COLOR Black (11) AGE AT LAST BIRTHDAY 28. (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY 21. (Years)
(12) BIRTHPLACE Balto.	(18) BIRTHPLACE Fairfax Co. Va
(13) OCCUPATION Laborer.	(19) OCCUPATION Housework.
(20) Number of children born to this mother, including present birth Three	(21) Number of children of this mother now living Now

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Duncan Hughes

(Physician or Midwife)

Address 622 W Lombard St

Filed MAR 28 1910, 19 .

Registrar

JAS. BOOLEY, M.D.
REGISTRAR OF RECORD

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report , 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

1839

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Lannon — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 29 1910

FATHER	MOTHER
(8) FULL NAME William Lannon	(14) FULL MAIDEN NAME Lanzata Nettles
(9) RESIDENCE 545 Burgundy Alley	(15) RESIDENCE 545 Burgundy Alley
(10) COLOR Black (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Balto.	(16) BIRTHPLACE Balto.
(13) OCCUPATION Laboring	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Nelson Osborn M.D. (Physician or Midwife)

Address 622 W. Lombard St.

Filed MAR 28 1910 ____, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

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

0 0 0 2 3 1 9

RECORDED FOR BOARD OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 523 King St. — Registered No. B. 1840

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Oscar Hughes — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or others? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		1	Yes	3 2 1910

FATHER

(8) FULL NAME James Allen Frazon

(9) RESIDENCE Cider alley

(10) COLOR Colored

(11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Baltimore Md.

(13) OCCUPATION Sailor

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Pauline Hughes

(15) RESIDENCE 523 King St.

(16) COLOR Colored

(17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Baltimore Md

(19) OCCUPATION Laundress

(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 a. M., on the date above stated.

(23) Signature J. Nelson Osborne M.D. (Physician or Midwife)

Address 627 W. Lombard St.

Filed ____ 19 ____ Registrar

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

0 0 0 3 2 0

(24) Given name added from a supplemental report ____, 19 ____ Registrar

MAR 28 1910
REGISTRAR
BOARD OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54841

CITY OF BALTIMORE. (No. 1207 Rodney St. ; St.; Ward)

(2) FULL NAME OF CHILD Baby Johnson (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		Second	Yes	March 16, 1916

FATHER	MOTHER
(8) FULL NAME Dixon Johnson	(14) FULL MAIDEN NAME Lloretta Elk Gardner
(9) RESIDENCE 1207 Rodney	(15) RESIDENCE 1207 Rodney
(10) COLOR Black	(16) COLOR Black
(11) AGE AT LAST BIRTHDAY 22 (Years)	(17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Laborer	(19) OCCUPATION Laborer
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.30 a. M., on the date above stated.

(23) Signature R. A. McMillan

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

U 0 0 0 2 3 2 1 622 W Lombard St (Physician or Midwife)

(24) Given name added from a supplemental report....., 19

Address .....

Filed ....., 19..

Registrar

Registrar

(READ THE REVERSE SIDE)

REGISTRATOR'S RECORD
MAR 28 1916
JAS. BOSLEY, M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 154842

CITY OF BALTIMORE. (No. 2122 Union St. St.; Ward)

(2) FULL NAME OF CHILD Not named (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.			No	March 26, 1910

FATHER	MOTHER
(8) FULL NAME Not known	(14) FULL MAIDEN NAME Elizabeth A. Smith
(9) RESIDENCE —	(15) RESIDENCE 2122 Union St
(10) COLOR — (11) AGE AT LAST BIRTHDAY — (Years)	(16) COLOR col. (17) AGE AT LAST BIRTHDAY [illegible] (Years)
(12) BIRTHPLACE —	(18) BIRTHPLACE St Mys Co. Md
(13) OCCUPATION —	(19) OCCUPATION Mr shortwaist Factory
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7-30 P M., on the date above stated.

(23) Signature W. J. Kaelin

852 W. Worth Av. (Physician or Midwife)

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

1 0 0 0 2 3 2 2

(24) Given name added from a supplemental report ____, 19 ____

Address RECEIVED FOR RECORD

Filed MAR 28 1910 19 .

Registrar

Registrar

JAS. BOSLEY, M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A 54343

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or whatever? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Males	Twin	2	Yes	Mar. 15, 1910

FATHER	MOTHER
(8) FULL NAME: David Howard	(14) FULL MAIDEN NAME: Eddie Rebecca Howard
(9) RESIDENCE: Frankline Road & Bridge	(15) RESIDENCE: Franklin Road & Bridge
(10) COLOR: Colored (11) AGE AT LAST BIRTHDAY: 25 (Years)	(16) COLOR: Colored (17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: Baltimore Co. Md.	(18) BIRTHPLACE: A. A. Co. Md.
(13) OCCUPATION: Waiter	(19) OCCUPATION: Household
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: Jno. Houston Jr. M.D.

Address: 310 W. Mosher Ave

(Physician or Midwife)

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

0 0 0 2 3 2 3

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

RECEIVED FOR RECORD MAR 25 1910 H. S. BOSLEY M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No.) 662 W Mulberry St. St.; Ward)

Registered No. B. 41-2344

(2) FULL NAME OF CHILD — Dennis. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		6th "	Yes	Mar 15th 1910

FATHER

(8) FULL NAME: Albert Dennis.

(9) RESIDENCE: 662 W. Mulberry St

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY: 38 (Years)

(12) BIRTHPLACE: Balto. Md.

(13) OCCUPATION: Janitor

(20) Number of children born to this mother, including present birth: 6th "

MOTHER

(14) FULL MAIDEN NAME: Emma Colley

(15) RESIDENCE: 662 W. Mulberry St.

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY: 35 (Years)

(18) BIRTHPLACE: Pert Kelly Springs W. Va.

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5 15 " M., on the date above stated.

(23) Signature: R L McMillan

0 0 0 2 3 2 622 W Lombard St. (Physician or Midwife)

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

(24) Given name added from a supplemental report ____, 19

Registrar

Address

Filed ____, 19

Registrar

RECEIVED FOR RECORD MAR 28 1910 H. S. BOSLEY M.D. REGISTRAR

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54845

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 782 Sara Ann St.) Registered No. B.

(2) FULL NAME OF CHILD — Mitchell (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	3/24 1910

FATHER		MOTHER	
(8) FULL NAME	Andrew Mitchell	(14) FULL MAIDEN NAME	Emma Holliday
(9) RESIDENCE	782 Sara Ann	(15) RESIDENCE	782 Sara Ann
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	35
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Laborer	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	10	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature R D McMillan

Address 0 0 0 2 3 2 2 2 W Lombard St (Physician or Midwife)

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

(24) Given name added from a supplemental report ____, 19

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Filed MAR 28 1910, 19 .

Registrar

J.H.BOLLEY M.D. (READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54846

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 645 Light St. St.; 22 Ward)

(2) FULL NAME OF CHILD Sylvia Bloomenstein — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural birth)		yes	March 16 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Louis Bloomenstein	(14) FULL MAIDEN NAME Regina Schoen
(9) RESIDENCE 645 Light St	(15) RESIDENCE 645 Light St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Lemberg Galacia Austria	(18) BIRTHPLACE Krakow Galacia Austria
(13) OCCUPATION Tailor (Coat Maker)	(19) OCCUPATION Merchant Bread Tobacco Soda Waters
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 A M., on the date above stated.

1910 MAR 23 2 32

(23) Signature Alfred A Bendrick M.D. (Physician or Midwife)

Address 22 S. Patterson Park Ave

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

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed MAR 25 1910 19 . Registrar

RECORD

JAS. BOSLEY M.D. BOARD OF HEALTH

(SEE THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A 54847

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1716 E Fayette St.; Ward)

(2) FULL NAME OF CHILD Cecelia Schroeder — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	January 28 1910

FATHER	MOTHER
(8) FULL NAME Raphael Schroeder	(14) FULL MAIDEN NAME Rose Sikelski
(9) RESIDENCE 1716 E Fayette St	(15) RESIDENCE 1716 East Fayette St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE New York City	(18) BIRTHPLACE Prussia Schwingow Pr.
(13) OCCUPATION Jeweler	(19) OCCUPATION Home wife
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.50 A M., on the date above stated.

(23) Signature Alfred A Bondick M.D.

(Physician or Midwife)

Address 1806 E Baltimore St

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

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(24) Given name added from a supplemental report _____, 19

Filed MAR 29 1910 19

Registrar

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RECORD
JAS. BOGLEY
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54848

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1623 Eastern Av St.; 3 Ward)

(2) FULL NAME OF CHILD Mary Julia Zelinski

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 2 1910

FATHER	MOTHER
(8) FULL NAME Julius Zelinski	(14) FULL MAIDEN NAME Jennie Dombrowski
(9) RESIDENCE 1623 Eastern Av	(15) RESIDENCE 1625 Eastern Av
(10) COLOR White (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Drobin Russia Poland	(18) BIRTHPLACE Lomza Russia Poland
(13) OCCUPATION Laborer Grave Digger	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth Three	(21) Number of children of this mother now living Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 P. M., on the date above stated.

(23) Signature Alfred A Bondrich M.D.

(Physician or Midwife)

Address 806 East Baltimore St

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

(24) Given name added from a supplemental report ____, 19

Filed ____ 19

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MAR 28 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54349

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 228 South Broadway St.; 3 Ward).

(2) FULL NAME OF CHILD Margaret Virginia Johnson — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	February 18 1910

FATHER	MOTHER
(8) FULL NAME Harry Samuel Johnson	(14) FULL MAIDEN NAME Mary Holland
(9) RESIDENCE 228 South Broadway	(15) RESIDENCE 228 South Broadway
(10) COLOR White (11) AGE AT LAST BIRTHDAY 38 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Alexandria Virginia	(18) BIRTHPLACE Prince William Co. Va.
(13) OCCUPATION Marine Engineer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth Four	(21) Number of children of this mother now living Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 P M., on the date above stated.

(23) Signature Alfred A. Bundick M.D. (Physician or Midwife)

Address 22 South Patterson Park Av

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

U 0002329

RECEIVED FOR RECORD MAR 28 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report_____, 19

Registrar

Filed _____ 19 .

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B A54850

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1907 E. Lafayette Ave St.; Ward)

(2) FULL NAME OF CHILD Karl

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female		3	Yes	March 6, 1910

FATHER

(8) FULL NAME Charles J Kaiser

(9) RESIDENCE 1907 E. Lafayette Ave

(10) COLOR White

(11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Baltimore Md

(13) OCCUPATION Compositor

MOTHER

(14) FULL MAIDEN NAME Florence E. Prechtel

(15) RESIDENCE 1907 E. Lafayette Ave

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION House duties

(20) Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 A. M., on the date above stated.

(23) Signature Alfred Ullman M.D.

Address 1006 N Broadway (Physician or Midwife)

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

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(24) Given name added from a supplemental report....., 19

Registrar

Filed MAR 13 1910, 19

J.A.S. BOGLEY, M.D. COM'R OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 454851

CITY OF BALTIMORE. (No. 1520 Penna. Avenue, St.; Ward)

(2) FULL NAME OF CHILD Marie Josephine Murphy. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.	—	—	Yes	March 19, 1910

FATHER	MOTHER
(8) FULL NAME: John J. Murphy.	(14) FULL MAIDEN NAME: Nora A. Donahue
(9) RESIDENCE: 1529 Penna. Avenue.	(15) RESIDENCE: 1529 Penna. Ave.
(10) COLOR: White. (11) AGE AT LAST BIRTHDAY: 35 (Years)	(16) COLOR: White. (17) AGE AT LAST BIRTHDAY: 34 (Years)
(12) BIRTHPLACE: Balto Co. Md.	(18) BIRTHPLACE: Washington, D. C.
(13) OCCUPATION: Driver Police Patrol.	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 M., on the date above stated.

(23) Signature: J. Lowrie Engle M.D. (Physician or Midwife)

Address: 1007 W. Lanvale St

Filed MAR 28 1910.

Registrar

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JAS. BOSLEY, M.D. COMM'R OF HEALTH

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

(24) Given name added from a supplemental report _____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54852

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1734 Ashland Ave St. Ward)

(2) FULL NAME OF CHILD Virginia Ruth Sipe (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female			Yes	March 17th 1910

FATHER	MOTHER
(8) FULL NAME: Milton A Sipe	(14) FULL MAIDEN NAME: Amelia M. Favick
(9) RESIDENCE: 1734 Ashland Ave	(15) RESIDENCE: ~~Bohemia~~, 1734 Ashland Ave
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 20 (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 19 (Years)
(12) BIRTHPLACE: Balto. Md.	(18) BIRTHPLACE: Bohemia
(13) OCCUPATION: Carpenter	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: one	(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7-30 a M., on the date above stated.

(23) Signature: Chas. B. Leighton Md (Physician or Midwife)

Address: 1528 N Broadway

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

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(24) Given name added from a supplemental report ____, 19

Filed MAR 28 1910, 19

JAS. BOGLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54853

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 171 Front Hill Ave. St.; Ward)

(2) FULL NAME OF CHILD Mame Moore. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			Yes	1 March Tues. 1910

FATHER		MOTHER	
(8) FULL NAME	Christ Moore	(14) FULL MAIDEN NAME	Mame A Kain.
(9) RESIDENCE	Baltimore Md.	(15) RESIDENCE	Baltimore Md.
(10) COLOR	white	(16) COLOR	white
(11) AGE AT LAST BIRTHDAY (Years)	40 yrs. 15 months.	(17) AGE AT LAST BIRTHDAY (Years)	32 yrs 24 days.
(12) BIRTHPLACE	Baltimore.	(18) BIRTHPLACE	Baltimore Md.
(13) OCCUPATION	Butter dealer.	(19) OCCUPATION	House Work.

(20) Number of children born to this mother, including present birth 7 Children (21) Number of children of this mother now living 3 living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature J. Nelson Dobson M.D.

U 0 0 0 2 3 3

(Physician or Midwife)

Address 62 2 Mc Auba dale

Filed MAR 28 1910 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

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

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54854

(1) PLACE OF BIRTH 922 W. Lombard St — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Inez Fletcher — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	0			3 . 12 19 10

FATHER

(8) FULL NAME Walter Barrow

(9) RESIDENCE Penn Va

(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Penn Va.

(13) OCCUPATION Merchant.

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Inez Fletcher

(15) RESIDENCE Old Mill Virginia

(16) COLOR White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Old Mill Va.

(19) OCCUPATION School girl.

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature James A Leighton (Physician or Midwife)

Address 622 W Lombard St

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

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(24) Given name added from a supplemental report ____, 19

Registrar

BIRTH RECORD

Filed MAR 18 1910 19 . Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54855

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Not Named Baby Stinskitz. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) March (Day) 7 (Year) 1910
Female			Yes	

FATHER	MOTHER
(8) FULL NAME Stis Stinskitz	(14) FULL MAIDEN NAME Eustina Zuwatsky
(9) RESIDENCE 122 W. Pratt St	(15) RESIDENCE 122 W. Pratt St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 39 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Tailor	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 7	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 a.m., M., on the date above stated.

(23) Signature J. Nelson Rebeun, M.D. (Physician or Midwife)

Address 624 N. Lombard St

Filed MAR 28 1910, 19 . Registrar

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

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(24) Given name added from a supplemental report ____, 19 ____ Registrar

JAS. BOSLEY, M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54856

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 225 S. Greene St. St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 13 1910

FATHER	MOTHER
(8) FULL NAME: Charles Jourdes	(14) FULL MAIDEN NAME: Mary Barisuba
(9) RESIDENCE: 225 S. Greene St.	(15) RESIDENCE: 225 S. Greene St.
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 34 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 P. M., on the data above stated.

(23) Signature: J. Nelson Rohrer M.D. (Physician or Midwife)

Address: 627 W. Lombard St.

Filed MAR 28 1910, 19 . Registrar

JAS. BOGLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

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

(24) Given name added from a supplemental report ____, 19

Registrar

0 0 0 2 3 3 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54857

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. No 1 Penn St.; Ward)

(2) FULL NAME OF CHILD Anna Mulianska

If child is not named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.			Yes	2/27 1910

FATHER	MOTHER
(8) FULL NAME Joseph Mulianska	(14) FULL MAIDEN NAME Anna Pecikinis
(9) RESIDENCE #1 Penn St.	(15) RESIDENCE #1 Penn St.
(10) COLOR W. (11) AGE AT LAST BIRTHDAY 38 (Years)	(16) COLOR W (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Russia	(16) BIRTHPLACE Russia
(13) OCCUPATION Tailor.	(19) OCCUPATION Home Wife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature J. Nelson Osburn M.D.

(Physician or Midwife)

Address 622 W. Lombard St.

Filed MAR 28 1910, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

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

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RECORD

JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54858

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Speer (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		4/4	Yes	2/23 1910

FATHER	MOTHER
(8) FULL NAME: Frank Speer	(14) FULL MAIDEN NAME: Mary Gurd
(9) RESIDENCE: 1107 Rael St	(15) RESIDENCE: 1107 Rael St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 38 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Germany
(13) OCCUPATION: Expressman	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature James Stephens

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

1910 0 0 0 2 3 3 8

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 1107 Rael St

Filed MAR 28 1910 19 .

Registrar

RECEIVED FOR
H. S. BOSLEY M.D.
COMM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54859

(1) PLACE OF BIRTH 622 W. Lombard St — Registered No. B.

CITY OF BALTIMORE. 2 (No. ____ St.: ____ Ward)

(2) FULL NAME OF CHILD Frances Chicarsie — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		yes	3, 7, 1910

FATHER

(8) FULL NAME Lino Chicarsie

(9) RESIDENCE 302 Durham St.

(10) COLOR White — (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Germany

(13) OCCUPATION Laborer

(20) Number of children born to this mother, including present birth 3

MOTHER

(14) FULL MAIDEN NAME Ada Orzechowski

(15) RESIDENCE 302 Durham St.

(16) COLOR White — (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION housework

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature James A Hughes — (Physician or Midwife)

Address 622 W Lombard St

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

U 0 0 2 3 3 9

(24) Given name added from a supplemental report ____, 19

Filed MAR 28 1910 19 .

Registrar

RECORD

JAS. BOGLEY, M.D. CLERK OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54860

(1) PLACE OF BIRTH 622 W. Lombard St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Mary Agnes Stubbins (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			No.	3 8 1910

FATHER	MOTHER
(8) FULL NAME Edward Flinn	(14) FULL MAIDEN NAME Lena Ann Stubbins
(9) RESIDENCE Baltimore	(15) RESIDENCE 1817 Eger St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 20 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 19. (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Iron Foundry.	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature James A Hughes
(Physician or Midwife)

Address 622 W. Lombard St

Filed MAR 28 1910 19 .
Registrar

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

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

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RECORD
JAS. BOGLEY M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54861

(1) PLACE OF BIRTH 626 W. Lombard St.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Charlotte Lavine. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		no	3 5 1910

FATHER	MOTHER
(8) FULL NAME Hirsman Chatof	(14) FULL MAIDEN NAME Fanny Charlotte Lavine
(9) RESIDENCE Baltimore	(15) RESIDENCE 108 Albemarle St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 23. (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia.
(13) OCCUPATION Factory	(19) OCCUPATION Factory
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Ernest Beyhs

(Physician or Midwife)

Address 626 W Lombard St

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

0 0 0 2 3 4 1

(24) Given name added from a supplemental report ____, 19

Registrar

Filed MAR 28 1910, 19 .

Registrar

RECORD

(READ THE REVERSE SIDE)

over

RETURN OF A BIRTH. A54862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Baby Hicks, Lillian Frances Hicks
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 2-2-10
5. Place of Birth, (Street and number) 622 West Lombard St.
6. Full name of Mother, Mrs. J. Frank Hicks
7. Mother's Maiden Name, Nellie Francis Handren
8. Mother's Birthplace, England
9. Full name of Father, J. Frank Hicks
10. Father's Occupation, Soldier.
11. Father's Birthplace, Kentucky Indianna

Name of Medical Attendant, or other person who makes this Return, James T. Hughes

Address, 622 W Lombard St

Remarks,

MAR 08 1910

JAS. BOSLEY, M.D.
COMM'R OF HEALTH

1910000342

his or her care during the month, and every physician, midwife, or other person who shall fail to report, as herein required, the birth of each child to which he or she shall have been in attendance, or who shall knowingly report the birth of any child shall occur without the attendance of a physician or midwife, or should no other person or persons be in attendance, shall be subjected to a like penalty. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person or persons report the birth of such child as herein required, the parent or parents of such child shall be subjected to a like penalty. It shall be the duty of the Commissioner of Health, to cause the blanks and forms for the certificates and returns of births to be printed in the form and manner and to contain the matter required by this section, and to furnish the same to the several registrars of births, midwives and physicians who shall apply therefor. Any person who shall refuse or neglect to make any return or certificate required by this section, or who shall make any false return or certificate, shall be subjected to a fine of not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A54863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Smith

1. Name of child, Baby Hodges.
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth 2-6-10.
5. Place of Birth, (Street and number) 622 West Lombard St.
6. Full name of Mother, Mrs. Ramsay Hodges.
7. Mother's Maiden Name, Lucy Sellman
8. Mother's Birthplace, Prince Georges County Md.
9. Full name of Father, Ramsay Hodges.
10. Father's Occupation, Farmer
11. Father's Birthplace, Annearundel Md.

Name of Medical Attendant, or other person who makes this Return, James H Hughes

Address, 622 W Lombard St

Remarks,

1910 U 002343

INSPECTOR OF RECORDS
MAR 28 1910
M. BONLEY M.D.
BOARD OF HEALTH

Any physician, midwife or other person who shall attend upon any birth, or who shall be informed of any birth occurring elsewhere than in the house where the child is born, shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54864

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 409-34 ave St.: 23 Ward)

(2) FULL NAME OF CHILD Ellsworth Bowers

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	—	2	Yes	May 4, 1910

FATHER	MOTHER
(8) FULL NAME: Carroll R. Bowers	(14) FULL MAIDEN NAME: Nellie A Garlock
(9) RESIDENCE: 409-34 ave	(15) RESIDENCE: 409-34 ave
(10) COLOR: W	(16) COLOR: W
(11) AGE AT LAST BIRTHDAY (Years): 23	(17) AGE AT LAST BIRTHDAY (Years): 22
(12) BIRTHPLACE: Md	(18) BIRTHPLACE: Md
(13) OCCUPATION: Rail road	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 A M., on the date above stated.

(23) Signature Harry C Alyer

340 Reisterstown ave
(Physician or Midwife)

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

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RECORDED
MAR 15 1910

(24) Given name added from a supplemental report, 19

Address

Filed JAS. BOSLEY M.D. 19

JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54865

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1046 Penn ave. St.; Ward)

(2) FULL NAME OF CHILD Izzy Freer

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	3/19/1910

FATHER		MOTHER	
(9) FULL NAME	Morris Freer	(14) FULL MAIDEN NAME	Annie Silver
(9) RESIDENCE	1046 Penn. ave	(15) RESIDENCE	1046 Penn. ave.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	31
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	20
(12) BIRTHPLACE	Germany	(18) BIRTHPLACE	Germany
(13) OCCUPATION	Sewing Machine Operator	(19) OCCUPATION	House wife
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 A. M., on the date above stated.

(23) Signature A. Lee Ellis, M.D.
(Physician or Midwife)

Address 1046 Penn ave.

Filed MAR 28 1910

Registrar

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

C 0 0 0 2 3 4 5

(24) Given name added from a supplemental report _____, 19

Registrar

RECORDED
RECORD

JAS. BOSLEY, M.D.
COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54866

CITY OF BALTIMORE. (No. 202 N Rose St.; Ward)

(2) FULL NAME OF CHILD John Clemmont Brusinsky — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), (Year)
Male	(To be answered only in event of plural births)	1st	Yes	Mar. 10, 1910

FATHER		MOTHER	
(8) FULL NAME	John A. Brusinsky	(14) FULL MAIDEN NAME	Kate G. Horsky
(9) RESIDENCE	202 N Rose st	(15) RESIDENCE	202 N Rose
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	22	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	Balto City	(18) BIRTHPLACE	Balto City
(13) OCCUPATION	Tailor	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1st	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.55 a M., on the date above stated.

(23) Signature Chas. B. Fleagle MD
830 N Broadway
(Physician or Midwife)

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

1910 000234

(24) Given name added from a supplemental report ____, 19

Address

Filed MAR 28 1910 JAS. BOOLEY M.D. REGISTRAR OF HEALTH, 19

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 622 W. Lombard St. Registered No. B. A54867

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Joe Rubenstein [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			Yes	3 8 19

FATHER	MOTHER
(8) FULL NAME Joe Rubenstein	(14) FULL MAIDEN NAME Mamie Nibbs
(9) RESIDENCE 607 Columbia Ave	(15) RESIDENCE 607 Columbia Ave
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 27 (Years)	(17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) DOCCUPATION Tailor	(19) DOCCUPATION H. W.
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature James Hughes (Physician or Midwife)

Address 622 W. Lombard St

Filed MAR 28 1910 19 Registrar

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RECORD

JAS. BOBLEY
COM'R OF HEALTH

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

(24) Given name added from a supplemental report ____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54868

(1) PLACE OF BIRTH 237 Strieker St. East — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Krebs. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		—	Yes	Feb 27, 1910

FATHER	MOTHER
(8) FULL NAME Leo Frances Krebs	(14) FULL MAIDEN NAME Gertrude Brown
(9) RESIDENCE 237 S. Strieker St	(15) RESIDENCE 237 S. Strieker St
(10) COLOR White (11) AGE AT LAST BIRTHDAT 26 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Laborer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 3rd	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature J. Nelson Osburn M.D. (Physician or Midwife)

Address 622 W. Lombard St

Filed MAR 29 1910 19 .

Registrar

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(24) Given name added from a supplemental report ____, 19

Registrar

JAS. H. BAILEY, M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

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

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54869

(1) PLACE OF BIRTH 622 N. Lombard St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Wilson Pattin

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			no	3, 7, 1910

FATHER

(8) FULL NAME William Burt Wilson

(9) RESIDENCE Gifford Md

(10) COLOR White (11) AGE AT LAST BIRTHDAY 26. (Years)

(12) BIRTHPLACE Wilmington Del.

(13) OCCUPATION Railroad

MOTHER

(14) FULL MAIDEN NAME Lottie Ellen Virginia Pattin

(15) RESIDENCE Parkedale Ave & Woodbourne

(16) COLOR White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Calvert County

(19) OCCUPATION Mill operator

(20) Number of children born to this mother, including present birth one

(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Irene V. Hughes (Physician or Midwife)

Address 622 N. Lombard St

Filed MAR 28 1910 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

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

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RECORD

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 622 W. Lombard St. Registered No. B. A54870

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Norman Harris Philbrook

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male.			yes	3 8 19 10

FATHER	MOTHER
(8) FULL NAME George Henry Philbrook	(14) FULL MAIDEN NAME Grace Irene Harris
(9) RESIDENCE 626 W. Dover St.	(15) RESIDENCE 626 W. Dover St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Maine	(18) BIRTHPLACE Mass.
(13) OCCUPATION Engineer	(19) OCCUPATION Housework.
(20) Number of children born to this mother, including present birth 8	(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Janet Hughes

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

U 0 9 2 3 5 0

(Physician or Midwife)

Address 622 W Lombard St

(24) Given name added from a supplemental report ____, 19

Filed MAR 28 1910 19 ____ Registrar

RECORD

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54871

(1) PLACE OF BIRTH 622 W Lombard St — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Evan Dean Bowen — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	3, 9, 1916

FATHER

(8) FULL NAME Albert Lian Bowen

(9) RESIDENCE Fort McHenry

(10) COLOR White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Missouri

(13) OCCUPATION Bar tender

(20) Number of children born to this mother, including present birth 3

MOTHER

(14) FULL MAIDEN NAME Mary Clara Bobletz

(15) RESIDENCE 642 Fountain St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Balto. County.

(19) OCCUPATION Housework.

(21) Number of children of this mother now living One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature James A Hughes (Physician or Midwife)

Address 622 W Lombard St

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

U 0 0 2 3 5 1

(24) Given name added from a supplemental report ____, 19

Filed ____ 19 ____ Registrar

MAR 28 1916
JAS. BOSLEY M.D.
COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54872

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1435 N. Fulton Avenue St.; Ward)

(2) FULL NAME OF CHILD Leroy William Sanders. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 1910 (Year)
Male			Yes	Mar. 14,

FATHER	MOTHER
(8) FULL NAME: Robert Sanders	(14) FULL MAIDEN NAME: Sadie Elizabeth Crowley
(9) RESIDENCE: 1435 N. Fulton Ave.	(15) RESIDENCE: 1435 N. Fulton Ave.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 38 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 37 (Years)
(12) BIRTHPLACE: Baltimore, Md.	(18) BIRTHPLACE: Baltimore, Md.
(13) OCCUPATION: Paperhanger	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 11	(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 A. M., on the date above stated.

(23) Signature: John D. Quinn, M.D. (Physician or Midwife)

Address: 1521 N. Fulton Avenue

Filed MAR 25 1910 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

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

U 0 0 2 3 5 2

RECORD

JAS. BOOLEY, M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54873

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1532 Baker St.; Ward)

(2) FULL NAME OF CHILD Owen Gregory Hunt — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes.	May 21, 1910

FATHER	MOTHER
(8) FULL NAME John W. Hunt	(14) FULL MAIDEN NAME Fannie V. Roby
(9) RESIDENCE 1532 Baker St.	(15) RESIDENCE 1532 Baker St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 37	(16) COLOR White (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Baltimore, Md.	(18) BIRTHPLACE Virginia
(13) OCCUPATION Foreman	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 8	(21) Number of children of this mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.15 A. M., on the date above stated.

(23) Signature John D. Quinn, M.D. (Physician or Midwife)

Address 1521 W. Fulton Avenue.

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

10 0 0 2 3 5 3

RECEIVED MAR 28 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report_____, 19

Registrar

Filed _____ 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54874

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD — { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Boy	1	5	Yes	Nov 12, 19

FATHER

(8) FULL NAME: Chas. Howard Turner

(9) RESIDENCE: 2013 Edmondson Ave

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 34 (Years)

(12) BIRTHPLACE: U. S. A. Co Md

(13) OCCUPATION: Builder.

(20) Number of children born to this mother, including present birth: Five

MOTHER

(14) FULL MAIDEN NAME: Laura Turner

(15) RESIDENCE: 2013 Edmondson Ave

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 45 (Years)

(18) BIRTHPLACE: Baltimore Md

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living: Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P.M. 11/14/10 on the date above stated.

(23) Signature: Jas. Houchens M.D. (Physician or Midwife)

Address: 3310 W North Ave

Filed MAR 23 1910, 19

Registrar

(24) Given name added from a supplemental report , 19

Registrar

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

0 0 0 2 3 5

RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

GIVEN NAME ADDED 3/31/15

RETURN OF A BIRTH. A54875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Milton M. 5th

1. Name of Child, ~~Infant of~~ Henry & Ida Foster
2. Sex, (state whether male or female) M.
3. Race or color, (if not of the White Race) W.
4. Date of Birth, March 26 1910.
6. Place of Birth, (Street and number) 1232 E. Lebanon to St
6. Full name of Mother, Ida Foster
7. Mother's Maiden Name, Ida Neuman
8. Mother's Birthplace, Russia
9. Full name of Father, Henry Foster
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Alfred Whitehead M.D.

Address, 1213 Monroe Street

Remarks, One of Premature Twins - 6th born Foster

Filed 3/28/10 Weight at birth 3 5 5 pounds

It shall be the duty of the attending physician or midwife, or other person in charge, to report to the Commissioner of Health the birth of any child which he may attend, within ten days after such birth, and in case there shall be no physician or midwife in attendance, then it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health within ten days after the birth, and in case any child shall be born dead after the fifth month, the same shall be reported to the Commissioner of Health in the manner aforesaid, and a certificate obtained from him for the burial thereof; it shall be the duty of the person or parents of each child born alive to report the same to the Commissioner of Health within the period above required, and in case there shall be no person in attendance at the birth, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health as above required, and shall set forth as far as the same can be ascertained, the date of birth, the full name and occupation of its parents; the date of their marriage; the number of children born to the mother, and the number of children now living; the full name and occupation of the father of any child born out of wedlock; and the name and residence of the person who attended upon the birth of such child. Such report shall be made in the form of a certificate between the first and fifth day of each and every month, and shall be delivered, duly signed by the person making the same, to the Commissioner of Health, or shall be mailed to him within that period. In case no other person be in attendance at the birth of any child, a physician or practitioner of midwifery, the person or parents of such child shall be required to report the same to the Commissioner of Health, as above provided, and in case any child shall occur without the attendance of a physician or midwife, the person or parents of such child shall report the same to the Commissioner of Health immediately thereafter; it shall become and within the period above required, and in case there shall be no person in attendance at the birth, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health as above required, and shall set forth as far as the same can be ascertained, the date of birth, the full name and occupation of its parents; the date of their marriage; the number of children born to the mother, and the number of children now living; the full name and occupation of the father of any child born out of wedlock; and the name and residence of the person who attended upon the birth of such child. Such report shall be made in the form of a certificate between the first and fifth day of each and every month, and shall be delivered, duly signed by the person making the same, to the Commissioner of Health, or shall be mailed to him within that period. In case no other person be in attendance at the birth of any child, a physician or practitioner of midwifery, the person or parents of such child shall be required to report the same to the Commissioner of Health, as above provided, and in case any child shall occur without the attendance of a physician or midwife, the person or parents of such child shall report the same to the Commissioner of Health immediately thereafter; it shall be the duty of the attendants upon the mother, or the person or parents of such child to report the same to the Commissioner of Health as above required, and in case any person or persons who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD MAR 28 1910 AS. BOWLEY M.D. BOARD OF HEALTH

RETURN OF A BIRTH. A54876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAR 28 1910
REGISTRAR OF VITAL STATISTICS
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Name of Child, Infant child of Benjamin & Annie Nanisky
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, March 25 - 1910.
6. Place of Birth, (Street and number) 220 S. Bond St
6. Full name of Mother, Annie Nanisky.
7. Mother's Maiden Name, Annie Cohen.
8. Mother's Birthplace, Russia.
9. Full name of Father, Benjamin Nanisky.
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Alfred White Hurd M.D.
Address, 813. Madison Ave
Remarks,

1910 00023566

Affidavits, and shall set forth as far as the same can be ascertained, the date and place of birth, the full name and occupation of its parents; the date of their marriage; the number of children born to the mother (including those born dead, whether or not the same have been conferred) its sex, color

RETURN OF A BIRTH. A54877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 28 1910
MD. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Baby Fitzgerald
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb. 7, 1910
5. Place of Birth, (Street and number) 728 W. Lexington St
6. Full name of Mother, Catherine Fitzgerald
7. Mother's Maiden Name, Catherine Angles
8. Mother's Birthplace, Fairfax Virginia
9. Full name of Father, John Joseph Fitzgerald
10. Father's Occupation, Machinist
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, James A. Longshore

Address, 622 Fountain Ave

Remarks,

19100002357

the Commissioner of Health. It shall be the duty of each physician or midwife in attendance upon any birth to report the birth to the Commissioner of Health, in the manner and within the period above required, and any physician or midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-6-56

RETURN OF A BIRTH. A54878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, ~~Baby~~ Balchunas, Joseph John
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth February 5th 1910
5. Place of Birth, (Street and number) 44 Parkin st
6. Full name of Mother, Annie Balchunas
7. Mother's Maiden Name, Annie Lenkearius
8. Mother's Birthplace, Russia
9. Full name of Father, Joseph Balchunas
10. Father's Occupation, Insurance collector
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, James A Hughes

Address, 610 Lombard St

Remarks,

1 9 1 0 0 0 0 2 3 5 8

RECOD MAR 23 1910 S. SOLLEY M.D. BOARD OF HEALTH

a true and correct register of such birth, and shall enter in a book of the Births which have occurred under his or her observation during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a return, to the Registrar of Vital Statistics, at the end of each month. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner herein required of the attending physician or practitioner; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 28 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Baby Cunningham
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Mulatto
4. Date of Birth Feb 9-1910
5. Place of Birth, (Street and number) 911 Boyd St
6. Full name of Mother, Mary Cunningham
7. Mother's Maiden Name, Mary Erb
8. Mother's Birthplace, Union Bridge Md.
9. Full name of Father, Grant Cunningham
10. Father's Occupation, Railroad Work
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. James A Hughes

Address, 622 N Fulton Ave

Remarks,

1910U002359

Sec. 3. Be it further enacted, That the Commissioner of Health shall prepare and furnish to the several practitioners of medicine, midwifery, or other persons in charge of cases of births, blank forms of certificates of births, which shall be delivered, only required by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the parent or parents of such child, or other person having charge of it, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child.

1. Name of child, Baby Orante
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 14,
5. Place of Birth, (Street and number) 459 W. Balto St.
6. Full name of Mother, Agee Orante
7. Mother's Maiden Name, Agee Ragazinski
8. Mother's Birthplace, Russia
9. Full name of Father, ~~Russia~~ George Orante
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, James B Brughton

Address, 622 Linden Ave W

Remarks,

1910000?360

RECEIVED FOR RECORD
MAR 28 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

The Commissioner of Health. This schedule must be filled out in full in every case in which the facts can be ascertained. The full name of each child, if any shall have been conferred, must be given. The information required by the present blank in the form and manner herein specified, must be furnished by the practitioner in attendance upon the case, or by the father, or in his absence, by the mother, or by the householder or manager of the premises where the birth occurs, within five days after the birth, and every midwife, or should no other person be in attendance, then it shall be the duty of the parent or parents, guardian or other person having charge of such child, to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then it shall be the duty of the parent or parents, guardian or other person having charge of such child, to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A54881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Name of child, Ruby Bowen
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth 2-2-10
5. Place of Birth, (Street and number) 622 West Lombard St.
6. Full name of Mother, Mrs. Benjamin Brown
7. Mother's Maiden Name, Alice Chilcoat.
8. Mother's Birthplace, Baltimore City
9. Full name of Father, Benjamin Brown
10. Father's Occupation, Lumper
11. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, Jas. A. Hughes

Address, 622 W. Lombard St

Remarks,

19100002361

RECEIVED FOR RECORD MAR 28 1910 H. O. OSBLEY M.D. COMR OF HEALTH

the Commissioner [illegible] the same can be ascertained, [illegible] and shall set forth as far as the same can be ascertained, [illegible] of each child born alive during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the color, the full name and occupation of the parents, the color, the sex and date of birth of each child born alive, and if any child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifteenth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately after the delivery, of a physician or midwife, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be deemed to be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD MAR 23 1910 JAS. BOXLEY M.D. REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* Baby Sumner
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 2-14-0
5. *Place of Birth, (Street and number)* 628 West Lombard
6. *Full name of Mother,* Lillian Sumner
7. *Mother's Maiden Name,* " "
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* James Williamson
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* N Carolina

Name of Medical Attendant, or other person who makes this Return, James H Hughes

Address, 622 W Lombard St

Remarks,

1910000 2362

a true and correct registry of the case to which they refer. This schedule shall contain a list of the names of all children born alive in the district of the Registrar to which it belongs, whose birth shall have occurred since the date of the last preceding return, and shall set forth the full name of each child (if any shall have been determined), sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in the district in which the child was born, as aforesaid; and every physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth.

1. Name of child, Baby Taraziewicz
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 3, 1910
5. Place of Birth, (Street and number) 521 Columbia Ave
6. Full name of Mother, Elizabeth Tarazewicz
7. Mother's Maiden Name, Elizabeth Walunas
8. Mother's Birthplace, Russia
9. Full name of Father, Joseph Tarazewicz
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, James O'Hagan

Address, 612 W Lombard St

Remarks,

1910002363

RECEIVED FOR RECORD
MAR 28 1910
DR. BAILEY, M.D.
COMMISSIONER OF HEALTH

The Commissioner of Health, in the exercise of the powers conferred upon him by the Ordinance approved April 10th, 1908, and shall set forth as nearly as may be the name and surname of each child born alive within the limits of Baltimore City, the name of the father and mother, the sex, color, the full names and addresses of the physician, midwife or other person in attendance upon the mother at the birth of each child, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, at the office of the Board of Health, in the City Hall, and every midwife, or should no other person be in attendance upon the mother at the birth of a child, then the person who shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, as herein provided, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this Ordinance shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The Commissioner of Health ... to be made as far as the same can be ascertained for the full number of births in the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 10th day of each and every month to the office of Commissioner of Health. And it shall be the duty of the physician, midwife, or other person in attendance upon the mother, immediately thereafter to make out and deliver to the Commissioner of Health a certificate of such birth, which certificate shall be signed by the physician, midwife, or other person in attendance upon the mother, and shall be delivered to the Commissioner of Health, or his agent, within ten days after the birth of such child. Any person who shall become remiss in the duty or the person or parents of such child to report its birth to the Commissioner of Health, or his agent, within the period of time herein prescribed, shall be subject to a fine of twenty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of child, Baby Mutalunis
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Oct 4 1910
5. Place of Birth, (Street and number) 711 N Lombard St
6. Full name of Mother, alice mutalunis
7. Mother's Maiden Name, alice astrofskie
8. Mother's Birthplace, Russia
9. Full name of Father, George Mutalunis
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. James A Hughes

Address, 622 N Lombard St

Remarks,

1910002364

RECEIVED FOR RECORD MAR 29 1910 H.S. BOSLEY M.D. BOARD OF HEALTH

RETURN OF A BIRTH. A54885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md

RECEIVED FOR RECORD
MAR 28 1910
WM. FOSTER, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of Child, Verland Hendley
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 14 th march
6. Place of Birth, (Street and number) Patapsco st 909
6. Full name of Mother, Susie C Hendley
7. Mother's Maiden Name, Susie Frashours
8. Mother's Birthplace, Frederick City Md
9. Full name of Father, Alonzo D Hendley
10. Father's Occupation, Carpenter
11. Father's Birthplace, Franklin Co Va

Name of Medical Attendant, or other person who makes this Return, Maurice Downing

Address, 161 West Lanvale

Remarks,

1910002365

correct register of such births. It shall be the duty of the Registrar to prepare a list of the births that have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted from the return of the previous month,) the name, residence and occupation of its parents, the date and place of birth, and the sex and color of each child. Said schedule shall be delivered, duly signed by the Registrar, to the Commissioner of Health, on or before the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such mother, the mother herself shall report the birth of her child, and in case the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of Child,* Benjamin Marsh Yates
2. *Sex, (state whether male or female)* Boy
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March
5. *Place of Birth, (Street and number)* 947 Hudson St
6. *Full name of Mother,* Carrie Estelle Yates
7. *Mother's Maiden Name,* Carrie Estelle Welch
8. *Mother's Birthplace,* Baltimore, Md
9. *Full name of Father,* Joseph Benjman Yates
10. *Father's Occupation,* Baker
11. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Edgar Flemings

Address, 1716 Hoffman

Remarks,

RECEIVED FOR RECORD
MAR 28 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

19100002366

correct register of such births, and shall contain a list of the births that have occurred in each district during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been ordered, the date of its birth, the name and residence of its parents, the color and sex of each child, and the full name and residence of the physician or midwife, if any, in attendance upon the mother at the birth of each child. Said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should be the duty of the person in charge of the house in which such birth occurs, or the parent or nearest relative present, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A34887

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1301 Richardson St.; 24th Ward)

(2) FULL NAME OF CHILD — Andreas Haas

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
boy	single	21		5 March 1910

FATHER	MOTHER
(8) FULL NAME: Andreas Haas	(14) FULL MAIDEN NAME: Helene Abitz
(9) RESIDENCE: 1301 Richardson st	(15) RESIDENCE: 1301 Richardson st
(10) COLOR: white — (11) AGE AT LAST BIRTHDAY: 40 (Years)	(16) COLOR: white — (17) AGE AT LAST BIRTHDAY: 37 (Years)
(12) BIRTHPLACE: Hungaria	(18) BIRTHPLACE: Hungaria
(13) OCCUPATION: Baker	(19) OCCUPATION: no
(20) Number of children born to this mother, including present birth: 21	(21) Number of children of this mother now living: 21

Number of child in full

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 6. [illegible] M., on the date above stated.

BUREAU OF VITAL STATISTICS RECORD MAR 31 1910 BALTIMORE CITY HEALTH DEPARTMENT

(23) Signature [illegible] (Physician or Midwife)

Address N.W. 1305 Richardson st.

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

U 0 0 2 3 6 7

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54888

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1313 S. Port St.; Ward)

(2) FULL NAME OF CHILD Robert Carr

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
1	Male	(Illegible)		17 mar 1910

FATHER	MOTHER
(8) FULL NAME Robert F. Carr	(14) FULL MAIDEN NAME Anna Carr
(9) RESIDENCE Baltimore	(15) RESIDENCE Baltimore
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)
(16) COLOR	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Clarr Kreker	(18) BIRTHPLACE Anna Bamberger
(13) OCCUPATION	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

RECEIVED FOR RECORD MAR 30 1910 JAS BOSLEY M.D. REGR OF HEALTH

(23) Signature ____ (Physician or Midwife)

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

0 0 0 0 2 3 6 8

Address Katerina Krepela Madeira H. 905 N

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 ____ Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54889

CITY OF BALTIMORE. (No. 1732 Friendsbury Place St.; Ward)

(2) FULL NAME OF CHILD Harry Fredrick Milton Edwards (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	Mar. 11 1913

FATHER

(8) FULL NAME: Milton Preston Edwards

(9) RESIDENCE: 1732 Friendsbury Place

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Maryland

(13) OCCUPATION: Conductor

MOTHER

(14) FULL MAIDEN NAME: Florence May Zeigler

(15) RESIDENCE: 1732 Friendsbury Place

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Maryland

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

number of each, in order of birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.45 P.M., on the date above stated.

(23) Signature: Dr E. Miles Wheeler (Physician or Midwife)

Address: 2129 Druid Park Ave

Filed Mar. 19, 1913 — Registrar

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

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RECEIVED FOR REGISTRATION MAR 20 1913 H. S. BOSLEY, M.D. REGISTRAR OF VITAL STATISTICS

(24) Given name added from a supplemental report _____, 19 — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54890

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1428 Gerald evene St.; 24 Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	Single			10 March 1910

FATHER	MOTHER
(8) FULL NAME: Johan Wagner	(14) FULL MAIDEN NAME: Susanna Seif
(9) RESIDENCE: 1428 Gerald evene	(15) RESIDENCE: 1428 Gerald evene
(10) COLOR: white (11) AGE AT LAST BIRTHDAY: 23 (Years)	(16) COLOR: white (17) AGE AT LAST BIRTHDAY: 18 (Years)
(12) BIRTHPLACE: Hungaria	(18) BIRTHPLACE: Hungaria
(13) OCCUPATION: Laborer	(19) OCCUPATION: no

(20) Number of children born to this mother, including present birth: 2 d

(21) Number of children of this mother now living: 2 d

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a M., on the date above stated.

(23) Signature: 0 0 0 2 3 7 0 (Physician or Midwife)

Address: N W 1305 Richardson st

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

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54891

CITY OF BALTIMORE. (No. ____ St.: ____ Ward)

(2) FULL NAME OF CHILD Charles Konsiewicz — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
male		5.	no	12. March 1910

FATHER		MOTHER	
(8) FULL NAME		(14) FULL MAIDEN NAME	Sophia Stesiewicz
(9) RESIDENCE		(15) RESIDENCE	414 So. Bond Str.
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	white (17) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	Wilna Russia
(13) OCCUPATION		(19) OCCUPATION	Finisher of Pants
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living	three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 30 O'Clock M., on the date above stated.

(23) Signature Felicia Koslowsky (Physician or Midwife)

Address 406 South Bond Str.

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

{ 0 0 0 2 3 7 1

U. S. CENSUS OFFICE MAR 30 1910 M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 1910 Midwife Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54892

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1923 Penrose Ave St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
m			yes	mch. 28th 1910

FATHER	MOTHER
(8) FULL NAME: Geo. C. Faith	(14) FULL MAIDEN NAME: Anna Catherine Nissel
(9) RESIDENCE: 1923 Penrose av	(15) RESIDENCE: 1923 Penrose av
(10) COLOR: White — (11) AGE AT LAST BIRTHDAT: 30 (Years)	(16) COLOR: white — (17) AGE AT LAST BIRTHDAT: 28 (Years)
(12) BIRTHPLACE: City	(18) BIRTHPLACE: City
(13) OCCUPATION: Patrolman	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

number of each, in or at a public

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11-10 P. M., on the date above stated.

(23) Signature: Edmund S. Evans.

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

{ U 0 0 2 3 7 2 } M.D. (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Address 1113 N. Fulton av

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54893

(1) PLACE OF BIRTH 1500 Madison Ave.

CITY OF BALTIMORE. (No. ____, St.; ____ Ward)

(2) FULL NAME OF CHILD Amar Pancoast Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) February (Day) 15, (Year) 1910
male	(To be answered only in event of plural births)			

FATHER	MOTHER
(8) FULL NAME Amar Boston Pancoast	(14) FULL MAIDEN NAME Ive Anna Rob Pancoast
(9) RESIDENCE 1500 Madison Avenue	(15) RESIDENCE 1500 Madison Avenue
(10) COLOR White (11) AGE AT LAST BIRTHDAY 38 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Salem Co. New Jersey	(18) BIRTHPLACE Baltimore, Md.
(13) OCCUPATION Surgeon	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7:30 P. M., on the date above stated.

(23) Signature Jno. C. Clem 536 Broadway (Physician or Midwife)

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

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RECEIVED FOR RECORD MAR 31 1910 JAS. BOGLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Address ____

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

number of each, th or st or nil

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 54894

CITY OF BALTIMORE. (No. 1501 Bolton St. Ward)

(2) FULL NAME OF CHILD — John Edgar Robertson (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3rd	Yes	January 27th, 1910

FATHER	MOTHER
(8) FULL NAME: Frederick William Robertson	(14) FULL MAIDEN NAME: Edna Augusta Hansenwald
(9) RESIDENCE: 1501 Bolton St.	(15) RESIDENCE: 1501 Bolton St.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 34 (Years)	(17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Virginia	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Druggist	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

number of each, in order of birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 A M., on the date above stated.

(23) Signature: Wm E Cooley (Physician or Midwife)

Address: 524 Bradford St.

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

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RECEIVED FOR RECORD MAR 31 1910

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

JAMES BOSLEY, M.D. REGISTRAR OF HEALTH

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54895

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1704 E. Chase St. ; St. ; Ward)

(2) FULL NAME OF CHILD James William Swaine

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	(To be answered only in event of plural births)		Yes	January 4th (Month) (Day) 1910 (Year)

FATHER		MOTHER	
(8) FULL NAME	James William Swaine	(14) FULL MAIDEN NAME	Emily Harmin Dew
(9) RESIDENCE	1704 N. E. Carlton Blvd.	(15) RESIDENCE	1704 N. E. Carlton Blvd.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	34 (Years)	(17) AGE AT LAST BIRTHDAY	31 (Years)
(12) BIRTHPLACE	Norfolk Va	(18) BIRTHPLACE	Wilmington North Carolina
(13) OCCUPATION	Electrician	(19) OCCUPATION	Not any.

(20) Number of children born to this mother, including present birth One

(21) Number of children of this mother now living One

number of cases, if more

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P M., on the date above stated.

(23) Signature Geo. E. Allen M.D. (Physician or Midwife)

Address 6 E. Monument St.

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

1 0 0 0 2 3 7 5

(24) Given name added from a supplemental report _____, 19

Registrar

Filed MAR 30 1910, 19

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54896

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. 1429 Luzerne St St.; P Ward)

(2) FULL NAME OF CHILD: John Patrick Mc Namara — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M			yes	3 25 1910

FATHER		MOTHER	
(8) FULL NAME	Henry Mc Namara	(14) FULL MAIDEN NAME	Jane Conley
(9) RESIDENCE	1429 Luzerne St	(15) RESIDENCE	1429 Luzerne St
(10) COLOR	W	(16) COLOR	W
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	York Pa	(18) BIRTHPLACE	York Pa
(13) OCCUPATION	Foreman	(19) OCCUPATION	—
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.50 a M., on the date above stated.

RECEIVED FOR RECORD MAR 30 1910 JAS. BOGLEY COMMISSIONER

(23) Signature: H. Powers M.D (Physician or Midwife)

Address: 25-11 E Preston St

Filed 3/29, 1910 — Registrar

(24) Given name added from a supplemental report ____, 19 — Registrar

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

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54897

(1) PLACE OF BIRTH — Registered No. B. ____

CITY OF BALTIMORE. (No. 1637 Belh Ave St.; ____ Ward)

(2) FULL NAME OF CHILD Elenwer Kleve — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 19 1910

FATHER	MOTHER
(8) FULL NAME: William Kleve	(14) FULL MAIDEN NAME: Emma E. Strutt
(9) RESIDENCE: 1637 Belh	(15) RESIDENCE: 1637 Belh Ave
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 29 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Michigan	(18) BIRTHPLACE: Michigan
(13) OCCUPATION: Brakesman	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A. M., on the date above stated.

(23) Signature: D E Mills M.D. — 2129 W Mulberry (Physician or Midwife)

Address: 2129 W Mulberry ave

Filed MAR 3 1910, 19 ____ Registrar

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

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(24) Given name added from a supplemental report Mar 22, 1910

Registrar

JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54898

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1721 Thomas Ave St.; Ward)

(2) FULL NAME OF CHILD Mildred Fannie Weinfeld (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	June 7 1910

FATHER

(8) FULL NAME Lewis Weinfeld

(9) RESIDENCE 1721 Thomas ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE New York City

(13) OCCUPATION Salesman

(20) Number of children born to this mother, including present birth 6

MOTHER

(14) FULL MAIDEN NAME Maud Dangerfield

(15) RESIDENCE 1721 Thomas ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 41 (Years)

(18) BIRTHPLACE Washington D.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 6

number of each, in order

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 A. M., on the date above stated.

(23) Signature Dr. Elsie S. Wechsler

(Physician or Midwife)

Address 2429 Woodbourne Ave

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

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(24) Given name added from a supplemental report ____, 19

Registrar

Filed June 11, 1910

Registrar

RECEIVED FOR RECORD MAR 31 1910 JAS BOSLEY M.D.

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Film # 505
3-14-77 lw

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54899

CERTIFICATE AMENDED

(1) PLACE OF BIRTH 11 West 25th St Balto, Md Registered No. 0.

CITY OF BALTIMORE. (No. Home Eleanore Garey St.; Ward)

(2) FULL NAME OF CHILD Eleanor Millicent Clark

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	March 25th 1910

FATHER	MOTHER
(8) FULL NAME Joseph Spencer Clark	(14) FULL MAIDEN NAME Anna Alice Garey
(9) RESIDENCE 11 West 25th St	(15) RESIDENCE Baltimore Md
(10) COLOR white (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Erie, Penn.
(13) OCCUPATION Insurance Agent	(19) OCCUPATION house wife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.15 P. M., on the date above stated.

(23) Signature Amanda T. Norris, M.D.

(Physician or Midwife)

Address 1516 John St

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

U 0 0 2 3 7 9

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54900

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. "Parkland", Catonsville, Md. St.; Ward)

(2) FULL NAME OF CHILD Elizabeth Whiteley de Bullet

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

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
female		(To be answered only in event of plural births)	yes	Jan. (Month) 10 (Day) 1910 (Year)

FATHER		MOTHER	
(8) FULL NAME	Leon Joseph de Bullet	(14) FULL MAIDEN NAME	Laura Whiteley
(9) RESIDENCE	Catonsville Md	(15) RESIDENCE	Catonsville Md
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	33
(12) BIRTHPLACE	Sommerville S.C.	(18) BIRTHPLACE	Catonsville Md.
(13) OCCUPATION		(19) OCCUPATION	

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 A M., on the date above stated.

(23) Signature [illegible] (Physician or Midwife)

Address [illegible]

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

RECEIVED FOR RECORD MAR 30 1910

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

1910-17

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A54901

(1) PLACE OF BIRTH Towson Maryland — Registered No. B

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Shelly Converse Jackson — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
girl			yes	July 15, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Huntington W. Jackson	(14) FULL MAIDEN NAME Shelly Converse
(9) RESIDENCE Hilton Road Towson Md	(15) RESIDENCE Hilton Road Towson Md
(10) COLOR white — (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR white — (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Newark New Jersey	(18) BIRTHPLACE Stuttgart Germany
(13) OCCUPATION salesman	(19) OCCUPATION ____
(20) Number of children born to this mother, including present birth one (1)	(21) Number of children of this mother now living one (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 A.M., on the date above stated.

(23) Signature [signature] (Physician or Midwife)

Address [illegible]

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

1 0 0 0 2 3 8 1

CENTER FOR HEALTH RECORDS

MAR 30 1910

JAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar — Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54902

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2260, Linden Ave. St.; Ward)

(2) FULL NAME OF CHILD Dorothy Francis Bluthenthal (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March, 29, 1910

FATHER

(8) FULL NAME: Felix Bluthenthal

(9) RESIDENCE: 2260 Linden Ave.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Monticello, Ark

(13) OCCUPATION: Merchant

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Florene L Hamburger

(15) RESIDENCE: 2260 Linden Ave.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Baltimore, Md

(19) OCCUPATION: None.

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P M., on the date above stated.

(23) Signature: Jas. L. Bosley M.D. (Physician or Midwife)

Address: 564 Biddle St.

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

RECEIVED FOR REGISTRATION
MAR 30 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

B 1 0 0 0 0 2 3 8 2

(24) Given name added from a supplemental report_____, 19__

Filed _____, 19__

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54903

1) PLACE OF BIRTH 3 East Mt. Royal Ave

CITY OF BALTIMORE. (No. , St. ; Ward)

2) FULL NAME OF CHILD Anne Gordon Boyce (If child is not yet named, make supplemental report, as directed)

3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	6) Legitimate?	(7) Date of Birth (Month) Feb. (Day) 27th (Year) 1910
girl				

FATHER

8) FULL NAME Albert Page Boyce

9) RESIDENCE 217 East Preston St.

10) COLOR White

11) AGE AT LAST BIRTHDAY 30 (Years)

12) BIRTHPLACE Baltimore

13) OCCUPATION Insurance Broker

MOTHER

14) FULL MAIDEN NAME Anne Gordon Thom

15) RESIDENCE 600 Cathedral St.

16) COLOR White

17) AGE AT LAST BIRTHDAY 21 (Years)

18) BIRTHPLACE 1208 N. Charles St. Baltimore

19) OCCUPATION None

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

21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.20 P. M., on the date above stated.

(23) Signature [illegible] (Physician or Midwife)

Address [illegible]

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

1 0 0 0 2 3 8 3

RECEIVED FOR RECORD MAR 30 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54904

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2706 N. Calvert St.; Ward)

(2) FULL NAME OF CHILD Virginia Triplett — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female				March 17, 1910

FATHER	MOTHER
(8) FULL NAME: Clarence P. Triplett	(14) FULL MAIDEN NAME: Maude Rothman
(9) RESIDENCE: 2706 N. Calvert St.	(15) RESIDENCE: 2706 N. Calvert St.
(10) COLOR: white — (11) AGE AT LAST BIRTHDAY: 37 (Years)	(16) COLOR: white — (17) AGE AT LAST BIRTHDAY: 36 (Years)
(12) BIRTHPLACE: Virginia	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Cashier	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7 P M., on the date above stated.

(23) Signature: [illegible] (Physician or Midwife)

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

0 0 0 2 3 8 4

(24) Given name added from a supplemental report ____, 19 ____

Address 1 W. Read St.

Filed MAR 30 1910, 19 ____

JAS. BOSLEY, M.D. COMR OF HEALTH — Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54906

1) PLACE OF BIRTH: CITY OF BALTIMORE. (No.) 617 E Fort ave (St.; 24 Ward) — Registered No. B

2) FULL NAME OF CHILD: Louisa Kaufman — If child is not yet named, make supplemental report, as directed

3) Sex of Child: F — (4) Twin, triplet, or other? — (5) Number in order of birth (To be answered only in event of plural births) — (6) Legitimate? Yes — (7) Date of Birth: 3 (Month), 3 (Day), 1910 (Year)

FATHER

8) FULL NAME: Edward M Kaufman

9) RESIDENCE: 617 E Fort ave

10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 29 (Years)

12) BIRTHPLACE: Martinsburg W Va

13) OCCUPATION: Machinist

MOTHER

(14) FULL MAIDEN NAME: Daisy M. Riding

(15) RESIDENCE: 617 E Fort ave

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: Martinsburg W Va

(19) OCCUPATION: Work

20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6:45 a. m. on the date above stated.

(23) Signature: C J Darlington MD
617 E Fort ave
(Physician or Midwife)

Address: 10 E Fort ave

(24) Given name added from a supplemental report _____, 19

Filed MAR 30 1910, 19

Registrar

JAS. BOSLEY, M.D.
COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

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

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54907

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 1323 Webster St.; 24 Ward)

(2) FULL NAME OF CHILD Cuba Dotts

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F			Yes	3, 8, 1910

FATHER	MOTHER
(8) FULL NAME Herbert Dotts	(14) FULL MAIDEN NAME Sarah Long
(9) RESIDENCE 1323 Webster St	(15) RESIDENCE 1323 Webster St
(10) COLOR W	(16) COLOR W
(11) AGE AT LAST BIRTHDAY 30 (Years)	(17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Harford Co Md	(18) BIRTHPLACE Baltimore
(13) OCCUPATION R R Engineer	(19) OCCUPATION Housemaid
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 A. M., on the date above stated.

(23) Signature J. J. Burlington MD (Physician or Midwife)

Address 102 S. Eutaw

Filed MAR 30 1910 19

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

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

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A5490

To the Office of Registrar of Vital Statistics, Board of Health, Baltim

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Not Children

1. *Name of child,* Edson August Gings
2. *Sex, (state whether male or female)* First Male
3. *Race or color, (if not of the White Race)* Colored.
4. *Date of Birth* March 19, 1910
5. *Place of Birth, (Street and number)* [illegible]
6. *Full name of Mother,* Susie Anna Gings
7. *Mother's Maiden Name,* Susie [illegible]
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Rozell August Gings
10. *Father's Occupation,* Laboring Work
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Lucie Cade

Address, Address 1023 Stockton Str

Remarks, Perfect.

19100002387

Copy of certificate or register of such birth, and shall state as far as the particulars which have occurred to his knowledge, and as far as he is required to obtain the same, a true and correct register of such birth, and shall furnish a list of the births which have occurred in his or her care during the month next preceding, and shall state as far as he is required to obtain the same, a true and correct register of such child, if any shall have been conferred, its sex, color, the full name and place of birth; and the said schedule shall be delivered, duly signed by the physician or practitioner or midwife, or should no other person be in attendance upon the mother, by the father of such child, or the person in charge of the house where such birth occurred, within ten days after the birth, and every month to the office of Commissioner of Health. In case the birth of any child shall occur elsewhere than at the house of its parents, it shall become the duty of the person or parties of such child to report its birth to the Commissioner of Health, as above required. Any person who shall refuse or neglect to make the report as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore,

RECEIVED FOR RECORD
MAR 30 1910
[illegible] BOGLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth one.

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male, White
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 26th March 1910
6. *Place of Birth, (Street and number)* 312 S. Duncan Ally
6. *Full name of Mother,* Grace R. Driscoll
7. *Mother's Maiden Name,* Grace R. Fitzhugh
8. *Mother's Birthplace,* Front Royal - Va.
9. *Full name of Father,* John L. Driscoll
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Mass.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E. Peregoy.
Address, 2001 Bank St. Baltimore.
Remarks,

1910 00023888

Sir: You are hereby required to enter in the correct register of such birth and shall enter in the [illegible] a list of the births that have occurred under his or her care and which have not been previously returned, and shall make a like return of births and deaths as fast as the same can be ascertained. The full name of each child, if any (and the name shall be given if the child has been baptized or christened), its sex, color, the full name and occupation of its parents, the date of birth and the place where born, shall be entered in the form of a certificate between the first and second horizontal lines, and the attendance of a physician or practitioner of midwifery, or should no other person or persons have been in attendance upon the mother, immediately thereafter, the fact shall be stated in said schedule, and the certificate signed by the person making the return. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or persons have been in attendance upon the mother, immediately thereafter, the fact shall be stated in said schedule, and the certificate signed by the person making the return. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or persons have been in attendance upon the mother, immediately thereafter, the fact shall be stated in said schedule shall be delivered, duly signed by the Commissioner of Health

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54910

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 201 North Gay St.; 4 Ward)

(2) FULL NAME OF CHILD Doris Freedenburg — If child is not yet named, make supplemental report, as directed.

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 17 1910

FATHER	MOTHER
(8) FULL NAME Joseph Freedenburg	(14) FULL MAIDEN NAME Mollie Cohen
(9) RESIDENCE 201 North Gay St	(15) RESIDENCE 201 North Gay St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Pruenitz Klotza Russia Poland	(18) BIRTHPLACE Pruenitz Klotza Russia Poland
(13) OCCUPATION Merchant Clothing Dealer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth Two	(21) Number of children of this mother now living One

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at One A M., on the date above stated.

(23) Signature Alfred A Bendick M.D. (Physician or Midwife)

Address 24 Patterson Park Ave

Filed , 19 .

Registrar

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

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

RECORDED
MAR 30 1910
BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54911

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1020 Appleton St.; 16 Ward)

(2) FULL NAME OF CHILD Wm. Stinchcomb (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Mar. 28 1910

FATHER		MOTHER	
(8) FULL NAME	William J. Stinchcomb	(14) FULL MAIDEN NAME	Helena M. Gempp
(9) RESIDENCE	1020 Appleton St.	(15) RESIDENCE	1020 Appleton St.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	31 yrs
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	31
(12) BIRTHPLACE	City of Baltimore	(18) BIRTHPLACE	Baltimore City
(13) OCCUPATION	Shirt ironer.	(19) OCCUPATION	Housework.
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	4

In case of more than one birth, number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3. a M., on the date above stated.

(23) Signature George C. Shannon

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

U 0002390 Physician (Physician or Midwife)

Address 708 N. Fulton Ave.

(24) Given name added from a supplemental report ____, 19 ____

Filed MAR 31 1910, 19 ____

Registrar

RECEIVED FOR RECORD

JAS BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54912

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 128 North Front St.; 5 Ward)

(2) FULL NAME OF CHILD Chapsel Labe Gribov [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		Yes	March 22 1910

FATHER	MOTHER
(8) FULL NAME Abraham Gribov	(14) FULL MAIDEN NAME Slaty Mark
(9) RESIDENCE 128 North Front St	(15) RESIDENCE 128 North Front St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Pinsk, Minsk, Russia	(18) BIRTHPLACE Dvedan, Kovna, Russia
(13) OCCUPATION Tailor (Vest maker)	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth Ten	(21) Number of children of this mother now living Eight

number of each, in order of birth, and

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Five A M., on the date above stated.

(23) Signature Alfred A Bondrick (Physician or Midwife)

Address 122 South Patterson Park Ave

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

U 0002391

RECEIVED FOR
MAR 31 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____ 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54913

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No.) 536 Hoffman St St.; Ward)

(2) FULL NAME OF CHILD Mary Coleman

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	1	Yes	3/2 8 1910

FATHER	MOTHER
(8) FULL NAME: Fred Coleman	(14) FULL MAIDEN NAME: Mary Williams Coleman
(9) RESIDENCE: 536 Hoffman St	(15) RESIDENCE: 536 Hoffman St
(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 40 (Years)	(16) COLOR: Black (17) AGE AT LAST BIRTHDAY: 29 (Years)
(12) BIRTHPLACE: Montana	(18) BIRTHPLACE: Jowan
(13) OCCUPATION: Driver	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

number of each, in order of birth, state)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 536 Hoffman St M., on the date above stated.

(23) Signature: Edwin McJones

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

U 0 0 2 3 9 2

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 1010 W Cullon St

Filed Mar 24, 1910

APR -2 1910

JAS. BOSLEY M.D.

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54914

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2 Maryland Genl Hosp St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female.		2,	yes.	Mar.	14	1916

number of each, in order of birth, stated

FATHER

(8) FULL NAME: John Shaw,

(9) RESIDENCE: 507 Columbus St.

(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY: 31. (Years)

(12) BIRTHPLACE: Va

(13) OCCUPATION: Laborer.

MOTHER

(14) FULL MAIDEN NAME: Segrue Francis

(15) RESIDENCE: 507 Columbus St.

(16) COLOR: Mulatto. (17) AGE AT LAST BIRTHDAY: 34 (Years)

(18) BIRTHPLACE: Lynchburg Va.

(19) OCCUPATION: Housemaid.

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 30 P. M., on the date above stated.

(23) Signature: Ed. P. Lewis M.D.

U 002393

(Physician or Midwife)

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

(24) Given name added from a supplemental report ____, 19

Address: Maryland Genl Hosp.

Filed APR 12 1916, 19

RECORDED

Registrar

Registrar

JAS. H. BLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54915

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2 Maryland Genl Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1	Yes	Mar. 17 1910

FATHER

(8) FULL NAME: Oscar Robinson

(9) RESIDENCE: Balto Co. Md.

(10) COLOR: Black.

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Balto.

(13) OCCUPATION: Laborer.

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Martha Duncan

(15) RESIDENCE: Balto Co. Md.

(16) COLOR: Black.

(17) AGE AT LAST BIRTHDAY: 19 (Years)

(18) BIRTHPLACE: Balto.

(19) OCCUPATION: Mars.

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3:45 P.M., on the date above stated.

(23) Signature: E. L. Lewis M.D. (Physician or Midwife)

Address: Maryland Genl Hosp.

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

0 0 0 2 3 9 4

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed APR -2 1910, 19 ____

JOS. SOSLEY, M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54916

(1) PLACE OF BIRTH 361 Orchard St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		7	yes	Mar 16 1910

FATHER

(8) FULL NAME Thomas Turner

(9) RESIDENCE 361 Orchard St.

(10) COLOR Black (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Prince George

(13) OCCUPATION House-wife

(20) Number of children born to this mother, including present birth 7

MOTHER

(14) FULL MAIDEN NAME Christine Ketron

(15) RESIDENCE 361 Orchard St.

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Prince George

(19) OCCUPATION Laborer

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A. M. M., on the date above stated.

(23) Signature Geo. L Spuiker (Physician or Midwife)

Address 361 Mc Culloh St.

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

U 0002395

(24) Given name added from a supplemental report ....., 19 .

Registrar

Filed APR 2 1910, 19 .

Registrar

JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54917

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.: ____ Ward)

(2) FULL NAME OF CHILD ____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				5, 12, 1910

FATHER	MOTHER
(8) FULL NAME: Benj Brown	(14) FULL MAIDEN NAME:
(9) RESIDENCE: 507 N. Hoffman St	(15) RESIDENCE: 1071 N. Hoffman St
(10) COLOR: Black	(11) AGE AT LAST BIRTHDAY (Years)
	(16) COLOR: Black
	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: V	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Porter	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P.M., on the date above stated.

(23) Signature R. A. Dalton (Physician or Midwife)

Address 1071 McCulloh St

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

0 0 0 2 3 9 6

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed APR -2 1910, 19 ____

Registrar

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54918

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Hospital Ward St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			no	May 10 1910

FATHER

(8) FULL NAME

(9) RESIDENCE

(10) COLOR

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER

(14) FULL MAIDEN NAME

(15) RESIDENCE

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 15 (Years)

(18) BIRTHPLACE

(19) OCCUPATION Ward

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

Number of each, if any, of these born dead

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 A. M., on the date above stated.

(23) Signature A. Lewis M.D.

U 0 0 2 3 9 7

(Physician or Midwife)

Address Hospital

RECORD

Filed APR -2 1910 19

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

U.S. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

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

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54919

CITY OF BALTIMORE. (No. Maryland Genl Hosp. St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes.	Mar. 2 1916

FATHER		MOTHER	
(8) FULL NAME		(14) FULL MAIDEN NAME	Lottie Jiggs.
(9) RESIDENCE	?	(15) RESIDENCE	Owings Mills. Md.
(10) COLOR	?	(16) COLOR	Black.
(11) AGE AT LAST BIRTHDAY (Years)	?	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE		(18) BIRTHPLACE	Maryland.
(13) OCCUPATION		(19) OCCUPATION	Maid
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living	

(If none, or each, in order of birth, state)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.30 A. M., on the date above stated.

(23) Signature E. R. Lewis M.D. (Physician or Midwife)

Address Maryland Genl Hosp.

Filed MAR — 1916, 19

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

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

U 0 0 2 3 9 8

RECEIVED MAR — 1916

JAS. BOOKEY M.D. COMR OF HEALTH

READ THE REVERSE

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54920

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 911 St. Barnard St. St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2nd.	Yes.	March 4 1910

FATHER

(8) FULL NAME: William Spencer

(9) RESIDENCE: 911 St. Barnard St.

(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY: 22 (Years)

(12) BIRTHPLACE: Balto. Md.

(13) OCCUPATION: Musician

(20) Number of children born to this mother, including present birth: Two.

MOTHER

(14) FULL MAIDEN NAME: Florence Brown

(15) RESIDENCE: 911 St. Barnard St.

(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY: 19 (Years)

(16) BIRTHPLACE: Balto. Md.

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living: Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.45 P. M., on the date above stated.

(23) Signature: Joseph H. Spicer (Physician or Midwife)

Address: 1076 N. Eutaw St.

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

U 0002399

(24) Given name added from a supplemental report ____, 19

Registrar

Filed APR 2 1910, 19 .

Registrar

JAS. BOSLEY M.D. COMMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54921

(1) PLACE OF BIRTH 503 Mc. Mechen St. Registered No. B.

CITY OF BALTIMORE. *(No. St.; Ward)

(2) FULL NAME OF CHILD { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) ~~Twin, triplet,~~ or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
female		1st	yes	9	5	1910

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Walter Young

(9) RESIDENCE 503 Mc Mechen St

(10) COLOR black (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION Labor

MOTHER

(14) FULL MAIDEN NAME ~~Gertrude~~ (not known)

(15) RESIDENCE 503 Mc Mechen St

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE

(19) OCCUPATION House keeper

(20) Number of children born to this mother, including present birth one

(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Mar 6 at 11 P M., on the date above stated.

(23) Signature Pb. A Lowalter

(Physician or Midwife)

Address 905 Mc. Culloh St.

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

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SEP -2 1910

JAS. BOSLEY, M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54922

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Leadora Dyer

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth ____ (Month) ____ (Day) 19__ (Year)

FATHER

(8) FULL NAME: James Dyer

(9) RESIDENCE: 803 Elder Alley

(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Driver

MOTHER

(14) FULL MAIDEN NAME: Juanita Dyer

(15) RESIDENCE: 803 Elder Alley

(16) COLOR: Black (17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Home - Wife

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a M., on the date above stated.

(23) Signature: Geo. F. Speicher (Physician or Midwife)

Address: 911 McCulloh St.

Filed ____, 19 .

JAS. BOSLEY, M.D. Registrar

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

0 0 0 2 4 0 1

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED BY REGISTRAR APR -2 1910

JAS. BOSLEY, M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54823

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 5 Maryland Ave. St.; Ward) — Registered No. B.

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Mar. 29 1910.

FATHER	MOTHER
(8) FULL NAME: Alex. Davis	(14) FULL MAIDEN NAME: Mary Hurtz.
(9) RESIDENCE: 1226 Druid Hill Ave.	(15) RESIDENCE: 226 Druid Hill Ave
(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 28. (Years)	(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY: 24. (Years)
(12) BIRTHPLACE: Md.	(18) BIRTHPLACE: Md.
(13) OCCUPATION: Laborer	(19) OCCUPATION: Maid.
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 20 P. M., on the date above stated.

(23) Signature: E. P. Lewis M.D. (Physician or Midwife)

Address: Maryland Ave.

Filed _____, 19

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

0 0 0 2 4 0 2

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD

APR -2 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54924

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Maryland Genl Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Mal.			no.	Mar. 2 1910

FATHER

(8) FULL NAME: Ed. Bonds.

(9) RESIDENCE: Green Spring Valley.

(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY: 22 (Years)

(12) BIRTHPLACE: O

(13) OCCUPATION: Laborer.

MOTHER

(14) FULL MAIDEN NAME: Blanche Figgo

(15) RESIDENCE: Owens Mills Md.

(16) COLOR: Black (17) AGE AT LAST BIRTHDAY: 20. (Years)

(18) BIRTHPLACE: Owens Mills Md.

(19) OCCUPATION: Maid

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.2 M., on the date above stated.

(23) Signature: E P Levino M.D.

(Physician or Midwife)

Address: Maryland Genl Hosp.

Filed _____, 19 _____ (Registrar)

(24) Given name added from a supplemental report _____, 19 _____

(Registrar)

(READ THE REVERSE SIDE)

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

U 0 0 2 4 0 3

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RECEIVED
MAR -2 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54925

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Genl Hosp St.; Ward)

Registered No. B.

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

(2) FULL NAME OF CHILD

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		9	yes.	Mar. 19 1910.

FATHER

(8) FULL NAME: Eugene Tillman

(9) RESIDENCE: 525 Argyle Ave -

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Md

(13) OCCUPATION: Laborer

MOTHER

(14) FULL MAIDEN NAME: Rhoda Spencer.

(15) RESIDENCE: 525 Argyle Ave.

(16) COLOR: Black.

(17) AGE AT LAST BIRTHDAY: 37 (Years)

(18) BIRTHPLACE: Prince Charles Co

(19) OCCUPATION: Wife

(20) Number of children born to this mother, including present birth: 9

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 45 M., on the date above stated.

(23) Signature: E. P. Lewis 3 Mld.

(Physician or Midwife)

Address: Maryland Genl Hosp.

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

U 0 0 2 4 0 4

(24) Given name added from a supplemental report _____, 19

Filed APR -2 1910, 19

JAS. SOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1223 Whalcoat St — Registered No. B. A54926

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

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

(2) FULL NAME OF CHILD ____

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male				Nov	14	1910

FATHER		MOTHER	
(8) FULL NAME	Elder Lee	(14) FULL MAIDEN NAME	Anny Lee
(9) RESIDENCE	1223 Whalcoat St.	(15) RESIDENCE	1223 Whalcoat
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE	—
(13) OCCUPATION	Minister	(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:30 P.M., on the date above stated.

(23) Signature G H Gordon (Physician or Midwife)

Address 333 Hamilton Terrace

Filed APR 2 1910, 19 . Registrar

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

0 0 0 2 4 0 5

(24) Given name added from a supplemental report ____, 19 ____ Registrar

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH.

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54927

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE, (No. [illegible] St.; [illegible] Ward)

(2) FULL NAME OF CHILD Wm. Herring Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legit. mate?	(7) Date of Birth
	(To be answered only in event of plural births)			5 (Month) 7 (Day) 1910 (Year)

FATHER

(8) FULL NAME Wm Herring

(9) RESIDENCE 940 Girard Ave

(10) COLOR Black (11) AGE AT LAST BIRTHDAY 33 Yrs. (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Teamster.

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME Mary Herring

(15) RESIDENCE 940 Girard Ave

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 33 Yrs. (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION House wife

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Mar 8 P.M. M., on the date above stated.

(23) Signature Geo. F. Speicher

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth. } 0 0 0 2 4 0 6

(Physician or Midwife)

Address 1 W. Mt. Cullow St.

(24) Given name added from a supplemental report [illegible], 19

Filed AUG -2 1910, 19

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54928

(1) PLACE OF BIRTH 533 Orchard St. Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD James Hopkins { If child is not yet named, make supplemental report, as directed

(3) Sex of Child Male | (4) ~~Twin, triplet,~~ or other? other (To be answered only in event of plural births) | (5) Number in order of birth 2 | (6) Legitimate? Yes | (7) Date of Birth 3 (Month), 5 (Day), 1910 (Year)

FATHER

(8) FULL NAME Thomas Hopkins

(9) RESIDENCE 533 Orchard St.

(10) COLOR Black (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Eastern Shore Md.

(13) OCCUPATION Laborer

MOTHER

(14) FULL MAIDEN NAME Della Smith

(15) RESIDENCE 533 Orchard St.

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Eastern Shore Md.

(19) OCCUPATION House work

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Mar. 6 20 M., on the date above stated.

(23) Signature Geo. F. Speicher (Physician or Midwife)

Address 711 McCulloh St.

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

10 0 0 2 4 0 7

(24) Given name added from a supplemental report ____, 19

Filed MAR 2 1910, 19 .

Registrar

JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE CORRECTED 4-30-59

Registered No. B. A54929

(1) PLACE OF BIRTH

CITY OF BALTIMORE (No. Maryland Gen'l Hosp. St.; Ward)

(2) FULL NAME OF CHILD Elizabeth Sophia Wietman

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Mar. 9 1910

FATHER	MOTHER
(8) FULL NAME George Wietman	(14) FULL MAIDEN NAME Helena Forchle
(9) RESIDENCE 227 East Ave. Hillen	(15) RESIDENCE 227 East Ave. Hillen
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 38 (Years)	(17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Germany
(13) OCCUPATION Plumber	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 a. M. on the date above stated.

(23) Signature E. A. Lewis M.D. (Physician or Midwife)

Address Maryland Gen'l Hosp.

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

U 0 0 2 4 0 8

RECEIVED FOR REGISTRATION APR 2 1910 H. S. BOSLEY M.D. COMMR. OF HEALTH

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54930

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Gen'l Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
female		3	yes.	Mar.	12	1910.

FATHER

(8) FULL NAME: Wm. Hilpert.

(9) RESIDENCE: Glen Arm Valley

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Germany.

(13) OCCUPATION: Gardener

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Barbara Sievers

(15) RESIDENCE: Glen Arm Valley

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 36. (Years)

(18) BIRTHPLACE: Germany.

(19) OCCUPATION: Housework

(21) Number of children of this mother now living: 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 30 P. M., on the date above stated.

(23) Signature: E. P. Lewis M.D.

(Physician or Midwife)

Address: Maryland Gen'l Hosp.

Filed , 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

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

U 0 0 2 4 0 9

RECEIVED BY REGISTRAR OF RECORDS APR -2 1910 JAS. BOSLEY M.D. COMMISSIONER

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54931

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 40 West Biddle St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female				

FATHER

(8) FULL NAME: Martin Gillet Gill

(9) RESIDENCE: 40 West Biddle St

(10) COLOR: white

(11) AGE AT LAST BIRTHDAY (Years): 34

(12) BIRTHPLACE: Howard Co

(13) OCCUPATION: Gen. Merchant

MOTHER

(14) FULL MAIDEN NAME: Mabel C. Easter

(15) RESIDENCE: 40 W. Bid—

(16) COLOR: white

(17) AGE AT LAST BIRTHDAY (Years): 32

(18) BIRTHPLACE: Balto. City

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.a.M., on the date above stated.

(23) Signature: Jno L Ellis

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

G 0 0 0 2 4 1 0 56 (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Address

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54932

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No.) 1906 Eutaw Place St.; Ward)

(2) FULL NAME OF CHILD Elizabeth Florence Oppenheim (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female				February	27th	1910

FATHER	MOTHER
(8) FULL NAME: Isaac A. Oppenheim	(14) FULL MAIDEN NAME: Florence Burgunder
(9) RESIDENCE: 1906 Eutaw Place	(15) RESIDENCE: 1906 Eutaw Place
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 44 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Baltimore Md	(18) BIRTHPLACE: Baltimore Md
(13) OCCUPATION: Manufacturer	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 H M., on the date above stated.

(23) Signature: Jno H Otto Mn
Se Waddell
(Physician or Midwife)

Address

Filed 19

Registrar

(24) Given name added from a supplemental report 19

Registrar

* When there was an attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 0 0 0 2 4 1 1

RECEIVED FOR RECORD
APR -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54933

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2212 Maryland Ave St.; Ward)

(2) FULL NAME OF CHILD Charles Edward Hilgenberg Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	—	—	yes	January 23, 1910

FATHER	MOTHER
(8) FULL NAME Carl George Hilgenberg	(14) FULL MAIDEN NAME Angelica Rogge
(9) RESIDENCE "Glenhilgen" Valley Road Catonsville	(15) RESIDENCE "Glenhilgen" Valley Road, Catonsville
(10) COLOR White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Baltimore Md "Jerusalem" Windsor Mill Road. 4th. 17th.	(18) BIRTHPLACE Baltimore City Md.
(13) OCCUPATION President, Carr Lowrey Glass Co.	(19) OCCUPATION none
(20) Number of children born to this mother, including present birth two	(21) Number of children of this mother now living two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P M., on the date above stated.

(23) Signature Jack Mother 36 W Saratoga (Physician or Midwife)

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

0 0 0 2 4 1 2

(24) Given name added from a supplemental report ____, 19

Address

Filed JAS BOSLEY M D Registrar

Registrar

(READ THE REVERSE SIDE)

Form 1286.

RETURN OF A BIRTH. A54934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* March 16/10
5. *Place of Birth, (Street and number)* 714 Eight St.
6. *Full name of Mother,* Mary Bekin.
7. *Mother's Maiden Name,* Mary Zitlin
8. *Mother's Birthplace,* Russia.
9. *Full name of Father,* Nat Bekin.
10. *Father's Occupation,* Mattress-Maker.
11. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, S. J. McLean.

Address, Evening Dispensary, 115 W. Baltimore St.

Remarks, 1910000 2413

RECEIVED FOR RECORD
APR 1 1910
WM. BOOLEY M.D.
BOARD OF HEALTH

The Board secretary of the month, and shall set forth as far as the same can be ascertained the full name of each child born during the month, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the Commissioner of Health on the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the parents or parent of such child shall be unable to procure a certificate as aforesaid, the duty of the person or parents of such child to report the birth as aforesaid shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

rm 1286.

RETURN OF A BIRTH. A54935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
APR 1 1910
JOS. SOSLEY, M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* March 5 1910
5. *Place of Birth, (Street and number)* 1411 E. Clement St.
6. *Full name of Mother,* Martha Elizabeth Booth.
7. *Mother's Maiden Name,* " " Winkler
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Samuel Henry Booth
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, S. S. McLean

Address, Evening Dispensary 15 W. Barrett St.

Remarks, 1 9 1 0 0 0 0 2 4 1 4

his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), sex, color, the full names and residence of its parents, the date and place of birth; and the said return shall be signed by the practitioner in the form of a certificate, and delivered at the office of Commissioner of Health, before the third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, thereafter it shall be the duty of the midwife, or nurse in attendance, or if there be none, then of the father, or in the absence of the father, of the mother, or of the householder of the house in which the birth occurred, or of the owner or agent of such house, if the same occurred in a house not occupied by a family, or of the superintendent or other officer of any institution in which the birth occurred, to report such birth to the Commissioner of Health. Failure to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A54936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
APR -1 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 1/10.
5. *Place of Birth, (Street and number)* 2019 Booth St.
6. *Full name of Mother,* Jennie Murphy
7. *Mother's Maiden Name,* " Pfeiffer
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Michael Murphy
10. *Father's Occupation,* Candy maker
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, S. J. McLean

Address, Evening Dispensary - 125 W. Baltimore St.

Remarks, 1910002415

...ble or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics or some one of his assistants, at the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of each and every parent to report such birth to the Commissioner of Health within ten days after the occurrence thereof. Any midwife, or should no other person be in attendance upon the mother, then the father or mother of such child, or the person or persons with whom such child may be living, or any undertaker who shall become the duty of the person or parents to report such birth, or person who shall neglect or refuse to report as aforesaid, shall forfeit and pay for every such offense a penalty not exceeding ten dollars, hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A51937

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1411 E. Clement St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 24 1910

FATHER	MOTHER
(8) FULL NAME George Washington Wilder	(14) FULL MAIDEN NAME Maggie May Booth
(9) RESIDENCE 1411 E. Clement St	(15) RESIDENCE 1411 E. Clement St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Tobacco factory	(19) OCCUPATION None wife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 A.M. M., on the date above stated.

(23) Signature S. S. McLean

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

0 0 0 2 4 4 6 Physician (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Address Nursing Dispensary, 115 W. Pratt

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54938

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 910 Fell St. St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Mar. 4, 1910

FATHER	MOTHER
(8) FULL NAME Walter Kachiky	(14) FULL MAIDEN NAME Julia Kaelmann
(9) RESIDENCE 910 Fell St	(15) RESIDENCE 910 Fell St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 44 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Germany	(18) BIRTHPLACE Germany
(13) OCCUPATION Steeldare	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 6	(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 30 a M., on the date above stated.

(23) Signature S. S. Mecleau. Physician (Physician or Midwife)

Address 115 W. Barre St.

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

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

RECORDED FOR 0 0 0 2 4 1 7
MAR -1 1910
BOARD OF HEALTH

Form 1288.

RETURN OF A BIRTH. A54939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the child, if it have one, the sex, color, the full name and occupation of its parents, the date and place of birth, and the full maiden name of the mother. Every such report shall be verified by the oath or affirmation of the person or physician making the same, and shall be delivered or transmitted by mail, postage prepaid, to the Commissioner of Health, or one of his deputies, within the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the parents or guardians of such child shall be unable to make the report required, it shall become the duty of the person or persons in charge of the house in which such birth occurs, or of the nearest relative present at such birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Name of child,* Stanislaus (James) Lucinski
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* March 21 / 10.
5. *Place of Birth, (Street and number)* 1429 Black St.
6. *Full name of Mother,* Annie (Kuczynski) Lucinski
7. *Mother's Maiden Name,* " Gutowski.
8. *Mother's Birthplace,* Poland (Russia)
9. *Full name of Father,* John (Kuczynski) Lucinski
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* Poland (Russia)

Name of Medical Attendant, or other person who makes this Return,

Address, Evening Dispensary 115 W. Barre St.

Remarks,

1 9 1 0 0 0 0 2 4 1 8

RECEIVED FOR RECORD
APR -1 1910
DR. BOSLEY M.D.
COMR. OF HEALTH

RETURN OF A BIRTH. A54940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 6th

1. Name of child, Harry Brickman
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Baltimore March 8 1910
5. Place of Birth, (Street and number) 1810 Jackson St
6. Full name of Mother, Fannie Brickman
7. Mother's Maiden Name, Fannie Berger
8. Mother's Birthplace, Russia
9. Full name of Father, Morris Brickman
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Gabel

Address, 157 Augusta St

Remarks,

19100002419

RECEIVED FOR RECORD
APR -1 1910
S. BOSLEY M.D.
COMM'R OF HEALTH

He or her birth during the month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the sex and color, the date and place of birth, and the full name, residence and occupation of each parent; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54941

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1819 Jefferson St.; 6 Ward)

(2) FULL NAME OF CHILD _____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		9th	Yes	March 30 1910

FATHER	MOTHER
(8) FULL NAME: Cabel James Prouty	(14) FULL MAIDEN NAME: Mamie Ruth Auld
(9) RESIDENCE: 1819 Jefferson St	(15) RESIDENCE: 1819 Jefferson St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 40 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 38 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Va
(13) OCCUPATION: Tailor	(19) OCCUPATION: Wife
(20) Number of children born to this mother, including present birth: 9	(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 a M., on the date above stated.

1910

(23) Signature: J. T. Shockwell MD Physician (Physician or Midwife)

Address: 2102 E Baltimore St

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

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54942

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2122 E. Fayette St.; Ward)

(2) FULL NAME OF CHILD — John Schmidt — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		4TH	Legit	March 30, 1910

	FATHER	MOTHER
(8) FULL NAME	John Schmidt	(14) FULL MAIDEN NAME: Anna Zeck
(9) RESIDENCE	2122 E. Fayette St	(15) RESIDENCE: 2122 E. Fayette St.
(10) COLOR	White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years)	46	(17) AGE AT LAST BIRTHDAY (Years): 43
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION	Tailor	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6:15 P. M., on the date above stated.

(23) Signature: Wm. A. Kerr (Physician or Midwife)

Address: 203 N. Washington

Filed March 31st, 1910.

Registrar

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

1 0 0 0 0 2 4 2 1

(24) Given name added from a supplemental report _____, 19

RECEIVED FOR RECORD APR -1 1910

JAS. BOSLEY, M.D. Registrar COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54943

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1703, Crystal Ave St.; Ward)

(2) FULL NAME OF CHILD — Carl Etna — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		5th	Yes	March 30, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Paul Etna	Anna Wundalich Etna
(9) RESIDENCE / (15) RESIDENCE	1703 Crystal Ave	1703 Crystal Ave
(10) COLOR / (11) AGE AT LAST BIRTHDAY (Years) / (16) COLOR / (17) AGE AT LAST BIRTHDAY (Years)	White / 31 / White / 30
(12) BIRTHPLACE / (18) BIRTHPLACE	Baltimore / Baltimore
(13) OCCUPATION / (19) OCCUPATION	Cabinet Maker / housework
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 10.30 P M., on the date above stated.

(23) Signature Mrs L. Tuna (Physician or Midwife) Midwife

Address 203 N. Washington Ave

Filed March 31, 1910

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

10 0002422

(24) Given name added from a supplemental report _____, 19

Registrar

RECEIVED FOR RECORD
APR -1 1910
Registrar
WM. S. BOSLEY M.D.
COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54944

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1506, N. Rose St.; Ward)

(2) FULL NAME OF CHILD John Otto Lindeman

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3rd	Married	March 22, 1910

FATHER		MOTHER	
(8) FULL NAME	John Lindeman	(14) FULL MAIDEN NAME	Helen Craig Lindeman
(9) RESIDENCE	1506 N. Rose St	(15) RESIDENCE	1506 N. Rose St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	33	(17) AGE AY LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Motorman	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11:30 A.M., on the date above stated.

(23) Signature Wm A Shu (Physician or Midwife)

Address 238 N. Gosling Lane

Filed March 31st, 1910.

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

1 0 0 0 0 2 4 2 3

(24) Given name added from a supplemental report ____, 19__

Registrar

RECEIVED FOR RECORD APR -1 1910 JAS. BOSLEY, Registrar COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54945

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 232, N. Chester St.; Ward)

(2) FULL NAME OF CHILD Catherine Clark

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	Name	March 28, 1911

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Charles Clark	Florence Clark
(9) RESIDENCE / (15) RESIDENCE	232 N. Chester St	232 N. Chester St
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	34	26
(12) BIRTHPLACE	Baltimore	Baltimore
(13) OCCUPATION	Labor	Housekeeper
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 8 a.m., on the date above stated.

(23) Signature Wm K. Ivor (Physician or Midwife)

Address 203 N. Washington Ave

Filed March 31st, 1911.

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

0 0 0 0 2 4 2 4

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
APR — 1 1911
Registrar

WM. S. BOSLEY M.D.
REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54946

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 628, N. Madison St.; Ward)

(2) FULL NAME OF CHILD — Catherine Kinkam

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

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 24, 1910

FATHER		MOTHER	
(8) FULL NAME	Louis Kinkam	(14) FULL MAIDEN NAME	Margaret Kinkam Underwater
(9) RESIDENCE	628 N. Madison St	(15) RESIDENCE	628 N. Madison St.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	30
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Butcher	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.15 A. M., on the date above stated.

(23) Signature Mrs L Iron (Physician or Midwife)

Address 43 N. Washington St

Filed March 31st, 1910

Registrar

(24) Given name added from a supplemental report _____, 19 _____

Registrar

(READ THE REVERSE SIDE)

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

RECEIVED
MAR 31 1910
BOARD OF HEALTH

1 0 0 0 0 0 2 4 2 5

M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54947

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1932, E Lombard St.; Ward)

(2) FULL NAME OF CHILD Cassandra Mae Bach [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2nd	Married	March 22, 1911

FATHER	MOTHER
(8) FULL NAME: Alisius Bach	(14) FULL MAIDEN NAME: Margarete Bach
(9) RESIDENCE: 1932 E Lombard St	(15) RESIDENCE: 1932 E Lombard St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 28 (Years)	(16) COLOR: — (17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Clerk	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.35 A.M., on the date above stated.

(23) Signature: Mrs L. Stone, Midwife (Physician or Midwife)

Address: 203 N. Washington St.

Filed March 31st, 1911 Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 2 4 2 6

(24) Given name added from a supplemental report ____, 19 ____ Registrar

RECEIVED FOR RECORD APR — 1 1910

J. S. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A54948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. *Name of child,* Elizabeth Gunther
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* Color
4. *Date of Birth* 13 of March 1910
5. *Place of Birth, (Street and number)* 509 Hoffman st
6. *Full name of Mother,* Bessie Gunther
7. *Mother's Maiden Name,* Bessie Oliver
8. *Mother's Birthplace,* Balto city and
9. *Full name of Father,* Fletcher Gunther
10. *Father's Occupation,* Waiter
11. *Father's Birthplace,* Chattanooga Tenn.

Name of Medical Attendant, or other person who makes this Return, Mollie Gilson

Address, 507 Oxford st Balto Md

Remarks,

19100002427

RECEIVED
APR 1 1910
REGISTRAR

...ber of the month, and shall set forth as far as the same can be ascertained the full name ...ble or her care during said illness, and shall set forth the name and occupation of its parent ... of each child, which shall have been conferred; the ... and every midwife or physician or practitioner of ... of a certificate between the ... child shall occur without the ... Health. In case there be no other person ... midwifery, or such person or ... shall become the duty of the ... Health, in the manner and ... hereafter fail to comply with ... for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12/6/73

RETURN OF A BIRTH.

A54949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of Child, Hxiah Charlotte Corbin
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, January 22, 1910
6. Place of Birth, (Street and number) 1348 Frontage Ave
6. Full name of Mother, Hattie Corbin
7. Mother's Maiden Name, Hattie Mason
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Benjamin F. Corbin
10. Father's Occupation, ~~Baltimore~~ Labn
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Maggie Jones

Address, 1352 Calhoun St.

Remarks, 1 9 1 0 0 0 0 2 4 2 8

RECEIVED FOR RECORD
APR - 1 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Sec. 8. It shall be the duty of the attendant upon any birth to report the same as required by this ordinance, and in case there is no attendant, or in case the attendant is not a physician, it shall be the duty of the father or mother of the child, the owner or agent of the premises where the birth occurs, or the head of the family residing where the birth occurs, to report the same as required by this ordinance. Any person who shall fail, neglect or refuse to report any birth as required by this ordinance shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than fifty (50) dollars for each offense.

Sec. 9. It shall be the duty of the Commissioner of Health to cause to be prepared the full name of each child born in the City of Baltimore, the name and occupation of its parents, and the date and place of birth; and the said information shall be entered in a book to be kept for that purpose in the office of the Commissioner of Health. In case a certificate between the hours of ten o'clock P. M. and six o'clock A. M. of any day, it shall be the duty of the person in charge of the premises where the birth occurs, or the person or parents of such child, to report the same before nine o'clock A. M. of the next succeeding day. In case the birth shall occur without the presence or attendance of a physician, it shall become the duty of such person or parents of such child to report the same within the period above required, and in case the birth shall occur with the presence or attendance of a physician, it shall be the duty of such physician to report its birth to the Commissioner of Health, in the manner above required, and in case the mother, immediately after the occurrence of the birth, shall be in a condition to attend to the matter, it shall be her duty to comply with the provisions of this section. Any such person or persons who shall hereafter fail, neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
AUG -1 1910
HENRY BOWLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of Child, Girl
2. Sex, (state whether male or female) Colored
3. Race or color, (if not of the White Race) 13
4. Date of Birth, 1025 Eutaw St
6. Place of Birth, (Street and number) Mary L Randolph
6. Full name of Mother, " Robinson
7. Mother's Maiden Name, Virginia Co. Va
8. Mother's Birthplace, Edw. L. Randolph
9. Full name of Father, Laborer
10. Father's Occupation, Charlotte Co Va
11. Father's Birthplace, Elizabeth Lovick

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1910002429

...month, and shall set forth as far as the same can be ascertained the full name of each child, the date and the ...(or if no such physician or midwife was present at the birth, then the name of the person present at such birth) its sex, color, the full name and residence of the parents; the date and place of their marriage, and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person in charge of the house in which the birth occurred, or should no other person reside therein, to the nearest relative present at the birth, or in case the birth of any child shall occur without the attendance of a physician or midwife, then the person in charge of such child shall report its birth to the Commissioner of Health, in the manner and within the time required, and ...third day of each and every month, a certificate containing the same particulars required, and shall become the duty of the person in charge of the house in which the birth occurred, or should no other person reside therein, to the nearest relative present at the birth, or in case the birth of any child shall occur without the attendance of a physician or midwife, then the person in charge of such child shall report its birth to the Commissioner of Health, in the manner and within the time required, and ...shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

GIVEN NAME ADDED, 8-5-64

No. of Parent of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of Child, Callow Ruxton Young
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, March 2, 1910
6. Place of Birth, (Street and number) 1328 N. Fremont Ave
6. Full name of Mother, Sadie Young
7. Mother's Maiden Name, Sadie Young
8. Mother's Birthplace, Brooklyn Md
9. Full name of Father, Warren Young
10. Father's Occupation, Garden
11. Father's Birthplace, Virginia

Name of Medical Attendant or other person who makes this Return. Mary Jones

Address, 1352 Calhoun St

Remarks, 1910000 2430

RECEIVED FOR RECORD
MAR - 1 1910
J. S. BOSLEY M.D.
REGISTRAR OF HEALTH

Sec. 1. Be it enacted by the General Assembly of Maryland, That the Board of Health of the City of Baltimore shall cause to be procured the full name of each child, to any person born within the limits of said City, and the name, residence, occupation of the parents; the date and place of birth; and the number of children born to the present mother, and the date of birth of each; and the number of children born to the present mother, and the date of birth of each; and the number of children born to the present mother, and the date of birth of each

RETURN OF A BIRTH. A54952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 1 1910
JAS. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of Child, Edward G. Holmes
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Jan 23 1910
6. Place of Birth, (Street and number) 47 26 Druid Hill Ave
6. Full name of Mother, Hattie R. Holmes
7. Mother's Maiden Name, Hattie R. Stark
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Edwin E. Holmes
10. Father's Occupation, Janitor
11. Father's Birthplace, Lafayette Va

Name of Medical Attendant, (or other person who makes this Return) Maria Jones

Address, 3112 Calhoun St

Remarks,

1910002431

The ... shall set forth as far as the same can be ascertained the full name and place of birth; and the name, residence and occupation of its parents. The certificate between the first child and each succeeding child must be signed by the practitioner in the case of each person to be in such schedule shall be delivered, month, to the office of Registrar of Vital Statistics, Board of Health. In case the birth of any person to be in attendance of a physician or midwife, or should no other person or parents of such child undertake the duty of reporting it, it shall become the duty of the person in charge of the house in which such birth shall occur within the period above required, to report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and with the particulars above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR -1 1910
ISAAC ROSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of Child,* George A Mills
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored.
4. *Date of Birth,* January 26 1910
6. *Place of Birth, (Street and number)* 819 Parrish alley
6. *Full name of Mother,* Margaret Green Mills
7. *Mother's Maiden Name,* Margaret Green
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* George A Mills
10. *Father's Occupation,* Porter
11. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1352 Callow St.

Remarks,

19100002432

Every person who shall be present at the birth of any child, or in charge of any child, within the first month after birth, shall report the same to the Commissioner of Health, in the manner and within the period above required, and shall state therein, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the office of Commissioner of Health, and no other person shall be required to report a birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall furnish therefor all the information with respect thereto as aforesaid, and shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54954

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD: Not named (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Female | (4) Twin, triplet, or other? X (To be answered only in event of plural births) | (5) Number in order of birth: 3 | (6) Legitimate? Yes | (7) Date of Birth: Jan 25 (Month) (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME: Irving A. Greasley	(14) FULL MAIDEN NAME: Mary Estel Chair
(9) RESIDENCE: Wyllie ave	(15) RESIDENCE: Wyllie ave
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY (Years): 26
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY (Years): 32
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Greenback County
(13) OCCUPATION: Commission Agent	(19) OCCUPATION: —

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 A M., on the date above stated.

(23) Signature: Estelle Chair

(Physician or Midwife) 366 Robello Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 0 0 0 2 4 3 3

KEEPER OF RECORDS

APR -1 1910

(24) Given name added from a supplemental report ____, 19

Address ____

Filed ____, 19

JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A54955

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 455 Lorraine Ave St.; Ward)

(2) FULL NAME OF CHILD Mary Virginia Browning. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 15, 1910

FATHER

(8) FULL NAME J Carey Browning

(9) RESIDENCE 455 Lorraine Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Salisbury Md

(13) OCCUPATION Lithographer

(20) Number of children born to this Mother, including present birth One

MOTHER

(14) FULL MAIDEN NAME Emma Porter Kendall

(15) RESIDENCE 455 Lorraine Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Charlestown Ind

(19) OCCUPATION House-wife

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.40 P. M., on the date above stated.

(23) Signature Robert N. Mitchell MD. Physician (Physician or Midwife)

Address 2402 Maryland Ave

Filed APR -1 1910, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 2 4 3 4

(24) Given name added from a supplemental report , 19

Registrar

RECORD

JAS BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 454956

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Myrtle C. Hobson, (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female.			Yes	3 - 4 1910

FATHER	MOTHER
(8) FULL NAME William Hobson,	(14) FULL MAIDEN NAME Maud L. Gutermuth
(9) RESIDENCE 3427 S. Dulton Ave.	(15) RESIDENCE 3427 S. Dulton Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 38. (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Philadelphia Pa	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Engineman,	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 3 -	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 P M., on the date above stated.

(23) Signature Mary A. Manning

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 2 4 3 5 Midwife (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Address 1503 E. Henry St.

Filed APR -1 1910, 19 ____

Registrar

Registrar

RECEIVED
APR 1 1910
HAS. BOSLEY, M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54957

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Marie Magdalen Hollis — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female			Yes	8 — 12 — 1910

FATHER

(8) FULL NAME Michael Hollis

(9) RESIDENCE 311 Vincent St

(10) COLOR White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Recovin Hungary

(13) OCCUPATION Laborer

MOTHER

(14) FULL MAIDEN NAME Juliana Trlika

(15) RESIDENCE 311 Vincent St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Recovin Hungary

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 4 —

(21) Number of children of this mother now living 3 —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 — A M., on the date above stated.

(23) Signature Mary A. Keaning. (Physician or Midwife) 1503 Mc. Henry St

Address 1503 Mc. Henry St

Filed AUG -1 1910 19 .

JAS. BUSLEY M.D. COMM'R OF HEALTH. Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this affirm. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 4 3 6

(24) Given name added from a supplemental report ____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54958

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Mildred Garnet Schamma (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female			Yes	Jan.	16	1910

FATHER

(8) FULL NAME Edward Schamma.

(9) RESIDENCE 1317 W. Pratt St.

(10) COLOR White. (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Baltimore Md

(13) OCCUPATION Cigarmaker

(20) Number of children born to this mother, including present birth Not.

MOTHER

(14) FULL MAIDEN NAME Agnes Rebecca Oehlen.

(15) RESIDENCE 1317 W. Pratt St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Baltimore Md.

(19) OCCUPATION Housewife.

(21) Number of children of this mother now living First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 9.40 a M., on the date above stated.

(23) Signature Henry A. Kraning

U 0002437 Physician or Midwife

Address 1503 W. Henry St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from supplemental report ____, 19

Registrar

RECEIVED FOR RECORD

Filed APR - 1 1910, 19

JAS. BOGLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54959

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Hazel Beatrice Thelma Wood. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	3 - 23 - 1910

FATHER		MOTHER	
(8) FULL NAME	William George Wood.	(14) FULL MAIDEN NAME	Elsie M. Wood.
(9) RESIDENCE	35 N. Stricker St	(15) RESIDENCE	35 N. Stricker St
(10) COLOR	White.	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	27	(17) AGE AT LAST BIRTHDAY (Years)	26
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland.
(13) OCCUPATION		(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	First	(21) Number of children of this mother now living	First.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6. a M., on the date above stated.

(23) Signature Mary A. Haning (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 4 3

Address 1503 Mc. Henry St

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed APR 1 1910, 19 ____

Registrar

RECEIVED RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE CORRECTED ~~CERTIFICATE OF BIRTH~~

A54960

~~GIVEN NAME ADDED~~ 7/5/60

(1) PLACE OF BIRTH CITY OF BALTIMORE — Registered No. B.

(2) FULL NAME OF CHILD Dorothy Marie ~~Baarce~~ Brooby Miller — St.; Ward)

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	3 - 25 - 1910

FATHER	MOTHER
(8) FULL NAME John W. Miller	(14) FULL MAIDEN NAME Annie Virginia Kaiser
(9) RESIDENCE 322 S. Gilmor St	(15) RESIDENCE 322 S. Gilmor St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Howard Co.	(18) BIRTHPLACE Baltimore Co.
(13) OCCUPATION Driver	(19) OCCUPATION Housekeeper.
(20) Number of children born to this mother, including present birth Two.	(21) Number of children of this mother now living Three.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 - a M., on the date above stated.

(23) Signature Henry a Keating, M.D. (Physician or Midwife)

Address 503 N. Howard St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 4 3 9

RECEIVED FOR RECORD APR -1 1910

JAS. BOOLEY M.D. BOARD OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____ 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH 8/26/76 A54961

GIVEN NAME ADDED

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2736 W. Lafayette Av. St.; Ward)

(2) FULL NAME OF CHILD GLADYS-ELOUISE STEWART (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		5th	yes	Mar. 19th 1910

FATHER	MOTHER
(8) FULL NAME Ira A. Stewart	(14) FULL MAIDEN NAME Emma L. Heance
(9) RESIDENCE 2736 N. Lafayette Ave	(15) RESIDENCE 2736 N. Lafayette Av
(10) COLOR White (11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Talbot Co. Md.	(18) BIRTHPLACE Balto. Co. Md.
(13) OCCUPATION Laundryman	(19) OCCUPATION —
(20) Number of children born to this mother, including present birth 5	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 a, M., on the date above stated.

(23) Signature J. C. Dickson, (Physician or Midwife)

Address 3053 W. North Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

U 0002440

RECEIVED FOR RECORD APR - 1 1910

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 .

Registrar

H. B. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A54962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 7 - 910
6. *Place of Birth, (Street and number)* 1228 Columbia ave
6. *Full name of Mother,* Lettie L. Appel
7. *Mother's Maiden Name,* Hamblin
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Wm E. Appel
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph E. Prince M.D.

Address, 1520 Hollins St.

Remarks,

APR - 1 1910

1 9 1 0 0 0 0 2 4 4 1

BOARD OF HEALTH

RECORD FOR

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any person who shall hereafter fail to comply with the provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 6 1910
6. *Place of Birth, (Street and number)* 1126 Carrol Ave.
6. *Full name of Mother,* Barbara E Amigon
7. *Mother's Maiden Name,* Koch
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Wm J Amigon
10. *Father's Occupation,* Locomotive Engineer
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph Ennalls Mitchell

Address, 1520 Hollins Ave

Remarks,

RECEIVED FOR RECORD APR 1 1910 H. BARNEY M.D. BOARD OF HEALTH

19100002442

been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinbefore required, and any such person neglecting or refusing to make such report as herein required shall thereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth (8)

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 5 1910
6. *Place of Birth, (Street and number)* 2535 W Baltimore Md
6. *Full name of Mother,* Sarah L Sellers
7. *Mother's Maiden Name,* Stephens
8. *Mother's Birthplace.* Dorchester Co Md
9. *Full name of Father,* Geo. W Sellers
10. *Father's Occupation,* House Carpenter
11. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Joseph Emmalls Lynn Md

Address, 1520 Hollins St

Remarks,

RECEIVED
MAR - 1 1910
REGISTRY OF VITAL STATISTICS

1910 002443

Number of Births reported by this Physician or Midwife since last report, including this one, ... If no births to report since last report, write "None" across face of this card. Every Physician or Midwife who shall attend upon any birth shall, within ten days after such birth, report the same to the office of Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period herein required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2)

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 6 1910
5. *Place of Birth, (Street and number)* 519 W Lombard St.
6. *Full name of Mother,* Ellen M Wyndham
7. *Mother's Maiden Name,* Dunane
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Dennis J Wyndham
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* Vermont

Name of Medical Attendant, or other person who makes this Return, Joseph Ennalls Muse MD

Address, 1520 Hollins St

Remarks,

RECEIVED FOR RECORD
APR 1 1910
BOARD OF HEALTH
COM'R OF HEALTH

19100002444

Note.—Any physician, midwife or other person who shall fail to report the birth of any child as required by the Code of Public Local Laws of Maryland, Article 43, Section 11, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED-3/17/11.

RETURN OF A BIRTH.

A54966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR - 1 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child, BLANCHE IRENE SPURRIER
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, February 27-1910
6. Place of Birth, (Street and number) 1401 Dover St.
6. Full name of Mother, Ida E. Spurrier
7. Mother's Maiden Name, McKenzie
8. Mother's Birthplace, Maryland
9. Full name of Father, Frank E Spurrier
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Joseph Emmalls Nurse Md
Address, 1520 Hollins St.
Remarks,

19100002445

Any person who shall refuse or neglect to report the birth of any child (and the sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month) born in any house or tenement in which he shall have been in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall refuse or neglect to report the birth of any child as aforesaid shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 5/5/09

RETURN OF A BIRTH. A54967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: RAE HARRIS

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 W

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 26 / 10
4. Place of Birth, (Street and Number) 1701 Eutaw Pl
5. Full Name of Mother, Myra Harris
6. Mother's Maiden Name, Myra Goodshow
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Michael Harris
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this return. J. Chesley Mac MD

Address, 1920 Linden Ave

Remarks, 1 9 1 0 0 0 0 2 4 4 5

RECEIVED FOR RECORD
APR -1 1910
S. BOSLEY M.D.
COMR OF HEALTH

been conferred; the sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, to the parent or nurse of such child within thirty days after the birth, and a duplicate copy of the same shall be delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required as aforesaid; and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-1-66

RETURN OF A BIRTH. A54968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Louise KATZ

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 rr

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11/10
4. Place of Birth, (Street and Number) 2452 Woodbourne Ave
5. Full Name of Mother, Reba Katz
6. Mother's Maiden Name, Reba Goldberger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaac M. Katz
9. Father's Occupation, Merchant
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Adelman

Address, 1920 Linden Ave

1910 00002447

Remarks,

RECEIVED FOR RECORD APR -1 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur where no attendant is present, or if there be no other person required by this section to report the same, the duty imposed upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54969

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2112, Chelsea Ave. ; 15 Ward)

(2) FULL NAME OF CHILD Joseph Manes Berney — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			Yes	January 29, 1910

FATHER	MOTHER
(8) FULL NAME Joseph B. Berney	(14) FULL MAIDEN NAME Julia Smallcomb
(9) RESIDENCE 2112 Chelsea Ave	(15) RESIDENCE 2112 Chelsea Ave.
(10) COLOR white (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Baltimore Maryland	(18) BIRTHPLACE Baltimore Maryland
(13) OCCUPATION merchant	(19) OCCUPATION —
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 A M., on the date above stated.

(23) Signature Geo. H. Bolton (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C-10 0 0 0 2 4 4 8

(24) Given name added from a supplemental report ____, 19

Address 36 W. Biddle St

APR -1 1910

JAS. BOOLEY M.D. COMR OF HEALTH

Filed ____, 19 .

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54970

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 112 E. 25th St.; Ward)

(2) FULL NAME OF CHILD Julius Edmund

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 22, 1910

FATHER

(8) FULL NAME: Julius Edmund

(9) RESIDENCE: 112 E 25th St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 34 (Years)

(12) BIRTHPLACE: Missouri

(13) OCCUPATION: Carpenter

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Jennie Marie Cole

(15) RESIDENCE: 112 E 25th St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: Baltimore Md

(19) OCCUPATION: Housemaid

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 a M., on the date above stated.

(23) Signature: John Hauff M.D

(Physician or Midwife)

Address: 1 W Mount St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 4 4 9

RECEIVED FOR RECORD APR - 1 1910

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54971

CITY OF BALTIMORE. (No. ____ St.: ____ Ward)

(2) FULL NAME OF CHILD Adam William Roesler. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	19 (Year)
Male			Yes.	3-	11-	10.

FATHER

(8) FULL NAME William Roesler.

(9) RESIDENCE #10 Dulaney St

(10) COLOR White. (11) AGE AT LAST BIRTHDAY 23. (Years)

(12) BIRTHPLACE Germany.

(13) OCCUPATION Laborer.

MOTHER

(14) FULL MAIDEN NAME Laura Amelia Hemmings.

(15) RESIDENCE #10 Dulaney St.

(16) COLOR White. (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Baltimore, Md.

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 1st

(21) Number of children of this mother now living one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5-45 a M., on the date above stated.

(23) Signature Mary A. Manning, (Physician or Midwife)

Address 503. Mc. Henry St

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD APR -1 1910

WM. F. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54972

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. [illegible] St.; [illegible] Ward)

(2) FULL NAME OF CHILD Malcolm Kick

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	3 - 15 - 10

FATHER	MOTHER
(8) FULL NAME Joseph Kick	(14) FULL MAIDEN NAME Anna Gilen
(9) RESIDENCE 1609 Cole St.	(15) RESIDENCE 1609 Cole St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Germany	(18) BIRTHPLACE Germany
(13) OCCUPATION Laborer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth Five	(21) Number of children of this mother now living Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11- A M., on the date above stated.

(23) Signature Mary A Manning Midwife (Physician or Midwife)

Address [illegible] Mt. Henry St.

Filed APR -1 1910, 19 .

Registrar

JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 2 4 5

(24) Given name added from a supplemental report ..... , 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A54973

CITY OF BALTIMORE (No. ____ St.: ____ Ward)

(2) FULL NAME OF CHILD Arthur Edgar Kreatschman (Kraetschmann) — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	9- 18- 1910

	FATHER	MOTHER
(8) FULL NAME	Arthur Kreatschman (Kraetschmann)	(14) FULL MAIDEN NAME Amelia Kreatschmann (Kraetschmann)
(9) RESIDENCE	620 S. Monroe	(15) RESIDENCE 620 S. Monroe St.
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	31	(17) AGE AT LAST BIRTHDAY (Years) 23.
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE Baltimore
(13) OCCUPATION	Machinist	(19) OCCUPATION Housekeeper.
(20) Number of children born to this mother, including present birth	Two	(21) Number of children of this mother now living Two,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.20 a M., on the date above stated.

(23) Signature Mary A. Manning (Physician or Midwife)

Address 1003 Ille Henry St

Filed APR -1 1910, 19 . Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 4 5 2

(24) Given name added from a supplemental report ____, 19 . Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54974

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Charles Wortman Sorensen. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
Male			Yes	3- 18- 10

FATHER	MOTHER
(8) FULL NAME William Sorensen.	(14) FULL MAIDEN NAME Christina Carolina Wortman.
(9) RESIDENCE 378 S. Stricker St	(15) RESIDENCE 378 S. Stricker St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Germany	(16) BIRTHPLACE Baltimore Md.
(13) OCCUPATION Machinist	(16) OCCUPATION Housewife.

(20) Number of children born to this mother, including present birth Two (21) Number of children of this mother now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 12-50 a M., on the date above stated.

(23) Signature Mary A. Keaning Midwife (Physician or Midwife)

Address 2107 Ellw. Henry St

Filed APR -1 1910, 19 . Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 4 5 3

RECEIVED RECORDS

S. BOSLEY M.D. O'M'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A54975

CITY OF BALTIMORE. (No. 724 Cumberland St.; Ward)

(2) FULL NAME OF CHILD Harry Owen Jr. { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	X	6th	Yes	March 16, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Harry Owen.	Mary Webb
(9) RESIDENCE / (15) RESIDENCE	724 Cumb. St.	724 Cumb St.
(10) COLOR / (11) AGE AT LAST BIRTHDAY (Years)	Wh. / 38 yrs	(16) COLOR Wh. / (17) AGE AT LAST BIRTHDAY (Years) 36 yrs
(12) BIRTHPLACE	Balto.	Balto.
(13) OCCUPATION	Savage Corps	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	6	(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.45 P. M., on the date above stated.

(23) Signature Alice R South by Accident (Physician or Midwife)

Address 670 Baker St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

3 0 0 0 2 4 5 4

(24) Given name added from a supplemental report _____, 19

Registrar

RECEIVED FOR RECORD APR -1 1910

Filed _____, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54976

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1602 East D Baltimore St.; 6 Ward)

(2) FULL NAME OF CHILD Arnold Brudick McKay

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	January 19 1910

FATHER

(8) FULL NAME John Ebenezer McKay

(9) RESIDENCE 1602 East D Baltimore St

(10) COLOR White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE City

(13) OCCUPATION Barber

MOTHER

(14) FULL MAIDEN NAME Annie Elizabeth Mead

(15) RESIDENCE 1602 East D Baltimore St

(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE City

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth Two

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 A M., on the date above stated.

(23) Signature Alfred A Brudick M.D.

(Physician or Midwife)

Address 22 S. Patterson Park Av.

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 0 2 4 5 5

(24) Given name added from a supplemental report ____, 19

Filed APR — 1 1910, 19

Registrar

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

GIVEN NAME ADDED - 8/4/71

RETURN OF A BIRTH.

A54977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR -1 1910
JAS BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Name of Child, SAMUEL ANDREW GRIMES
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, February 25 1910
6. Place of Birth, (Street and number) 1331 Glyndon av
6. Full name of Mother, Angelina E Grimes
7. Mother's Maiden Name, Grim
8. Mother's Birthplace, Virginia
9. Full name of Father, Harry D Grimes
10. Father's Occupation, Blacksmith
11. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Jas E. Mitchell M.D.

Address, 1520 Hollins st.

Remarks,

19100002456

Within ten days after the birth of any child born alive in the City of Baltimore, it shall be the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and if no such person or parents reside in the City of Baltimore, it shall be the duty of the person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and if no such person or parents reside in the City of Baltimore, it shall be the duty of the person in attendance upon the mother, immediately thereafter, to report to the Commissioner of Health the date and place of birth, and the name, sex, color, &c. full name and occupation of its parents;

RETURN OF A BIRTH. A54978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR -1 1910
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feb 23-1910
6. Place of Birth, (Street and number) 804 N Lombard St.
6. Full name of Mother, Margaret K Reynolds
7. Mother's Maiden Name, Gordon
8. Mother's Birthplace, Harford Co Md.
9. Full name of Father, Marcellus D Reynolds
10. Father's Occupation, Salesman (Commission)
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Joseph E. Muse M.D.
Address, 1520 Hollins St.
Remarks,

19100002457

Every physician or midwife, or other person who shall hereafter attend upon any birth, shall, within the period above required, and upon blanks furnished by the Commissioner of Health, make a return of such birth to the Commissioner of Health, which return shall contain the name, if any, and the full name and occupation of its parents; the date and place of birth; and the information required by said blanks; and shall deliver, duly sign and verify the same, or cause the same to be delivered, duly signed and verified, at the office of the Commissioner of Health in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. Failure to report the birth of any child as herein required shall constitute a misdemeanor, and any physician or midwife, or should there be no physician or midwife in attendance, then the parent or parents of such child shall become immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-26-52

RETURN OF A BIRTH. A54979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) two

1. *Name of Child,* Leonard Feldman Jones
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 14/10
6. *Place of Birth, (Street and number)* 433 Hampden Ave
6. *Full name of Mother,* Florence L. Jones
7. *Mother's Maiden Name,* " " Wilmot
8. *Mother's Birthplace,* Balto Co
9. *Full name of Father,* Frank W. Jones
10. *Father's Occupation,* Laborer, B. & O. R. R.
11. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return, Wm. H. Feldman

Address, 802 W. 38th St

Remarks,

1 9 1 0 0 0 0 2 4 5 8

RECEIVED FOR RECORD
APR -1 1910
WM. S. BOSLEY M.D.
COMMR OF HEALTH

been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, or shall notify the Commissioner within the same time and in the same manner of the birth of any child whose birth was not attended by a physician or practitioner of midwifery, or should no other person required attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR -1 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 26/10
6. *Place of Birth, (Street and number)* 3458 Central Ave
6. *Full name of Mother,* Mamie E Hannity aet 18 White
7. *Mother's Maiden Name,* " " Burke
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Wm J Hannity aet 20 White
10. *Father's Occupation,* Laborer Steel Plant
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm. H. F. Truman

Address, 808 W. 23rd St

Remarks,

19100002459

Every physician or midwife in attendance upon a birth shall, within ten days thereafter, deliver to the Commissioner of Health, in the manner and within the period above required, and in addition to the certificate of birth, a return containing the name, sex, color, the full name and occupation of its parents; the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and tenth days of each month, to the Commissioner of Health, and a like return of every birth at which he shall assist or be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in addition to the certificate of birth, a return containing the name, sex, color, the full name and occupation of its parents; the date and place of birth, and the said schedule shall be delivered, duly signed by the person or parents of such child, to the Commissioner of Health, in the form of a certificate between the first and tenth days of each month, to the Commissioner of Health, and a like return of every birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person

RETURN OF A BIRTH. A54981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR -1 1910
JAS. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th all living

1. *Name of Child,*
2. *Sex, (state whether male or female)* ♂ male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 28/10
6. *Place of Birth, (Street and number)* 3122 Cedar Ave
6. *Full name of Mother,* Ida B Tracy aet 36 White
7. *Mother's Maiden Name,* " " Wilson
8. *Mother's Birthplace,* Balto Co
9. *Full name of Father,* Pleasant S. Tracy aet 40 White
10. *Father's Occupation,* Flagman B & O R.R.
11. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return, Wm H Fordemwalt

Address, 600 W 33rd St

Remarks, 1910000?460

Every person who shall be present at the birth of a child, and every householder in whose house or premises a child shall be born, and every person having charge of any child born elsewhere than in a house, and every physician, midwife, or other person who shall have attended at the birth, shall, within ten days after the birth, report to the Commissioner of Health, in the manner and form prescribed by the Board of Health, the full name and occupation of its Parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and second days of each month, to the Commissioner of Health. In case a child is born where no person is in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required by this section, and to deliver to him a certificate of the facts required to be reported by the practitioner. Any person who shall violate any of the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11/23/66

A54982

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: BARRY GOLDMAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 17th 70
4. Place of Birth, (Street and Number) 2336 Druid Hill Ave
5. Full Name of Mother, Rebecca Goodman
6. Mother's Maiden Name, Celia Gottlieb
7. Mother's Birthplace, Russia
8. Full Name of Father, Benj. Goodman
9. Father's Occupation, Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, S. Goldman MD

Address, 1920 Linden Ave

1 9 1 0 0 0 0 2 4 6 1

Remarks,

RECEIVED FOR RECORD APR -1 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

month, and the date of the birth; and the full name and occupation of its parents, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the full name and occupation of its parents, the date and place of

GIVEN NAME ADDED - 1/24/14

RETURN OF A BIRTH. A54983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Name of child, GRACE DOROTHY BELL
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March the second (1910)
5. Place of Birth, (Street and number) 920 N Lombard St
6. Full name of Mother, Edith G Bell
7. Mother's Maiden Name, " " Winkleman
8. Mother's Birthplace, Balto Md
9. Full name of Father, John A Bell
10. Father's Occupation, Teamster
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary C McKnew

Address, # 1322 N Lombard St

Remarks,

19100002462

RECEIVED FOR RECORD MAY 31 1910 WM. BOSLEY M.D. BOARD OF HEALTH

his or her care during the month, and shall set forth as far as the same shall be known to him or her the name, color, the full name and occupation of the parents, the date and place of birth of each child born alive, and the number of each child born to the mother. Immediately thereafter it shall be the duty of each and every midwife to report to the Board of Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother of such child to report the particulars of such birth to the Board of Health, in the manner and within the period afore required, and any such person or persons offending hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* March 11th 1910
5. *Place of Birth, (Street and number)* 47 S. Schroeder St.
6. *Full name of Mother,* Delia Coppinger
7. *Mother's Maiden Name,* Lannon
8. *Mother's Birthplace,* Ireland
9. *Full name of Father,* William Coppinger
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary C McKnew

Address, 1322 W Lombard St

Remarks,

1910 0002463

RECEIVED FOR RECORD
MAR 31 1910
M.S. BOSLEY M.D.
CHAIR OF HEALTH

his or her care during the month, and shall, at the same time, report the name and residence of the parent or other person who is responsible for the support of such child, and the date and place of birth; and the said schedule shall be delivered, duly signed by the institution in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or midwife, or nurse, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A54985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of child, Aaron
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth March 10, 1910
5. Place of Birth, (Street and number) 1261 E. Fayette St
6. Full name of Mother, Rosa Miller
7. Mother's Maiden Name, Davidson
8. Mother's Birthplace, Russia
9. Full name of Father, Morris Miller
10. Father's Occupation, Taylor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Nellie Blum

Address, 4 N. Exeter St

Remarks, None

19100002464

RECEIVED FOR RECORD MAR 31 1910 BIGGSLEY M.D. REGISTRAR OF VITAL STATISTICS

his or her care during the month, and shall set forth as fully as the same can be ascertained, the name of each child, the name and date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a sworn affidavit, to the Registrar of Vital Statistics, Board of Health, on the first Monday in each month. In case the birth of any child shall occur in the absence of a medical attendant, or if the mother shall be delivered by midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 31 1910
S. SOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,* Goldie
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 22, 1910
5. *Place of Birth, (Street and number)* 117 S. Bond St
6. *Full name of Mother,* Lena Sopher
7. *Mother's Maiden Name,* Goodman
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Morris Sopher
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Fetta Bluson

Address, 14 N. Exeter St

Remarks, None.

1 9 1 0 0 0 0 2 4 6 5

his or her care during the month, and shall set forth as far as the same are known, the information required under each of the heads of the said form as the same are described the full name date and place of birth of the child, the sex, color, the full names, occupation of the parents, the of a certificate between the first of the month in which the child shall be delivered, duly signed by the physician or practitioner of Health, in the manner and within the time prescribed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall, on conviction thereof, be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54987

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.		9		15th March 1910

FATHER

(8) FULL NAME: John Mc Carty

(9) RESIDENCE: Ashburton Balto city

(10) COLOR: white

(11) AGE AT LAST BIRTHDAY (Years): Apr 25th 40.

(12) BIRTHPLACE: Balto. Md.

(13) OCCUPATION: Park Officer

(20) Number of children born to this mother, including present birth: 9th

MOTHER

(14) FULL MAIDEN NAME: Emma Ulrick.

(15) RESIDENCE: Ashburton Balto City

(16) COLOR: white

(17) AGE AT LAST BIRTHDAY (Years): Feb 18th 35

(18) BIRTHPLACE: Balto Md.

(19) OCCUPATION: ____

(21) Number of children of this mother now living: 8th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Ashburton Balt Md. on the date above stated.

(23) Signature: Mrs. C. Faulstick (Physician or Midwife)

Address: 859 N. Fulton Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 4 6 6

(24) Given name addad from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54988

(1) PLACE OF BIRTH 838 Pierce St. Registered No. B.

CITY OF BALTIMORE. (No. 838 Pierce St.; Ward)

(2) FULL NAME OF CHILD Margaretta Victoria Clemons [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2	yes	March 12 1910

FATHER	MOTHER
(8) FULL NAME John Clemons	(14) FULL MAIDEN NAME Laura Jane Selby
(9) RESIDENCE 838 Pierce St	(15) RESIDENCE 838 Pierce St.
(10) COLOR colored	(11) AGE AT LAST BIRTHDAY 22 (Years)
(16) COLOR colored	(17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Baltimore Md.	(18) BIRTHPLACE Nansack Va
(13) OCCUPATION Stevedore	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2:16 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature Julia M. Lewandoski

U 0002467 (Physician or Midwife) Medical Student

Address Womans Medical College.

(24) Given name added from a supplemental report ____, 19

Filed MAR 31 1910, 19

Registrar

JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54989

(1) PLACE OF BIRTH 1025 Druid Hill Ave. Registered No. B.

CITY OF BALTIMORE. (No. 1025 Druid Hill Ave. St.; Ward)

(2) FULL NAME OF CHILD Anita Keller. { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		5	yes	March 7 1916

FATHER

(8) FULL NAME Earnest Wilson Keller.

(9) RESIDENCE 1025 Druid Hill Ave.

(10) COLOR colored. (11) AGE AT LAST BIRTHDAY 34 yrs (Years)

(12) BIRTHPLACE Carrol County Md.

(13) OCCUPATION Waiter

MOTHER

(14) FULL MAIDEN NAME Georgia Emma Smith

(15) RESIDENCE 1025 Druid Hill Ave.

(16) COLOR colored. (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Frederick City, Md.

(19) OCCUPATION Housework.

(20) Number of children born to this mother, including present birth 5

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.30 P. M. M., on the date above stated.

(23) Signature Julius M. Levandoski Medical Student (Physician or Midwife)

Address Womens Medical College

Filed MAR 31 1916, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 4 6 8

RECEIVED FEB

(24) Given name added from e supplemental report , 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A54990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 31 1910
J. S. BOGLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Name of child,* No Name
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* 28th of March
5. *Place of Birth, (Street and number)* 1937 Druid Hill Ave
6. *Full name of Mother,* Virginia Delaner
7. *Mother's Maiden Name,* Virginia Delaner.
8. *Mother's Birthplace,* Middlesex County Va.
9. *Full name of Father,* Isaac Reed
10. *Father's Occupation,* Labor Work
11. *Father's Birthplace,* Middlesex County Va

Name of Medical Attendant, or other person who makes this Return, Mrs. J Stenchson

Address, 2126 Etting Street

Remarks,

19100002469

Any person who shall neglect or refuse to make the return required by this section, or who shall make a false return, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Any midwife, or other person who shall be employed to render professional assistance at the birth of a child, shall, within the first three days after such birth, call upon the parent or parents of such child, or the person having charge thereof, and obtain the information required by this section to be given, and report the same to the Commissioner of Health. In case the child be born without the attendance of a physician or practitioner of midwifery, or should no other person be present who is required to make the return, it shall become the duty of the person or parents of such child, or the person having charge thereof, within the first three days after such birth, to report the same to the Commissioner of Health, in the manner and form hereinbefore required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars

RETURN OF A BIRTH. A54991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 31 1916
JOHN S. FOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,*
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* Color
4. *Date of Birth* March 29 1916
5. *Place of Birth, (Street and number)* 1132 North Stockton St
6. *Full name of Mother,* Annie Cobbs
7. *Mother's Maiden Name,* Gaspar Bailey
8. *Mother's Birthplace,* Balto City
9. *Full name of Father,* Robert Cobbs
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Lancaster Co Pa

Name of Medical Attendant, or other person who makes this Return, Fannie Jones

Address, 1214 Pennsylvania Ave.

Remarks,

1 9 1 0 0 0 0 2 4 7 0

his or her care during the month, and shall set forth as far as the same can be ascertained the full name of every child born alive, the sex, color, date and place of birth, and the name, residence, and occupation of its parents. The certificate of each birth shall be delivered, duly signed by the practitioner in the form of a certificate to the Registrar of Vital Statistics, or presented at his office, within ten days after the date and place of birth, and the said third day of each and every month to the office or Commissioner of the district. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance at the birth, it shall be the duty of the mother of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall become the duty of the mother of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A54992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 31 1910
JAS BOSLEY, M.D.
SUPR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth March 2nd 1910
4. Place of Birth, (Street and Number) 2031 E Biddle St
5. Full Name of Mother, Pearl Hamby Coleman
6. Mother's Maiden Name, Pearl Hamby Coleman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, [illegible] Taylor
9. Father's Occupation, Laborer
10. Father's Birthplace, Talbot Co. Md

Name of Medical Attendant, or other person who makes this Return, Cordelia Jackson

Address, 1910 Chapel St

Remarks, 1910 00624 1

or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said selectus shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or person having charge of the child, who shall deliver the same without fee to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a licensed practitioner or midwifery, or should no other person be in attendance upon the mother, immediately there after it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner herein provided, and any person or persons who shall neglect or refuse hereafter fail to comply with the provisions of this section shall be subject, on a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54993

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 2926, Samont Ave (Waverly) St.; Ward)

GIVEN NAME ADDED 1/4/72

Registered No. B

(2) FULL NAME OF CHILD Thelma Viola Sokey

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
F.			Yes	March 28, 1910

FATHER

(8) FULL NAME: Albert O Sokey

(9) RESIDENCE: 2926 Samont Ave

(10) COLOR: W

(11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Maryland (U.S.A.)

(13) OCCUPATION: Shipping Clerk

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Catherine C Cross

(15) RESIDENCE: 2926 Samont Ave

(16) COLOR: W

(17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Balto. Md

(19) OCCUPATION: Housework

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 P M., on the date above stated.

(23) Signature: A W Gaddes

Address: 2631 Fork Rd (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0002472

(24) Given name added from a supplemental report ____, 19

Registrar

Filed MAR 31 1910, 19

Registrar

J.A.S. BOGLEY M.D.
COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54994

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1109, York Rd, Waverly, St.; Ward)

(2) FULL NAME OF CHILD Carolina Wilhelmina Melville (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
F			Yes	March 15, 1910

FATHER		MOTHER	
(8) FULL NAME	Chas. H. Melville	(14) FULL MAIDEN NAME	Emma V. Lindig
(9) RESIDENCE	1109 York Rd	(15) RESIDENCE	1109 York Rd
(10) COLOR	W	(16) COLOR	W
(11) AGE AT LAST BIRTHDAY (Years)	41	(17) AGE AT LAST BIRTHDAY (Years)	41
(12) BIRTHPLACE	Balto Md	(18) BIRTHPLACE	Balto Md
(13) OCCUPATION	House painter	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P M., on the date above stated.

(23) Signature H W Gadden

(Physician or ~~Midwife~~)

Address 2631 York Rd — Greenmount Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0002473

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

RECEIVED FOR RECORD MAR 31 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A54995

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 507 N. Calhoun St.; Ward)

(2) FULL NAME OF CHILD Neva Constance Bagwell — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female	—	—	Yes	March 30 1910

	FATHER	MOTHER
(8) FULL NAME	John Watson Bagwell	(14) FULL MAIDEN NAME Neva Constance Arthur
(9) RESIDENCE	507 N. Calhoun St	(15) RESIDENCE 507 N. Calhoun St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY 29 (Years)
		(16) COLOR White
		(17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE	Exmore Va	(18) BIRTHPLACE Balto Md
(13) OCCUPATION	Salesman	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.20 P. M., on the date above stated.

(23) Signature Henry L. Chee M.D. (Physician or Midwife)

Address 1207 W. Fayette St

Filed MAR 31 1910, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECORDED

JAS BOSLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Balto Md City — Registered No. B. A54996

CITY OF BALTIMORE. (No. 3126 Cedar Ave. St.; Ward)

(2) FULL NAME OF CHILD _____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	/	5	yes	March 1 1910

FATHER	MOTHER
(8) FULL NAME Mr. H. M. Jeffries	(14) FULL MAIDEN NAME Mrs Katie Kline
(9) RESIDENCE 3126 Cedar Ave	(15) RESIDENCE 3126 Cedar Ave.
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 34. (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 33. (Years)
(12) BIRTHPLACE Balto Co Md.	(18) BIRTHPLACE Balto Co. Md.
(13) OCCUPATION Labor.	(19) OCCUPATION House wife
(20) Number of children born to this mother, including present birth 5	(21) Number of children of this mother now living 3 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at March 1 1910 M., on the date above stated.

(23) Signature Lillian C Kroul Midwife (Physician or Midwife)

Address 918 33rd St Hampden

Filed MAR 31 1910, 19 . Balto City Registrar

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

I-0 U 0 0 2 4 7 5

(24) Given name added from a supplemental report _____, 19

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

RETURN OF A BIRTH. A54997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR 31 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, unnamed
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth 10.30 pm 3/30/10
5. Place of Birth, (Street and number) 52 Bentalou St
6. Full name of Mother Mrs Minnie Elizabeth Jones
7. Mother's Maiden Name, Miss " Jones
8. Mother's Birthplace, Howard County Md.
9. Full name of Father, Edgar Stanley Jones
10. Father's Occupation, Father
11. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, P. Bebilson Jr MD

Address, 2015 WILKENS AVE.

Remarks, about 4½ month child - which lived about 15 minutes

9 1 0 0 0 0 2 4 7 6

his or her name during the month, and shall set forth color, the full name and occupation of the parents, the date and place of birth, the street and number (if any) stated by the practitioner in the form of a certificate between the 1st and 5th days of each and every month to the office of Commissioner of Health. If no attendant be in attendance upon the birth, the parent or parents of such child shall become the duty of the person or parents above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

HEALTH DEPARTMENT—CITY OF BALTIMORE

GIVEN NAME ADDED 3-16-64 **CERTIFICATE OF BIRTH**

(1) PLACE OF BIRTH 2961 Cedar Ave. Registered No. B. A54333

CITY OF BALTIMORE. (No.) St.; Ward)

(2) FULL NAME OF CHILD William Arthur Carback

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	1.	2	yes	March 12 1910

FATHER	MOTHER
(8) FULL NAME Clarence A Carback	(14) FULL MAIDEN NAME Blanch Houck.
(9) RESIDENCE 2961 Cedar Ave.	(15) RESIDENCE 2961 Cedar Ave.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Balto Co Md	(18) BIRTHPLACE Balto Co Md.
(13) OCCUPATION Huskler	(19) OCCUPATION House wife
(20) Number of children born to this mother, including present birth 2nd.	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at March 12/10 M., on the date above stated.

(23) Signature Lillian B Krout Midwife (Physician or Midwife)

Address 1833 2nd & St Hampden

Filed MAR 31 1910, 19. Balto City Registrar

JAS. BOSLEY, M.D. COMR OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 2 4 7

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A54999

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 560 Wilson St.; Ward)

(2) FULL NAME OF CHILD — Lillian May Epps. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 6 1910

FATHER		MOTHER	
(8) FULL NAME	Jordan Epps	(14) FULL MAIDEN NAME	Martha Stanley
(9) RESIDENCE	560 Wilson St.	(15) RESIDENCE	506 Wilson St.
(10) COLOR	Negro	(16) COLOR	Negress
(11) AGE AT LAST BIRTHDAY (Years)	44	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	Virginia	(18) BIRTHPLACE	Virginia
(13) OCCUPATION	Laborer	(19) OCCUPATION	Wife
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at Nine - thirty P.M., on the date above stated.

(23) Signature Wm. H. Wright

(Physician or Midwife)

Address 1373 N. Carey St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 4 7 8

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19 _____ Registrar

RECEIVED FOR RECORD
APR -2 1910
GEO. SOSLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. *Name of Child,* Walter Bedford
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* March 27th 1910
6. *Place of Birth, (Street and number)* 240 Calvin Street
6. *Full name of Mother,* Dolly Bedford
7. *Mother's Maiden Name,* Dolly Burem
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Walter Bedford
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Elizeleth Johnson

Address, 719 Buren Street

Remarks, The child's eyes are red.

19100002479

RECEIVED FOR RECORD
APR — 5 1910
J. J. BOSLEY M.D.
REGISTRAR OF HEALTH

ben enforced) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person be in charge who is required to report the birth, the parent or parents of such child are required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55001

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2049 Division St.; Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M			Yes	March 30, 1910

FATHER	MOTHER
(8) FULL NAME: Jordan Thomas Gwaltney	(14) FULL MAIDEN NAME: Annie Webb
(9) RESIDENCE: 2049 Division St	(15) RESIDENCE: 2049 Division St
(10) COLOR: Negro (11) AGE AT LAST BIRTHDAY: 33 (Years)	(16) COLOR: Negress (17) AGE AT LAST BIRTHDAY: 29 (Years)
(12) BIRTHPLACE: Virginia	(18) BIRTHPLACE: Caroline Co. Md.
(13) OCCUPATION: Laborer	(19) OCCUPATION: Wife.
(20) Number of children born to this mother, including present birth: Six	(21) Number of children of this mother now living: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2:20 A. M., on the date above stated.

(23) Signature: Wm. H. Wright

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 U 0002480 (Physician or Midwife)

(24) Given name added from a supplemental report_____, 19

Address 1373 N. Carey St

Filed MAR -2 1910, 19

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55002

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1412 Druid Hill Ave. St.; Ward)

(2) FULL NAME OF CHILD Emory T. Wallace — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.			Yes.	March 9 1910.

FATHER		MOTHER	
(8) FULL NAME	Geo. E. Wallace	(14) FULL MAIDEN NAME	Carrie E. Brooks.
(9) RESIDENCE	1412. Druid Hill Ave.	(15) RESIDENCE	1412 Druid Hill Ave.
(10) COLOR	Black.	(16) COLOR	Black.
(11) AGE AT LAST BIRTHDAY (Years)	34.	(17) AGE AT LAST BIRTHDAY (Years)	32
(12) BIRTHPLACE	Calvert Co. Md.	(18) BIRTHPLACE	Calvert Co. Md.
(13) OCCUPATION	Waiter	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	2.	(21) Number of children of this mother now living	two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 15 a. M., on the date above stated.

(23) Signature John H. Sanderson M.D. (Physician or Midwife)

Address 1107 E. Lafayette Ave.

*When there was no attending physician or midwife then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0002481

MAR -2 1910

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55003

(1) PLACE OF BIRTH 442 E 23rd St. Registered No. B

CITY OF BALTIMORE. (No. 442 E 23rd St.; Ward)

(2) FULL NAME OF CHILD Charles W Harris

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		3		March 26, 1910

FATHER

(8) FULL NAME George W Harris

(9) RESIDENCE 442 E 23rd St.

(10) COLOR colored (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Cambridge Md

(13) OCCUPATION labor

MOTHER

(14) FULL MAIDEN NAME Mazie Harris Mabie Adams

(15) RESIDENCE 442 E 23rd St.

(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Catonsville Md

(19) OCCUPATION laundress

(20) Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:15 a M., on the date above stated.

(23) Signature Annie Thompson Mid wife (Physician or Midwife)

Address 453 E 23rd St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 ? 4 8 2

(24) Given name added from a supplemental report ..... , 19

Filed April 1, 1910.

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child, Elizabeth
2. Sex, (state whether male or female) Girl
3. Race or color, (if not of the White Race) White Race
4. Date of Birth, 1910 March 1.
6. Place of Birth, (Street and number) 1011 Somerset str
6. Full name of Mother, Maggie Hurt
7. Mother's Maiden Name, Faul
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, John T. Hurt
10. Father's Occupation, Butcher
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Barbara Jay Midwife

Address, 944 Airguith str

Remarks,

1910000002483

RECEIVED FOR RECORD
MAR -2 1910
H.A. BOLLEY M.D.
REGISTER OF WILLS

boen conferred) its sex, color, the full name an occupation of its parents, the number of previous children to the mother, and the number of children of the mother living, and the number dead, and the date of birth of each child born alive, which information shall be duly recorded by the practitioner in the form of a certificate between the first and third days of each month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required, as aforesaid, make return of such birth, it shall be the duty of the mother, or in case of her inability, the person in charge of such child to report the same, as required of attendants upon the mother. Immediately after the birth, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. *Name of Child,* Agnes Margaretta
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White Race
4. *Date of Birth,* 1910 March 3
6. *Place of Birth, (Street and number)* 1401 Hallbrook str
6. *Full name of Mother,* Katarin Schriefer
7. *Mother's Maiden Name,* Hechner
8. *Mother's Birthplace,* Heidlbach Bayern Germanie
9. *Full name of Father,* Joseph Schriefer
10. *Father's Occupation,* Shumacker
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Barbara Jay midwife

Address, 944 asquith str

Remarks,

1 9 1 0 0 0 0 2 4 8 4

be conferred) its sex, color, the full name and occupation of the parents, the date of the birth, and such other facts as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR -2 1910
BOOLEY, M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Name of Child,* anna
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White Race
4. *Date of Birth,* 1910 March 7
6. *Place of Birth, (Street and number)* 1202 E. Eager
6. *Full name of Mother,* Albertine Probst
7. *Mother's Maiden Name,* Traeg
8. *Mother's Birthplace,* Baltimore md
9. *Full name of Father,* Herman Probst
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, mrs Barbara Jay midwife

Address, 944 aisquith str

Remarks,

19100002485

been conferred, its sex, color, the full name and occupation of its parents, its age, place of birth, and such other facts as may be required by said schedule shall be delivered, duly certified by such physician or midwife in the form of a certificate between the first and fifth days of each month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR -7 1910
W. S. BOOLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. *Name of Child,* Mary Cathrine Hammel
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* march 30, 1910
6. *Place of Birth, (Street and number)* 528 N. High St
6. *Full name of Mother,* Mary A Hammel
7. *Mother's Maiden Name,* Mary A Hammel
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* William E. Hammel
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 719 Buren Street

Remarks,

1 9 1 0 U 0 0 2 4 8 6

been confined, (1) its sex, color, (2) the name and residence of the physician or midwife in attendance upon the birth, and (3) the number of the child born to the mother, if it be the first, second, third or other child. And it shall be the duty of the said physician or midwife to report the said birth to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and the said person or parents are required and enjoined to make such report within ten days after the birth. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1291.

RETURN OF A BIRTH. A55008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
APR -2 1910
EDGAR OKELEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Baby Byrne
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 17th 1910.
5. Place of Birth, (Street and number) 524 West Mulberry Street
6. Full name of Mother, Esther May Byrne
7. Mother's Maiden Name, Esther May.
8. Mother's Birthplace, Providence R.I.
9. Full name of Father, John Francis Byrne
10. Father's Occupation, Medical Student. 4th Year U. of M.
11. Father's Birthplace, Charlestown, W. Va.

Name of Medical Attendant, or other person who makes this Return. Edgar Okeley Perkins M.D.

Address, 806 Chamberlain. 1 Schuylkill & Charles Sts.

Remarks, 1910 00 02487

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the physician, midwife, or other person in attendance upon any case of birth occurring within the limits of Baltimore City, to deliver to the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of such birth, which certificate shall be made upon the form and contain the information required by the Board of Health of Baltimore City, and shall be delivered to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time and in the manner prescribed by the Board of Health of Baltimore City.

Sec. 2. And be it enacted, That the certificate between the first and third day of each and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City, of the birth and place of birth; and the aforesaid shall be delivered to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time and in the manner prescribed by the Board of Health of Baltimore City.

Sec. 3. And be it enacted, That the duty of the person or persons of such birth shall become the duty of the person or persons of such birth, immediately thereafter it shall be the duty of the person or persons of such birth, immediately thereafter it shall be the duty of the person or persons of such birth, immediately thereafter it shall be

RETURN OF A BIRTH. A55009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Name of child,*
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* April the 1. 1910.
5. *Place of Birth, (Street and number)* 1528 Eline Str.
6. *Full name of Mother,* Anna Kramer
7. *Mother's Maiden Name,* Schulz
8. *Mother's Birthplace,* Baltic
9. *Full name of Father,* John Kramer
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Baltic

Name of Medical Attendant, or other person who makes this Return, Elizabeth Seiler

Address, 1612 Carlton Str.

Remarks,

1 9 1 0 U 0 0 2 4 8 8

RECEIVED FOR RECORD
APR 2 1910
H. BARNEY M.D.
COMMR OF HEALTH

of each child, (if any shall have been conferred), its sex, color, the full names and occupation of its parents, the date of birth of the child, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the use of a physician or midwife, or should no other person be in attendance upon the mother at the birth of such child, it shall become the duty of the mother, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
FEB -9 1910
J. H. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Name of child,* Emma May Bruning
2. *Sex,* (state whether male or female) female
3. *Race or color,* (if not of the White Race) white
4. *Date of Birth* March the 20 1910.
5. *Place of Birth,* (Street and number) 1618 Hanover St.
6. *Full name of Mother,* Emma Bruning
7. *Mother's Maiden Name,* Taylor
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* George Bruning
10. *Father's Occupation,* Oyster Business
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Sci Co.

Address, 1622 Clarkson St.

Remarks,

1910000002489

Every birth occurring within the limits of Baltimore City shall be registered within ten days thereafter, and for every birth so to be registered it shall be the duty of the physician, midwife or other person in attendance upon the mother, or of the father of the child, or of the householder or owner of the premises where the birth occurs, to report the birth to the Commissioner of Health, in the manner and within the period required by the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician, midwife or other person in attendance upon the mother, the parents of such child shall report the birth to the Commissioner of Health, in the manner and within the period required by the Commissioner of Health. No certificate of birth shall be issued by the Commissioner of Health, or any of his deputies, unless the date and place of birth and the name and occupation of the parents of the child to be registered shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second days of each month, to be the office of Commissioner of Health. In case the birth of any child shall occur without the presence of a physician, midwife or other person in attendance upon the mother, the parents of such child shall report the birth to the Commissioner of Health, in the manner and within the period required by the Commissioner of Health. No certificate of birth shall be issued by the Commissioner of Health, or any of his deputies, unless the date and place of birth and the name and occupation of the parents of the child to be registered shall be delivered, duly signed by the practitioner in the form of each child, if more than one have been conferred; its sex, color, the full name and occupation of its parents; the date and place of birth; and if dead, the date of death. Every birth

RETURN OF A BIRTH. A55011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Name of child,*
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* March the 11th 1910
5. *Place of Birth, (Street and number)* 1823 Bell Ave
6. *Full name of Mother,* Margaret Dean
7. *Mother's Maiden Name,* Switzer
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Della Dean
10. *Father's Occupation,* Engineer
11. *Father's Birthplace,* Montgomery Co Md.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Seiler

Address, 1622 Clarkson St.

Remarks,

19100002490

RECEIVED FOR RECORD
APR -2 1910
BUREAU OF VITAL STATISTICS
BOARD OF HEALTH

of such child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the age and residence of the mother. Immediately thereafter the person in charge of the house or other place where such child was born shall deliver to the parent or parents of such child, if any shall have been conferred, a certificate setting forth the facts required to be registered, duly signed by the practitioner in the form prescribed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of medicine, midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Name of child,*
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* colds
4. *Date of Birth* March the 16th 1910.
5. *Place of Birth, (Street and number)* 1503 Race St.
6. *Full name of Mother,* Celia Lewis
7. *Mother's Maiden Name,* Oconnor
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Henry Lewis
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Seiler

Address, 1622 Clarkson Ste

Remarks,

19100002491

COMPARED BY RECORD

MAR -2 1910

BOSLEY M.D. BOARD OF HEALTH

of each child. (If any child have been confined at any other place than the usual residence of the parents, the name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered by the person in charge of the house to the Registrar of Vital Statistics, or to the person who shall be charged with the duty of registering births, within the period above required, and any such person or midwife, or should no other person be in attendance, then the physician or midwife, or should no other person be in attendance, then the physician or midwife, or should no other person be in attendance, then the physician

CERTIFICATE AMENDED Film G485 7-18-75

RETURN OF A BIRTH. A55013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
APR -2 1910
HENRY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Hilda Elizabeth Ernst
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth March 3d 1910.
5. Place of Birth, (Street and number) 113 N. Barney St.
6. Full name of Mother, Annie Ernst
7. Mother's Maiden Name, Linton
8. Mother's Birthplace, Balto.
9. Full name of Father, John Ernst
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Seiler

Address, 1622 Edmondson St.

Remarks,

1910000002492

Every child, if any shall have been born, and every stillborn child, the full name and occupation of its parents, the date and place of birth, and the name, if any, conferred upon it, and the full name and residence of the physician, midwife or other person in attendance at the birth, shall be reported to the Board of Health of Baltimore City, by the physician, midwife or other person in attendance upon the mother, immediately thereafter, and a certificate of such birth and stillbirth, to be delivered, duly signed by the practitioner in the form hereinafter prescribed, to the attendant, if any, at the time of the birth or stillbirth. In case the birth of any child shall occur without the attendance of a physician, midwife or other person in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinbefore required, and any physician, midwife or other person who shall neglect or forbear to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report in like manner the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
APR -2 1910
REGISTRAR MD.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Name of Child,
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth, March 12, 1910
6. Place of Birth, (Street and number) 2302 Canton St
6. Full name of Mother, Anna Ulrich
7. Mother's Maiden Name, Anna Krug
8. Mother's Birthplace, Balto
9. Full name of Father, Henry Ulrich
10. Father's Occupation, Machinist
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary I Swayne

Address, 2245 Canton Sq

Remarks,

1910000 2493

RETURN OF A BIRTH. A55015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner, then it shall be the duty of the person or parents of such child to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Name of Child,*
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* March 4, 1910
6. *Place of Birth, (Street and number)* 781 Canton St.
6. *Full name of Mother,* Annabel McDougu
7. *Mother's Maiden Name,* Annabel Katz
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Martin McDougu
10. *Father's Occupation,* Molder
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

RECORD
2 1910
EDSLEY MD.
R OF HEALTH

19100002494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55016

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Flora Kavinsky

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) March (Day) 1, (Year) 1910
Female				

FATHER

(8) FULL NAME Louis Kavinsky

(9) RESIDENCE 533 Aisquith st.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION store-keeper

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Gussie Bensarovsky

(15) RESIDENCE 533 Aisquith st.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION none

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 533 Aisquith st M., on the date above stated.

(23) Signature Bessie Harmatz Midwife (Physician or Midwife)

Address 1320 S. Eden st.

Filed APR 2 1910 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 4 9 5

RECORD

HOOLEY

(READ THE REVERSE SIDE)

OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55017

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Sylvia Potts

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	1910 (Year)
Female				March	6	

FATHER		MOTHER	
(8) FULL NAME	Hyman Potts	(14) FULL MAIDEN NAME	Rosa Glick
(9) RESIDENCE	113 S. Exeter st.	(15) RESIDENCE	113 S. Exeter st.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	26 (Years)	(17) AGE AT LAST BIRTHDAY	24 (Years)
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	stove-keeper	(19) OCCUPATION	none
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 113 S. Exeter st. M., on the date above stated.

(23) Signature Bessie Harmatz Midwife (Physician or Midwife)

Address 1322 S. Eden st.

Filed APR -2 1910, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 4 9 6

JAS. BOSLEY M.D. HEALTH OFFICER

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55018

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Yetta Blumenthal — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) March (Day) 7 (Year) 1910
Female				

FATHER	MOTHER
(8) FULL NAME Abraham Blumenthal	(14) FULL MAIDEN NAME Bessie Caplan
(9) RESIDENCE 1142 E. Lombard st.	(15) RESIDENCE 1142 E. Lombard st.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 39 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION bigler	(19) OCCUPATION none
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1142 E. Lombard st. M., on the date above stated.

(23) Signature Bessie Harmatz

U 0 0 2 4 9 7 Midwife (Physician or Midwife)

Address 1320 S. Eden st.

Filed APR -2 1910, 19 ____

A. R. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55019

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 444 East Cross St.; 24 Ward)

(2) FULL NAME OF CHILD Ellen Josephine Whalen (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	Mar. 22 1910

FATHER

(8) FULL NAME: James Joseph Whalen

(9) RESIDENCE: 444 E. Cross St

(10) COLOR: W. (11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: Maryland

(13) OCCUPATION: Stationary Engineer

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Catherine Murphy

(15) RESIDENCE: 444 E. Cross St

(16) COLOR: W. (17) AGE AT LAST BIRTHDAY: 27 (Years)

(18) BIRTHPLACE: Ireland

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 6:30 a M., on the date above stated.

(23) Signature: D F Burton M. D. (Physician or Midwife)

Address: 220 E Cross St

Filed , 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

U 0002498

RECEIVED FOR RECORD
FEB -2 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55020

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 237 Grindall St.; Ward)

(2) FULL NAME OF CHILD Edna May Garrison — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	March 5 1910

FATHER

(8) FULL NAME: John Scott Garrison

(9) RESIDENCE: 237 Grindall St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Sherwood, Md.

(13) OCCUPATION: Carpenter

MOTHER

(14) FULL MAIDEN NAME: Myrtle Elizabeth Montgomery

(15) RESIDENCE: 237 Grindall St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Baltimore, Md

(19) OCCUPATION: housewife

(20) Number of children born to this mother, including present birth: 4

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5: A. M., on the date above stated.

(23) Signature: G. L. Burton, M. D. (Physician or Midwife)

Address: 222 East Cross St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 0 0 0 2 4 9 9

APR -2 1910

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55021

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 810 W Lexington St.; Ward)

(2) FULL NAME OF CHILD: Annie Pauline Johnson (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	X		Yes	March 19 10

FATHER	MOTHER
(8) FULL NAME: Rosser L. Johnson	(14) FULL MAIDEN NAME: Annie May Hodges
(9) RESIDENCE: 810 W Lexington St	(15) RESIDENCE: 810 W Lexington st
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 27 (Years)	(17) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: Virginia	(18) BIRTHPLACE: Virginia
(13) OCCUPATION: Conductor	(19) OCCUPATION: Home wife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at _____ M., on the date above stated.

(23) Signature: John F. Mangan MD (Physician or Midwife)

Address: 1002 Edmondson Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55022

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 705 Payson St.; Ward)

(2) FULL NAME OF CHILD Mary Catherine Thompson { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		3rd	yes	Feb 22 1910

FATHER	MOTHER
(8) FULL NAME Bernard M. Thompson	(14) FULL MAIDEN NAME Jennie Tuller
(9) RESIDENCE 705 Payson St	(15) RESIDENCE 705 Payson St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Street R.R. Conductor	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 705 Payson St P.M., Feb 22, 5 oth on the date above stated.

(23) Signature John Fillmanger MD

(Physician or Midwife)

Address

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55023

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1813 Frederick Ave St.; Ward)

(2) FULL NAME OF CHILD Alice Dorothy Revere (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Mar. 7 1910

FATHER	MOTHER
(8) FULL NAME Geo. Hugh Revere	(14) FULL MAIDEN NAME Eva Amelia Weir
(9) RESIDENCE 1813 Frederick Ave	(15) RESIDENCE 1813 Frederick Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Virginia	(18) BIRTHPLACE Baltimore, Md
(13) OCCUPATION Street car Conductor	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth one	(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M. on the date above stated.

(23) Signature E. E. Dickey, M.D. (Physician or Midwife)

Address 14 N. Monroe St.

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

9 0 0 0 0 2 5 0 2

RECEIVED FOR RECORD 1910
JAS. BOSLEY M.D.
COMMISSIONER

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A55024

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2025 Eagle St.; Ward)

(2) FULL NAME OF CHILD Annie Virginia Meagher (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate	(7) Date of Birth (Month) (Day) (Year)
Female			yes	Mar. 20, 1910

FATHER	MOTHER
(8) FULL NAME: Thomas Walter Meagher	(14) FULL MAIDEN NAME: Annie Carter
(9) RESIDENCE: 2025 Eagle St	(15) RESIDENCE: 2025 Eagle St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 33 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Baltimore, Md	(18) BIRTHPLACE: Harrisburg, Pa
(13) OCCUPATION: Laborer	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: C. A. Dickey, M.D. (Physician or Midwife)

Address: 14 N. Monroe St

Filed 4/2, 19 10

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report 8/26/74, 19

Registrar

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RESERVED FOR RECORD
0000012503
J. S. BOSLEY M.D.
COMMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED - 8/1/69

(1) PLACE OF BIRTH — Registered No. B. A55025

CITY OF BALTIMORE. (No. 1722 E. Eager St.; Ward)

(2) FULL NAME OF CHILD HARRIET WILES GUYTON (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	March 3 1916

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	John Henry Eagler	Leonora Maud Johnson
(9) RESIDENCE / (15) RESIDENCE	No. 1722 E. Eager st	No. 1722 E. Eager st
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	40	36
(12) BIRTHPLACE / (18) BIRTHPLACE	Maryland	Maryland
(13) OCCUPATION / (19) OCCUPATION	Letter Carrier	Housewife

(20) Number of children born to this mother, including present birth Three

(21) Number of children of this mother now living Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.30 A. M., on the date above stated.

(23) Signature R. R. Elwell, M.D. (Physician or Midwife)

Address No. 1741 Harford ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

D 0002504

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 ____ Registrar

Registrar

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APR -2 1916
JAS. BOSLEY M.D.
COMPTROLLER

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55026

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2922 Lamont place St.; Ward)

(2) FULL NAME OF CHILD [illegible] (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	March 5 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	George Francis Smith	Elizabeth Catherine Baker
(9) RESIDENCE / (15) RESIDENCE	No. 2922 Lamont place	No. 2922 Lamont place
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	24	27
(12) BIRTHPLACE / (18) BIRTHPLACE	Maryland.	Baltimore city
(13) OCCUPATION / (19) OCCUPATION	Electrician	Housewife

(20) Number of children born to this mother, including present birth Two

(21) Number of children of this mother now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.15 A. M., on the date above stated.

(23) Signature C. C. Elwell, M.D. (Physician or Midwife)

Address 1211 Harford ave

Filed APR -2 1910, 19 . Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0002505

(24) Given name added from a supplemental report, 19

Registrar

J. S. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55027

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 64 Fondon Lane, Balto Co. St. Lauraville (Ward))

(2) FULL NAME OF CHILD Alice Irene — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	March 2 1910

FATHER		MOTHER	
(8) FULL NAME	Walter Marion Jones	(14) FULL MAIDEN NAME	Myrtle Beatrice Robb
(9) RESIDENCE	Fondon Lane, Lauraville	(15) RESIDENCE	Fondon Lane, Lauraville
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	23
(12) BIRTHPLACE	Baltimore city	(16) BIRTHPLACE	Baltimore city
(13) OCCUPATION	Stenographer & Typewriter	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	Two	(21) Number of children of this mother now living	Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.10 A. M., on the date above stated.

(23) Signature A. A. Elwell, M.D. (Physician or Midwife)

Address 1741 Harford ave

Filed MAR -2 1910 BOSLEY M.D., 19 . Registrar

COMM'R OF HEALTH

(24) Given name added from a supplemental report, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 U 0 0 2 5 0 6

DOCTOR'S RECORD

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55028

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. St.; Ward)

(2) FULL NAME OF CHILD Bessie Susman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)			March 22 1910

FATHER	MOTHER
(8) FULL NAME Sam Susman	(14) FULL MAIDEN NAME Backie Susman
(9) RESIDENCE 1218 St. Matthew st.	(15) RESIDENCE 1218 St. Matthew st.
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION operator	(19) OCCUPATION none
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1218 St. Matthew st. on the date above stated.

(23) Signature Bessie Harmats Midwife (Physician or Midwife)

Address 1320 Eden St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Filed APR -2 1910, 19

A. C. BOSLEY, M.D. COMMISSIONER OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
APR 2 1910
[illegible] MD. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth March 28 — 1910
5. Place of Birth, (Street and number) 036 Fawn St.
6. Full name of Mother, Anna Nelson
7. Mother's Maiden Name, Anna White
8. Mother's Birthplace, Balto.
9. Full name of Father, William Nelson
10. Father's Occupation, Printer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Cunningham

Address,

Remarks,

1910002508

of each child. If any shall have been conferred), sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the officer of Commissioner of Health. To one should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Name of child,*	Alosius Reimann
2. *Sex, (state whether male or female)*	Male.
3. *Race or color, (if not of the White Race)*	White.
4. *Date of Birth*	31. March 1910.
5. *Place of Birth, (Street and number)*	1103. Micanna Str.
6. *Full name of Mother,*	Eva Spielman.
7. *Mother's Maiden Name,*	Eva Betri.
8. *Mother's Birthplace,*	Germany.
9. *Full name of Father,*	John Spielman.
10. *Father's Occupation,*	Barber.
11. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary Klass.
Address,	304. Third Str.
Remarks,	Registration.

1910 00025 09

RECEIVED FOR RECORD
APR -2 1910
HS. BOSLEY M.D.
REGISTER OF HEALTH

of each child of any female who has been confined within the city, with the full name and occupation of the parents, the date and place of birth of such child, and such other information as may be required by the practitioner in the form of a certificate hereon. Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate hereon, to the person in charge of the house in which the birth occurred, within thirty-six hours after the birth, and every midwife, or should no other person be in charge of such house, then the certificate shall be delivered by the midwife, or should no other person be in charge of such child so reported to the Commissioner of Health, within thirty days after the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother of such child, or the person in charge of the house in which such birth occurs, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth March the 17th 1910.
5. Place of Birth, (Street and number) 122. N. Bandel
6. Full name of Mother, Annie Callahan
7. Mother's Maiden Name, Seymour
8. Mother's Birthplace, Md.
9. Full name of Father, Lawrence Callahan
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Seiler

Address, 1622 Clarkson St.

Remarks,

1 9 1 0 0 0 0 2 5 1 0

RECEIVED FOR RECORD
APR -2 1910
JOHN S. BOSLEY M.D.
BOARD OF HEALTH

Every physician or midwife, or other person in attendance upon the mother, immediately after the birth of a child, and every undertaker or other person who shall bury or remove the dead body of a child which shall have been born dead after the period above required, and any such person or persons who shall neglect or refuse to make the return required of him or her by this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR 2 1910
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) forth

1. Name of Child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, March 12, 1910
6. Place of Birth, (Street and number) 1248 Canton St.
6. Full name of Mother, Laurie Newberger
7. Mother's Maiden Name, Laurie Harry
8. Mother's Birthplace, Balto.
9. Full name of Father, Peter Newberger
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton St.

Remarks,

19100002511

The Physician, Midwife or other person in charge, is required to report the birth of any child to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB -2 1910
REGISTRAR BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Name of Child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, March 27, 1910
6. Place of Birth, (Street and number) 1006 Lurby St.
6. Full name of Mother, Maggie Ebbert
7. Mother's Maiden Name, Maggie Semilone
8. Mother's Birthplace, Balto
9. Full name of Father, Nicholas Ebbert
10. Father's Occupation, Painter
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks, 1910002512

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the person or parents of such child to report in writing to the Commissioner of Health, in the manner and within the period above required, and such report shall contain the particulars required of physicians or midwives. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR -2 1910
REGISTRAR M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Name of Child, William Fuller Clabtz
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, March 3, 1910
6. Place of Birth, (Street and number) 816 Chesapeake St
6. Full name of Mother, Catherine Louise (Laura) (Drake) Clabtz
7. Mother's Maiden Name, " " (Laura) (Stump) Stallm
8. Mother's Birthplace, Balto.
9. Full name of Father, George (Charles) Clabtz
10. Father's Occupation, Conductor
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks, 1910000025 13

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of such mother to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

FILED FOR RECORD
OCT -2 1910
J. BOSLEY M.D.
COMMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth

1. Name of Child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, March 12, 1910
6. Place of Birth, (Street and number) 922 Harris Ale
6. Full name of Mother, Matilda James
7. Mother's Maiden Name, Matilda Shatrumpp
8. Mother's Birthplace, Balto
9. Full name of Father, John James
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

1910002514

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, or the father, if present, to report the particulars required, and the mother, if able, shall herself make the report, within the period above required, and in the manner and within the period above required, and to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55036

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Raymond Morstein — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	(To be answered only in event of plural births)			Feb. 26, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME: Harry Morstein

(9) RESIDENCE: 1425 E. Pratt st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: store-keeper

MOTHER

(14) FULL MAIDEN NAME: Fannie Shair

(15) RESIDENCE: 1425 E. Pratt st.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 36 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: none

(20) Number of children born to this mother, including present birth: 6

(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at E. Pratt st M., on the date above stated.

(23) Signature: Bessie Harmatz Midwife (Physician or Midwife)

Address: 1328 S. Eden st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed MAR -2 1910, 19

Registrar

Registrar

(SEE OTHER SIDE FOR INSTRUCTIONS AND READ THE REVERSE SIDE)

RECORD
S. SOSLEY
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55037

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Morris Carpa — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				March 13, 1910

FATHER	MOTHER
(8) FULL NAME: Israel Carpa	(14) FULL MAIDEN NAME: Romi Goldman
(9) RESIDENCE: 1429 E. Fayette st.	(15) RESIDENCE: 1429 E. Fayette st.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 31 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: butcher	(19) OCCUPATION: none
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1429 E. Fayette M., on the date above stated.

(23) Signature Bessie Harmatz (Physician or Midwife)

Address 1329 S. Eden st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 0 2 5 1 6

(24) Given name added from a supplemental report ____, 19

Filed APR -2 1910, 19

Registrar

J.S. BOGLEY M.D. COMM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55038

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2233 E. Federal St.; Ward)

(2) FULL NAME OF CHILD Joseph Leslie Moran — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 23 1910

FATHER	MOTHER
(8) FULL NAME Lawrence L. Moran	(14) FULL MAIDEN NAME Nora Bowers
(9) RESIDENCE 2233 E. Federal St.	(15) RESIDENCE 2233 E. Federal St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Char. Co. Md.	(18) BIRTHPLACE Balto. Md.
(13) OCCUPATION Policeman	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth two	(21) Number of children of this mother now living two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 a. M., on the date above stated.

(23) Signature John St. Sanderson M.D. (Physician or Midwife)

0 0 0 2 5 1 7

Address 1405 E. Lafayette Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55039

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1608 Aisquith St.; Ward)

(2) FULL NAME OF CHILD Francis Bevan Phillips (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	June 15 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME John M. Phillips	(14) FULL MAIDEN NAME Grace E. Thomas
(9) RESIDENCE 1608 Aisquith.	(15) RESIDENCE 1608 Aisquith St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Balto. Md.	(18) BIRTHPLACE Balto. Md.
(13) OCCUPATION Painter	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 7.	(21) Number of children of this mother now living 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 a. M., on the date above stated.

(23) Signature John H. Sanderson M.D. (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

D 0 0 0 2 5 1 8

(24) Given name added from a supplemental report....., 19

Address 1608 E. Lafayette Ave.

Filed....., 19 .....

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55040

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 612 S. Dallas St. St.; 3rd Ward)

(2) FULL NAME OF CHILD Davy E. Stem (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				March 22, 1911

FATHER		MOTHER	
(8) FULL NAME	John Stem	(14) FULL MAIDEN NAME	Mamie Dieland
(9) RESIDENCE	612 S Dallas St	(15) RESIDENCE	612 S Dallas St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	43 years	(17) AGE AT LAST BIRTHDAY (Years)	32 years
(12) BIRTHPLACE	Balto City Md	(18) BIRTHPLACE	Balto City Md
(13) OCCUPATION	Boarder	(19) OCCUPATION	Nothing
(20) Number of children born to this mother, including present birth	7th	(21) Number of children of this mother now living	Yes 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.40 P. M., on the date above stated.

(23) Signature Mrs Dora Youngsley

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECORD 1910 C 1000 2519

Dr. (Physician or Midwife)

(24) Given name added from a supplemental report March 29th, 1910

Address 623 Bethel St

STATE BOARD OF HEALTH

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55041

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 808 S Linn St St.; 3 Ward)

(2) FULL NAME OF CHILD Josefa Budzich (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				March 29th, 1910

FATHER

(8) FULL NAME: Paul Budzich

(9) RESIDENCE: 808 S Linn St

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 32 years

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Laborer

(20) Number of children born to this mother, including present birth: 6

MOTHER

(14) FULL MAIDEN NAME: Helen Lesniewska

(15) RESIDENCE: 808 S Linn St

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 26 years

(18) BIRTHPLACE: Russia

(19) OCCUPATION: None [illegible]

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P. M., on the date above stated.

(23) Signature: Dora Praumske (Physician or Midwife)

Address: 523 S Bethel St

Filed March 30th, 1910. Registrar

(24) Given name added from a supplemental report ____, 19__. Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR 3 0 0010 5 2 0

H. BARLEY, M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55042

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 534, South Bond St St.; 3rd Ward)

(2) FULL NAME OF CHILD Walter Kwczynski — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male				March 21, 1910

FATHER

(9) FULL NAME: James Kwczynski

(9) RESIDENCE: 534 S. Bond St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 27 years

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Laborer

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Josephine Swiecinska

(15) RESIDENCE: 534 S. Bond St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 27 years

(18) BIRTHPLACE: Russia

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 a M., on the date above stated.

(23) Signature: Dora Piotrowski, Midwife (Physician or Midwife)

Address: 823 S. Bethel St

Filed March 21st, 1910

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55043

Registered No. B.

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 419 Falls Rd St.; 13 Ward)

(2) FULL NAME OF CHILD: Lindsay. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Yes	March 19 1910

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: Frank Preston Lindsay

(9) RESIDENCE: 419 Falls Road

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 23 (Years)

(12) BIRTHPLACE: Baltimore City

(13) OCCUPATION: Laborer

MOTHER

(14) FULL MAIDEN NAME: Effie Bell Lindsay

(15) RESIDENCE: 419 Falls Rd

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 17 (Years)

(18) BIRTHPLACE: Balto City

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 1st

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 March 19 A. M., on the date above stated.

(23) Signature: H C Kelley M.D. (Physician or Midwife)

Address: Roland Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report _____, 19

Filed APR -2 1910 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55044

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 410 W. Glen Edward Ave St.; 12th Ward)

(2) FULL NAME OF CHILD James Francis Dorsey — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	March, 26 1910

FATHER	MOTHER
(8) FULL NAME John P. Dorsey	(14) FULL MAIDEN NAME Mary E. Meyser
(9) RESIDENCE 410 W. Glen Edward Ave	(15) RESIDENCE 410 W. Glen Edward Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Baltimore Co.	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Laborer	(19) OCCUPATION Wife
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.30 A. M., on the date above stated.

(23) Signature O B Marden Md. Physician (Physician or Midwife)

Address 2416 Maryland Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Filed APR -2 1910, 19

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

NAME ADDED 8-1-49 [illegible] 8-1-49

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55045

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1618 John) (Kahler Ward)

(2) FULL NAME OF CHILD (Frederick Garrett Kahler) Francis Crane

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 1st 1910

	FATHER	MOTHER
(8) FULL NAME	Fred G Kahler	(14) FULL MAIDEN NAME Loretto C Crane
(9) RESIDENCE	1618 John St	(15) RESIDENCE 1618 John St
(10) COLOR	white	(16) COLOR white
(11) AGE AT LAST BIRTHDAY (Years)	27	(17) AGE AT LAST BIRTHDAY (Years) 26
(12) BIRTHPLACE	City	(18) BIRTHPLACE City
(13) OCCUPATION	Traveling Salesman	(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 2.30 A. M., on the date above stated.

(23) Signature Gilman P Evans M.D. (Physician or Midwife)

Address 833 N Fulton Ave

Filed APR -2 1910, 19 . Registrar

J.S. BOGLEY M.D. REGISTRAR OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C U 0 0 2 5 2 4

(24) Given name added from a supplemental report_____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55046

(1) PLACE OF BIRTH: CITY OF BALTIMORE. Registered No. B.

GIVEN NAME ADDED, 6-17-64

(No. 2545 W. Fairmount ave. St.; Ward)

(2) FULL NAME OF CHILD: Jerome Edward

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	March 15 1910

FATHER	MOTHER
(8) FULL NAME: George Edward Eagan	(14) FULL MAIDEN NAME: Katherine Annie Sandrock
(9) RESIDENCE: No. 2545 Fairmount ave. W.	(15) RESIDENCE: No. 2545 W. Fairmount ave.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 23 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: New York State	(18) BIRTHPLACE: Baltimore city
(13) OCCUPATION: Electrician	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: One	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.00 P. M., on the date above stated.

(23) Signature: A. M. Colwell, M.D. (Physician or Midwife)

Address: 2200 N. W. Hartford ave

Filed APR -2 1910, 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

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JAS. BOSLEY, M.D.
COMR OF HEALTH

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55047

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1404 Darley ave. St.; Ward)

(2) FULL NAME OF CHILD Alfred Edward

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.	—	—	Yes.	March 26 1910

	FATHER	MOTHER
(8) FULL NAME	Alfred Edward Cormack	(14) FULL MAIDEN NAME Ada Irene Welsh.
(9) RESIDENCE	No. 1404 Darley ave	(15) RESIDENCE No. 1404 Darley ave
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	24 years.	(17) AGE AT LAST BIRTHDAY (Years) 24 years
(12) BIRTHPLACE	Baltimore city	(18) BIRTHPLACE Baltimore city
(13) OCCUPATION	Matrix Maker	(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth Two

(21) Number of children of this mother now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6:30 A. M., on the date above stated.

(23) Signature R. A. Elsewell, M.D.
(Physician or Midwife)

Address 2211 Harford ave

Filed APR -2 1910, 19 .

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 0 2 5 2 6

(24) Given name added from a supplemental report ____, 19 .

Registrar

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55048

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE, (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Simon Hartman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male				March 13 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Sam Hartman	(14) FULL MAIDEN NAME Gussie Benchikow
(9) RESIDENCE 8 N. Eden st.	(15) RESIDENCE 8 N. Eden st.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION carpenter	(19) OCCUPATION none
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 N. Eden st. M., on the date above stated.

(23) Signature Bessie Harmatz Midwife (Physician or Midwife)

Address 132 S. Eden st.

Filed APR -2 1910 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

0 0 0 2 5 2

JAS. BOSLEY M.D. BOARD OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55049

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Frank Marin — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	(To be answered only in event of plural births)			March 2 (Month) (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME Isador Marin	(14) FULL MAIDEN NAME Sarah Torobatchik
(9) RESIDENCE 1155 E. Lombard st.	(15) RESIDENCE 1155 E. Lombard st.
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 27 (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 30. (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION carpenter	(19) OCCUPATION none
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1155 E. Lombard st. on the date above stated.

(23) Signature Bessie Harmatz

*When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 2 5 2 8 Midwife (Physician or Midwife)

Address 132 S. Eden st

(24) Given name added from a supplemental report ____, 19

Filed APR -2 1910 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

RECORD
JAS. BOSLEY, M.D.
BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55050

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Harry Fine — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male				March 13 1910
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER

(8) FULL NAME: Jacob Fine

(9) RESIDENCE: 251 N. Exeter st.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: store-keeper

(20) Number of children born to this mother, including present birth: 4

MOTHER

(14) FULL MAIDEN NAME: Goldie Rosevnik

(15) RESIDENCE: 251 N. Exeter st.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: none

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 251 N. Exeter M. on the date above stated.

(23) Signature: Bessie Harmatz Midwife (Physician or Midwife)

Address 132 S. Eden st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed APR -2 1910, 19

Registrar

JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55051

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. _____ St.; _____ Ward)

(2) FULL NAME OF CHILD Harry Bornstein

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				March 9 1910

FATHER	MOTHER
(8) FULL NAME Philip Bornstein	(14) FULL MAIDEN NAME Celia Levin
(9) RESIDENCE 519 Aisquith st.	(15) RESIDENCE 519 Aisquith st.
(10) COLOR White	(11) AGE AT LAST BIRTHDAY (Years) 28
(12) BIRTHPLACE Russia	(16) COLOR White
(13) OCCUPATION bigler	(17) AGE AT LAST BIRTHDAY (Years) 25
	(18) BIRTHPLACE Russia
	(19) OCCUPATION none
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 519 Aisquith st. M., on the date above stated.

(23) Signature Bessie Harmatz Midwife (Physician or Midwife)

Address 132 S. Eden st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 5 3 0

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

INSPECTOR FOR RECORD APR -2 1910 JAS. FOLEY M.D.

RETURN OF A BIRTH. A55052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,* Norman John Philippy
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 11, 1910
6. *Place of Birth, (Street and number)* 420 N. Streeper Street
6. *Full name of Mother,* Fannie Philippy
7. *Mother's Maiden Name,* Fannie Fase
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* John Philippy
10. *Father's Occupation,* Piano Tuner
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Mary T. Goldschmidt

Address, 3503 E. Baltimore Street

Remarks,

1910002531

RECEIVED FOR RECORD
APR 4 1910
J. S. BOSLEY M.D.
SUPT. OF HEALTH

And a child to be delivered, duly filled by the attendant in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time required of such attending physician or midwife. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR 4 1910
REGISTRAR MD
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, Edward Everett Martin.
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White.
4. Date of Birth, March 23. 1910
6. Place of Birth, (Street and number) 1735 Aisquith St
6. Full name of Mother, Alice Virginia Martin
7. Mother's Maiden Name, Alice Virginia Taylor
8. Mother's Birthplace, Baltimore Maryland
9. Full name of Father, George Sandeson Martin
10. Father's Occupation, Baker.
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Steinberg.

Address, 1517 Preston St

Remarks, X

1910000?532

The physician in attendance upon any case of birth shall, within ten days after the birth, deliver to the parent or person having charge of the child a certificate in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the parent or person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR -4 1910
J.S. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child, Fred - Wm Severn
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth, March 18 1910
6. Place of Birth, (Street and number) 1027 N. Dallas St
6. Full name of Mother, Katie Severn
7. Mother's Maiden Name, Katie Tompson
8. Mother's Birthplace, Baltimore Maryland
9. Full name of Father, Walter Severn
10. Father's Occupation, house painter
11. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Stenborg

Address, 1517 E. Preston St.

Remarks, X

19100002533

Every midwife, physician or other person in attendance upon the birth of any child shall, within ten days thereafter, report the birth to the Commissioner of Health, and for each child so reported he shall be entitled to receive from the Commissioner of Health fifty cents. Every midwife, physician or other person in attendance upon the birth of any child shall, within ten days thereafter, report the birth to the Commissioner of Health, and for each child so reported he shall be entitled to receive from the Commissioner of Health fifty cents. Every midwife, physician or other person in attendance upon the birth of any child shall, within ten days thereafter, report the birth to the Commissioner of Health, and for each child so reported he shall be entitled to receive from the Commissioner of Health fifty cents. Every midwife, physician or other person in attendance upon the birth of any child shall, within ten days thereafter, report the birth to the Commissioner of Health, and for each child so reported he shall be entitled to receive from the Commissioner of Health fifty cents. Every midwife, physician or other person in attendance upon the birth of any child shall, within ten days thereafter, report the birth to the office of Commissioner of Health. In case the birth of any child upon which a return is required by law is not reported by a midwife, physician or other person in attendance upon the mother, it shall become the duty of the person or persons occupying the premises where such birth occurred to report the same to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to so report such birth shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Name of Child, Frank Charlee Kaufmann
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, March 16th 1910
6. Place of Birth, (Street and number) 403 E. 24th st
6. Full name of Mother, Cora E. Kaufmann
7. Mother's Maiden Name, Cora E. Woodard
8. Mother's Birthplace, Norristville Pa
9. Full name of Futher, Frederick J. Kaufmann
10. Father's Occupation, Baggage Master
11. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Stanbro

Address, 1517 E. Preston St

Remarks, X

19100002534

RECEIVED FOR RECORD APR -4 1910 J.H.S. BOGLEY M.D. COM'R OF HEALTH

...third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required by this section to report such birth, then the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the officer or person whose duty it shall be to register the birth; and the said officer or person is hereby required to demand the said schedule from the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so failing shall forfeit and pay for the use of the city the sum of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Earl Berry
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 19, 1910
6. *Place of Birth, (Street and number)* 1605 E. Monument St.
6. *Full name of Mother,* Minnie V. Berry
7. *Mother's Maiden Name,* " " Richardson
8. *Mother's Birthplace,* Annapolis, Md.
9. *Full name of Father,* Daniel H. Berry
10. *Father's Occupation,* Blacksmith
11. *Father's Birthplace,* Balto. Co., Md.

Name of Medical Attendant, or other person who makes this Return, W. C. Knapp, M.D.

Address, 1216 E. Preston St.

Remarks,

1910002535

RECEIVED FOR RECORD
APR -1 1910
BOARD OF HEALTH

RETURN OF A BIRTH. A55057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of Child,* Frederick Kochler
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 17, 1910.
6. *Place of Birth, (Street and number)* Grieden Home, Lauraville,
6. *Full name of Mother,* Marie B. Kochler
7. *Mother's Maiden Name,* " " Kreitler
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* George Kochler
10. *Father's Occupation,* Butcher
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, M C Knapp M.D.

Address, 1216 E. Preston St.

Remarks,

1 9 1 0 0 0 0 2 5 3 6

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health. Any midwife who shall neglect to report to such Commissioner within the time above required, the birth of each child to which she has been in attendance as a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall refuse or neglect to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FILED FOR RECORD
APR -1 1910
H. S. BOSLEY M.D.
REGISTRAR OF HEALTH

RETURN OF A BIRTH. A55058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, and the birth of any child shall occur within the period above required, and no such certificate or return shall be delivered as aforesaid, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Edgar James Protton
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, March 10, 1910
6. Place of Birth, (Street and number) 1231 E. Hoffman St.
6. Full name of Mother, Gertrude L. Protton
7. Mother's Maiden Name, " " Willis
8. Mother's Birthplace, Baltimore
9. Full name of Father, Benjamin Protton
10. Father's Occupation, Compositor
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, D. C. Knapp, M.D.,
Address, 1216 E. Preston St.
Remarks,

RECEIVED FOR RECORD APR -1 1910 JAS. BOSLEY M.D. COMR OF HEALTH

1910000002537

RETURN OF A BIRTH. A55059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
APR -5 1910
H. BARLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Male
2. Sex, (state whether male or female) White
3. Race or color, (if not of the White Race)
4. Date of Birth March 30th 1910
5. Place of Birth, (Street and number) 2031 Bank St. Balto.
6. Full name of Mother, Matilda Weiss
7. Mother's Maiden Name, Matilda Weiss
8. Mother's Birthplace, Balto
9. Full name of Father, Jacob Westfield
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. Maud M. Taylor

Address, 611 S. Patterson Park Ave

Remarks, Dr. E.

1 9 1 0 0 0 0 2 5 3 8

Every child born alive in the City of Baltimore shall be registered, and a certificate of such birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month of a midwife or other person in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 1/21/74

RETURN OF A BIRTH. A55060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED
APR -4 1910
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, ANTHONY LAWRENCE KIGGINS
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth March 28th 1910
5. Place of Birth, (Street and number) 232 Foster Ave Balto
6. Full name of Mother, Annie Kiggins
7. Mother's Maiden Name, Annie Hoff
8. Mother's Birthplace, Balto.
9. Full name of Father, Anthony Kiggins
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor

Address, 6 N. Castleton Ave Govans Md

Remarks, 1910002539 Filed: 4/4/1910

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, at the office of the Commissioner of Health. In case the birth of any child shall occur in attendance upon the mother, immediately thereafter it shall be the duty of the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 3-11-65

RECEIVED FOR RECORD
MAR -1 1918
H. BAGLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of child, William Joseph Miller
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Feb 25th 1918
5. Place of Birth, (Street and number) 2305 Dorcas Court Balto
6. Full name of Mother, Elden Jennie
7. Mother's Maiden Name, Elden Fennitel
8. Mother's Birthplace, Balto
9. Full name of Father, Chas Miller
10. Father's Occupation, Tobbler
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Wm Harold M. Taylor

Address, 611 Eutaw Pl Balto

Remarks,

19100002540

of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then the person in attendance upon the mother, immediately thereafter it shall become the duty of such person to report said birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

OR

CORD

1910

LEY MD

F HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, Marie
2. Sex, (state whether male or female) White
3. Race or color, (if not of the White Race)
4. Date of Birth Feb 17th 1910
5. Place of Birth, (Street and number) 617 S Montford Ave Balt
6. Full name of Mother, Margaret Chandler
7. Mother's Maiden Name, Margaret Seeber
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Charles Chandler
10. Father's Occupation, Tailor
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. Mary M. Taylor

Address, 611 S. Patterson Park Ave

Remarks,

1910002541

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. To case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAR -2 1910
JAS. BUCKLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Feb 17th 1910
5. *Place of Birth, (Street and number)* 206 S. Bond St. Balto.
6. *Full name of Mother,* Ella Smith
7. *Mother's Maiden Name,* Ella Mayhew
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Charles Smith
10. *Father's Occupation,* Foreman.
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Margaret Long.

Address, 614 S. Patterson Park Ave. Balto.

Remarks,

19100002542

If any person required by this act to report a birth shall neglect or refuse to make such report as herein required, he shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each offense. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required by this section, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth March 13th 1910
5. Place of Birth, (Street and number) 641 S. Montford Ave Balto.
6. Full name of Mother, Louisa Hart
7. Mother's Maiden Name, Louisa Rose
8. Mother's Birthplace, Balto.
9. Full name of Father, Wm. Hart
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary M. Taylor.

Address, 641 S. Montford Ave Balto

Remarks,

1 9 1 0 0 0 0 2 5 4 3

RECEIVED FOR RECORD JAN 1 1910 BOARD OF HEALTH BALTIMORE MD

Every person who shall be present at the birth of any child shall cause a certificate thereof to be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above specified. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 1/21/75

RETURN OF A BIRTH. A55065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Name of child, JOSEPH WEBER
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Mch 7th 1910
5. Place of Birth, (Street and number) 2307 Eastern Ave Balto
6. Full name of Mother, Katie Weber
7. Mother's Maiden Name, Katie Kilian
8. Mother's Birthplace, Balto
9. Full name of Father, George Weber
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M Taylor

Address, 611 S Potters Pt Ave Balto

Remarks, 1910000254 Given: 4/4/10

RECEIVED FOR RECORD MAR -4 1910 E. BOWEY M.D. HEALTH OFFICER

Every case of still-birth, after the fifth month of pregnancy, and every birth which occurs within the limits of Baltimore City, shall be reported to the Registrar of Vital Statistics, Board of Health, by the attending physician or midwife, or, should no other person be in attendance upon the mother, by the householder or owner of the premises where such birth occurs, within ten days after the occurrence of such birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health. midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the Person or parents of such child to report the birth to the Board of Health as herein required within the time prescribed, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Milton John Heuermann
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth March 5th 1918
5. Place of Birth, (Street and number) 314 S. Madeira St Balto
6. Full name of Mother, Margaret (Heuermann)
7. Mother's Maiden Name, Margaret Seibert
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Jacob H. (Heuermann)
10. Father's Occupation, Driver
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mary M. Taylor

Address, 611 S. Patterson Park Ave Balto

Remarks,

1910000002545

RECEIVED FOR RECORD MAR 1 1918 BALTIMORE MD BOARD OF HEALTH

Every birth must be reported to the Board of Health, Baltimore City, within ten days after occurrence, and before the burial or removal of the body from the premises where the birth occurred. Every birth shall be delivered duly signed by the practitioner in attendance, or by the person having charge of the case, and in every such case a full statement of the facts required to be given in this form shall be delivered to the Registrar of Vital Statistics, Board of Health, at the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report such birth to the Commissioner of Health, and the person so neglecting to report such birth, or refusing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 fifth

1. *Name of Child,* Benjamin Henry Lane
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* 17 December
6. *Place of Birth, (Street and number)* 1052 N Bay st Baltimore
6. *Full name of Mother,* Phoebe Virginia Lane
7. *Mother's Maiden Name,* Phoebe Virginia McClaine
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Benjamin Henry Lane
10. *Father's Occupation,* Fireman
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. M. Steinmetz

Address, 1017 E Preston St

Remarks, X

RECEIVED FOR RECORD FEB 1 1910 REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH

1910000025 46

RETURN OF A BIRTH.

A55068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, William [illegible] Hekemann
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Tuesday March 22nd 1910
6. Place of Birth, (Street and number) 1317 Hillman St
6. Full name of Mother, Johanna Hekemann
7. Mother's Maiden Name, Johanna Engelbrecht
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Geo W Hekemann
10. Father's Occupation, Engineer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Steinberg

Address, 514 Division St

Remarks, X

19100002547

RECEIVED FOR RECORD
APR -2 1910
JAS. BOOLEY M.D.
COMM'R OF HEALTH

And I do solemnly swear that I will faithfully perform the duties of my office, and will make a return to the Commissioner of Health of every birth which shall occur within my district, on the first Monday of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the householder of the district in which such child is born shall report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) _____

1. *Name of child,* John Peter Leffler
2. *Sex,* (state whether male or female) male
3. *Race or color,* (if not of the White Race) white
4. *Date of Birth* March 30 — 1910
5. *Place of Birth,* (Street and number) 407 S High ST
6. *Full name of Mother,* Gertrude Leffler
7. *Mother's Maiden Name,* " Kohlhepp
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Fred. John Leffler
10. *Father's Occupation,* Mechanic
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. May Kimmeller

Address, 846 E Pratt ST

Remarks, Child born premature — Several deformities such as absence of one kidney & Bladder — ~~and~~ Hands deformed — Cleft Palate & Bony and Ear — unusual — not expected to live (Scarlet fever in same building since birth)

1 1 8 0 0 2 5 4 8

of a certificate between the first and the third day of each month, and every person required by the practitioner in the form of Health. In case the birth of any child shall occur without such attendance as herein provided, the parent or midwifery, or should no other person be in attendance upon the mother immediately before or after the birth, then the mother shall become the duty of the Person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified. And it shall be the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section, to be punished for a first offense by a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of a certificate setting forth the facts required. Such certificate shall be delivered, duly signed by the parent or the person in charge of the house, to the Registrar of Vital Statistics, Board of Health, in case the birth occurs in a city or town where there is a Registrar, within ten days after the birth, and in case the birth occurs elsewhere within the time required by the Commissioner of Health. In case the child shall be still-born, or shall die before the Registrar has visited the house for the purpose of registering the birth, a certificate of the fact must be given by the physician, midwife, or other person in attendance upon the mother, and such person or persons who shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) ____

1. *Name of child,* Oscar Ely Ginsburg
2. *Sex, (~~state whether~~ male ~~or female~~)* ____
3. *Race or color, (if not of the White Race)* ____
4. *Date of Birth* March 16 - 1910
5. *Place of Birth, (Street and number)* 928 Pe Ave
6. *Full name of Mother,* Hettie Ginsburg
7. *Mother's Maiden Name,* " Goldstein
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Nathan Ginsburg
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant or other person who makes this Return Mort Kinstler

Address, 946 E Pratt St

Remarks, ____

1 9 1 0 0 0 0 2 5 4 9

RECEIVED FOR RECORD
APR 4 1910
REGISTRAR OF VITAL STATISTICS
BOARD OF HEALTH

RETURN OF A BIRTH. A55071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child,

2. Sex, (state whether male or female) Male

3. Race or color, (if not of the White Race) White

4. Date of Birth July 5th 1910

5. Place of Birth, (Street and number) 624 S. Port St. Balto.

6. Full name of Mother, Christina Lenges

7. Mother's Maiden Name, Christina Storck

8. Mother's Birthplace, Balto.

9. Full name of Father, Fred. Lenges

10. Father's Occupation, Laborer

11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Gaston

Address, 611 S. Patterson Park Ave Balto.

Remarks,

RECEIVED FOR RECORD JUL 1 1910 DR. J. H. BAILEY, M.D. COMMISSIONER OF HEALTH

19100002550

of a certificate between the first and third day of each month, the practitioner is therefore requested duly signed by the practitioner in the form Health, or such other person as may be appointed by the Commissioner of Health, in the district in which the birth occurred. Any midwife, physician or other person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECORD
APR -4 1910
ROSLEY MD
OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Name of child,

2. Sex, (state whether male or female) Male

3. Race or color, (if not of the White Race) White

4. Date of Birth March 2nd 1910

5. Place of Birth, (Street and number) 335 S. Linwood St. Balto.

6. Full name of Mother, Laura Leinenweber

7. Mother's Maiden Name, Laura Pritchett

8. Mother's Birthplace, Balto.

9. Full name of Father, John Leinenweber

10. Father's Occupation, Salesman

11. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Maud M. Taylor

Address, 611 S. Patterson Pk. Ave. Balto.

Remarks,

1910002551

or a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur in a city or county where there is no Commissioner of Health, then such return shall be made to the Board of Health of such city or county. In case the person or parents of such child to report its birth to the Commissioner or shall become the duty of the physician, midwife or other person who shall be employed to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of (ten) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A55073

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Name of child,*	Robert. A.
2. *Sex, (state whether male or female)*	boy
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	11. March 1910
5. *Place of Birth, (Street and number)*	2217 Preston Place
6. *Full name of Mother,*	Sofie Fleise
7. *Mother's Maiden Name,*	Sofie Sporrer
8. *Mother's Birthplace,*	Baltimore
9. *Full name of Father,*	Robert. Fleise
10. *Father's Occupation,*	Plumer
11. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Louisa Tima
Address,	2034 Ashland ave
Remarks,	19100 [illegible] 2552

RECEIVED FOR RECORD
APR -4 1910
REGISTRY MD
BOARD OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by.

RETURN OF A BIRTH. A55074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Edward. Ll.
2. Sex, (state whether male or female) boy
3. Race or color, (if not of the White Race) White
4. Date of Birth 16 March 1910
5. Place of Birth, (Street and number) 2414 Ashland ave
6. Full name of Mother, Anna Sanberg
7. Mother's Maiden Name, Anna Poustka
8. Mother's Birthplace, Bohemia
9. Full name of Father, Charles Sanberg
10. Father's Occupation, baker
11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this return, Louisa Sima

Address, 2034 Ashland ave

Remarks,

1910000 62 5/5 63

RECEIVED FOR RECORD
APR 1 1910
BOARD OF HEALTH

of a certificate between the first and third day of each and every month to the office or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, it should be the duty of the father or mother of such child, or the person in charge of it, within ten days after the birth of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Name of child,* Edward. P.
2. *Sex, (state whether male or female)* boy
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 17 March 1910
5. *Place of Birth, (Street and number)* 1927 Patterson place
6. *Full name of Mother,* Marguerette Schleich
7. *Mother's Maiden Name,* " Schleiser
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Henry Schleich
10. *Father's Occupation,* colektor
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Louisa Finna

Address, 2034 Ashland Ave

Remarks,

1910000 02554

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Name of child,* Josef
2. *Sex, (state whether male or female)* boy
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 20 March
5. *Place of Birth, (Street and number)* 2214 Fayette str
6. *Full name of Mother,* Marie Hulla
7. *Mother's Maiden Name,* Marie Svoboda
8. *Mother's Birthplace,* Bohemia
9. *Full name of Father,* John Hulla
10. *Father's Occupation,* Bober
11. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Louisa Vima

Address, 2034 Ashland ave

Remarks, 1910000 2555

RECEIVED FOR RECORD
APR 2 1910
BALTIMORE MD
BOARD OF HEALTH

Each and every person in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of reporting such birth shall devolve upon the father or mother of such child, immediately thereafter if able, and upon the person or persons in whose house or on whose premises such birth shall occur, if either parent be unable. Any person who shall neglect the duty or the person of parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55077

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1201 S Hanover St.; 23 Ward)

(2) FULL NAME OF CHILD _____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 21 1910

FATHER	MOTHER
(8) FULL NAME Charles A Lewis	(14) FULL MAIDEN NAME Carrie M. Wyatt
(9) RESIDENCE 1201 Hanover St.	(15) RESIDENCE 1901 Hanover St.
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 41 (Years)
	(16) COLOR White
	(17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE N. J.	(18) BIRTHPLACE Md
(13) OCCUPATION Carpenter	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12-15 P M., on the date above stated.

(23) Signature R E L Campbell M.D. (Physician or Midwife)

Address 1644 Hanover St.

Filed _____, 19 _____ Registrar

(24) Given name added from a supplemental report _____, 19 _____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 0 0 0 2 5 5 6

RECEIVED FOR RECORD APR -4 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55078

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 521 Hanover St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		5		March 22, 1910

FATHER	MOTHER
(8) FULL NAME: Liman Rosen	(14) FULL MAIDEN NAME: Fela Yaffie
(9) RESIDENCE	(15) RESIDENCE
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY (Years): 33
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY (Years): 31
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Mashinist	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P.M. on the date above stated.

(23) Signature: miss A Huss (Physician or Midwife)

Address: 1116 E. Fayette St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 0 2 5 5 7

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

APR -4 1910

Registrar

JAS. BOSLEY, M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B A55079

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 13, N. exeter St.; Ward)

(2) FULL NAME OF CHILD Benj Dashiff

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		4		March 2, 1910

FATHER

(8) FULL NAME Dave Dashiff

(9) RESIDENCE

(10) COLOR White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Tailor

MOTHER

(14) FULL MAIDEN NAME Sarha Rosenfeld

(15) RESIDENCE

(16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 march M., on the date above stated.

(23) Signature miss a. Huss (Physician or Midwife)

Address 1116 E. Fayette

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

0 0 0 2 5 5 8

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAR -1 1910 JAS. BOGLE Registrar COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55080

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1227 Eager St.; Ward)

(2) FULL NAME OF CHILD Joseph Walter Drekwar

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 6 1910

FATHER	MOTHER
(8) FULL NAME: Joseph N. Drekwar.	(14) FULL MAIDEN NAME: Irma Drekwar.
(9) RESIDENCE: 265 S. East ave.	(15) RESIDENCE: 265 S. East ave.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 31 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Baltimore Md.	(18) BIRTHPLACE: Brooklyn N. Y.
(13) OCCUPATION: Commission Merchant	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: Two.	(21) Number of children of this mother now living: Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7:30 A. M., the date above stated.

(23) Signature Robert J. Green, M. D. (Physician or Midwife)

Address 120 Cusquith st.

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 5 5 9

(24) Given name added from a supplemental ____, 19

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
APR -1 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55081

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 3002. Fait ave. St.; Ward)

(2) FULL NAME OF CHILD Frank Malinowski. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 6, 1910.

FATHER

(8) FULL NAME: Julian Malinowski.

(9) RESIDENCE: 3002. Fait ave.

(10) COLOR: White. (11) AGE AT LAST BIRTHDAY: 28. (Years)

(12) BIRTHPLACE: Germany.

(13) OCCUPATION: Laborer.

(20) Number of children born to this mother, including present birth: 2.

MOTHER

(14) FULL MAIDEN NAME: Maria Zielinowska

(15) RESIDENCE: 3002. Fait ave.

(16) COLOR: White. (17) AGE AT LAST BIRTHDAY: 24. (Years)

(18) BIRTHPLACE: Germany

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living: 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3002. Fait ave M., the date above stated.

(23) Signature: Antonia M. Jins. Midwife. (Physician or Midwife)

Address: 3002 Fait st Baltimore Md.

Filed April 3, 1910. APR -4 1910

JAS. BOSLEY Registrar
REGISTRAR OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report, ——, 19

Registrar

(READ THE REVERSE SIDE)

STATE FILE NO. 0002560

RECEIVED FOR RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55082

CITY OF BALTIMORE. (No. 25 n e Rose St. St.; Ward)

(2) FULL NAME OF CHILD Frank Ignatius Matousek. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.			Yes.	March 23 1910

FATHER	MOTHER
(8) FULL NAME Ignatius Matousek.	(14) FULL MAIDEN NAME Catharine Sikora.
(9) RESIDENCE #25 n e Rose St.	(15) RESIDENCE 25 n e Rose st.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 36. (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 36. (Years)
(12) BIRTHPLACE Bohemia Europe.	(18) BIRTHPLACE Bohemia Europe.
(13) OCCUPATION Laborer.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 7.	(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 25 n e Rose st. M., the date above stated.

(23) Signature Antonia M. Jiru. Midwife (Physician or Midwife)

Address 6 n Port st.

*When there was no attending physician or midwife, then the father, householder, etc., shall make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

U 0002561

(24) Given name added from a supplemental report ____, 19

Filed April 3. , 1910

APR -4 1910

JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A55083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, Virginie M.
2. Sex, (state whether male or female) girl
3. Race or color, (if not of the White Race) White
4. Date of Birth 30 March
5. Place of Birth, (Street and number) 2034 Biddel str
6. Full name of Mother, Eva M. Betz
7. Mother's Maiden Name, Eva M. Baker
8. Mother's Birthplace, Baltimore
9. Full name of Father, Frank Betz
10. Father's Occupation, Tailor
11. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Louisa Sima

Address, 2034 Ashland ave

Remarks,

1910000 02 5682

RECORDED FOR RECORD
APR -5 1910
REGISTRAR OF VITAL STATISTICS
BOARD OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the parents or parent of such child, or in case of the absence of both parents, of the chief of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. *Name of child,*	Emilie. K.
2. *Sex, (state whether male or female)*	Girl
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	23 March 1910
5. *Place of Birth, (Street and number)*	847 Montfort ave
6. *Full name of Mother,*	Francizka Vanik
7. *Mother's Maiden Name,*	Frakiska Coufal
8. *Mother's Birthplace,*	Bohemia
9. *Full name of Father,*	John Vanik
10. *Father's Occupation,*	Butcher
11. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	Louisa Lima
Address,	2034 Ashland ave
Remarks,	

1910 C B 25 63

RECEIVED FOR RECORD
APR 1 1910
REGISTRAR AND BOARD OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should be the duty of the person in charge of the mother or child within the time above required, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55085

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Gordon Schley. (If child is not named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		4	Yes	March 23 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Chas R. McFalco	Mary Louise Schley
(9) RESIDENCE / (15) RESIDENCE	1439 Bayle st	1439 Bayle st
(10) COLOR / (16) COLOR		
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	35	31
(12) BIRTHPLACE / (18) BIRTHPLACE	Bal to Md	Bal to Md
(13) OCCUPATION / (19) OCCUPATION	Fireman	Wife
(20) Number of children born to this mother, including present birth	4	
(21) Number of children of this mother now living		4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 A. M., on the date above stated.

(23) Signature Mrs. Elizabeth Yarrell midwife (Physician or Midwife)

Address 1 E. Fort Ave

Filed 4-7 1910 . 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0002564

(24) Given name added from a supplemental report , 19

Registrar

BUREAU OF VITAL STATISTICS RECORD

JAS. BOSLEY M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55086

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD John Howard — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3	Yes	March 23 1910

FATHER	MOTHER
(8) FULL NAME John H. Clark	(14) FULL MAIDEN NAME Rose Doyle
(9) RESIDENCE 1630 Webster st	(15) RESIDENCE 1630 Webster st
(10) COLOR	(11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Balto Md	(16) BIRTHPLACE Balto Md
(13) OCCUPATION Engineer	(19) OCCUPATION Wife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 a. M., on the date above stated.

(23) Signature Mrs Elizabeth Jewell midwife (Physician or Midwife)

Address 1228 E. Fort Ave

Filed APR – 1 1910, 19

JAS. BOGLEY M.D. COM'R OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55087

CITY OF BALTIMORE. (No. 1407 Argyle Ave St.; Ward)

(2) FULL NAME OF CHILD Marshall Becker (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		9	Yes	March 8, 1910

FATHER		MOTHER	
(8) FULL NAME	Wm C Becker	(14) FULL MAIDEN NAME	Dollie Rea
(9) RESIDENCE	1407 Argyle ave	(15) RESIDENCE	1407 Argyle ave
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY	41 yrs (Years)
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY	39 (Years)
(12) BIRTHPLACE	Balto City	(18) BIRTHPLACE	Cambridge Md
(13) OCCUPATION	Clerk	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	9	(21) Number of children of this mother now living	8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 a M., on the date above stated.

(23) Signature John Stuck MD (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 10002566

(24) Given name added from a supplemental report ____, 19

Address 647 W Lafayette ave

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAR 19 19 Registrar

S. S. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Orig.

Registered No. B. A55088

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No.) 602. ~~E.~~ W. Lakewood ave. St.; (Ward)

(2) FULL NAME OF CHILD: ~~Joseph Franklin~~ Gallagher. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth [Month] [Day] [Year]
Male			Yes	March 9 1910.

FATHER

(8) FULL NAME: John Gallagher.

(9) RESIDENCE: #602. W. Lakewood ave.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 46 (Years)

(12) BIRTHPLACE: Baltimore Md.

(13) OCCUPATION: Bricklayer.

(20) Number of children born to this mother, including present birth: 5.

MOTHER

(14) FULL MAIDEN NAME: Kattie Garney

(15) RESIDENCE: 602. W. Lakewood ave.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 34. (Years)

(18) BIRTHPLACE: Baltimore Md.

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living: 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 602. W. Lakewood ave. M., the date above stated.

(23) Signature: Antonia J. Jiris. Midwife. (Physician or Midwife)

Address #602. W. Lakewood ave. Baltimore Md.

Filed April 3, 1910.

Registrar

(24) Given name added from a supplemental report, ..., 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., shall make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

0 0 0 2 5 6 7

APR -5 1910

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55089

(1) PLACE OF BIRTH — Registered No. B. 1

CITY OF BALTIMORE. (No. 729 S. Streeper st. St.; Ward)

(2) FULL NAME OF CHILD Adolph Jaroslav Kutilek. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.			Yes.	March 2. 1910.

FATHER	MOTHER
(8) FULL NAME Ferdinand Kutilek.	(14) FULL MAIDEN NAME Johanna Polony.
(9) RESIDENCE #729 S. Streeper st.	(15) RESIDENCE #729 S. Streeper st.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 32. (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 33. (Years)
(12) BIRTHPLACE Bohemia Europe.	(18) BIRTHPLACE Bohemia Europe.
(13) OCCUPATION Miner.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 3.	(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 729 Streeper st. M., the date above stated.

(23) Signature Antonia M. Grus. Midwife. (Physician or Midwife)

Address 1116 E. Fort Ave. Balto. Md.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 0 0 0 2 5 6 8

(24) Given name added from a supplemental report ____, 19 ____

Filed April 3. 1910.

RECEIVED FOR RECORD Md. APR -4 1910 JAS BOOLEY Registrar BOARD OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55090

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 31 N. Paliyent St.; 6 Ward)

(2) FULL NAME OF CHILD: Joseph Ross Pinnick

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 17, 1920

FATHER		MOTHER	
(8) FULL NAME	Everett Ross Pinnick	(14) FULL MAIDEN NAME	Alice B. McLaughlin
(9) RESIDENCE	31 N. Paliyent	(15) RESIDENCE	31 N. Paliyent
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	24	(17) AGE AT LAST BIRTHDAY (Years)	26
(12) BIRTHPLACE	B. C.	(18) BIRTHPLACE	B C
(13) OCCUPATION	Clerk	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7:30 P. M., on the date above stated.

(23) Signature: Geo. L. Gilchrist

(Physician or Midwife)

Address: 6 W. Madison St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 2 5 6 9

(24) Given name added from a supplemental report ____, 19

Filed ____ 19 ____

Registrar

RECEIVED FOR RECORD APR -1 1970 MRS. BOSLEY CITY DEPT OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55091

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2305 N. Charles St.; Ward)

(2) FULL NAME OF CHILD Elmer Baldwin Shaw — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male			Yes	March 24 1910

FATHER		MOTHER	
(6) FULL NAME	Geo. P. Shaw Jr.	(14) FULL MAIDEN NAME	Mabel Welch
(9) RESIDENCE	2305 N. Charles	(15) RESIDENCE	2305 N. Charles
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	34
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	B. C.	(18) BIRTHPLACE	B. C.
(13) OCCUPATION	Fireman (B.C.F.D.)	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at [illegible] M., on the date above stated.

(23) Signature Geo. L. Watkins (Physician or Midwife)

Address [illegible]

Filed APR -1 1910, 19 . Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report , 19 Registrar

0002570

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55092

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 893 E. Baltimore St.; 3rd Ward)

(2) FULL NAME OF CHILD — Vivian Klaff

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M		3		March 13, 1910

FATHER		MOTHER	
(8) FULL NAME	Mike Klaff	(14) FULL MAIDEN NAME	Sarah Klaff
(9) RESIDENCE	1503 E. Baltimore	(15) RESIDENCE	1503 E. Baltimore
(10) COLOR	W	(16) COLOR	W
(11) AGE AT LAST BIRTHDAY (Years)	34	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Commercial Trader	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 a. M., on the date above stated.

(23) Signature — (Physician or Midwife)

Address 1503 E. Baltimore St.

Filed APR -4 1910, 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 2 5.7 1

STATE RECORD

JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55093

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2720 Jefferson St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male			Yes	March 30th 19

FATHER

(8) FULL NAME: Edward Washington Brockmann

(9) RESIDENCE: 2720 Jefferson St.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Clerk

MOTHER

(14) FULL MAIDEN NAME: Anna Marie Potts

(15) RESIDENCE: 2720 Jefferson St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: House-wife

(20) Number of children born to this mother, including present birth: 1st

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4-40 A. M., on the date above stated.

(23) Signature: Wm Mason M. Traynor (Physician or Midwife)

Address: 2018 Eutaw Place Corner Jefferson St. Ave. Balt.

Filed APR -4 1910, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 2 5 7 2

(24) Given name added from a supplemental report, 19

Registrar

RECORD

JAS. BOSLEY, M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55094

(1) PLACE OF BIRTH: 26 S. Fulton Ave. Balto.

CITY OF BALTIMORE. (No. ____, St.; ____ Ward)

(2) FULL NAME OF CHILD: John Beverly Abigill

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate	(7) Date of Birth (Month) (Day) (Year)
M			Yes	May 15, 1910

FATHER

(8) FULL NAME: Joseph Thomas Abigill

(9) RESIDENCE: 123 S. Fulton Ave

(10) COLOR: W

(11) AGE AT LAST BIRTHDAY: 43 (Years)

(12) BIRTHPLACE: Lexington Kentucky

(13) OCCUPATION: Machinist

MOTHER

(14) FULL MAIDEN NAME: Aceola Arlena Engle

(15) RESIDENCE: 26 S. Fulton Ave

(16) COLOR: W.

(17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: Charlestown W Va

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: ____

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.30 P. M., on the date above stated.

(23) Signature: Mrs Mary E. Welton Midwife (Physician or Midwife)

Address: 26 S Fulton Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

M 10 0 0 2 5 7 3

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

RECEIVED FOR RECORD MAY 3 -4 1910 JAS. BOSLEY M... COMR OF ...

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55095

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 104 N Fort Ave St.; 23 Ward)

(2) FULL NAME OF CHILD Frederick Galland (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 27 1910

FATHER		MOTHER	
(8) FULL NAME	Wm Galland	(14) FULL MAIDEN NAME	Elizabeth Jacob
(9) RESIDENCE	104 N Fort Ave	(15) RESIDENCE	104 N Fort Ave
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	41
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	39
(12) BIRTHPLACE	Md	(18) BIRTHPLACE	Md
(13) OCCUPATION	Builder	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2-20 P M., on the date above stated.

(23) Signature R. E. Campbell M.D. (Physician or Midwife)

1644 Fort Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0002574

(24) Given name added from a supplemental report _____, 19

Address _____

Registrar

Filed _____, 19 .

Registrar

RECEIVED
APR -4 1910
JAS. EOSLEY, M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
APR -4 1910
DR. BOSLEY M.D.
BD. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of child,* [illegible]
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 24th 1910
5. *Place of Birth, (Street and number)* 623 S. Patterson Ave
6. *Full name of Mother,* Hazel E. Linton
7. *Mother's Maiden Name,* Hazel E. Lynch
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* Benjamin Linton
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. H. Wirt

Address, 623 S. Patterson Ave Balto.

Remarks,

19100002575

Certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such mother to make such return to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED
JAN 3 - 1 1910
DOOLEY M.D
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 23rd 1909
5. *Place of Birth, (Street and number)* 621 N. Gilmor St. Balto
6. *Full name of Mother,* Amelia Jane Rumm
7. *Mother's Maiden Name,* Amelia Hafer
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Louis Lamprecht
10. *Father's Occupation,* Grocer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Taylor

Address, 611 S. Patterson Park Ave

Remarks,

1910002576

The Commissioner of Health, This schedule is to be filled out and sent to you by the attending physician, midwife, or other person in charge, within ten days after the birth. If no physician, midwife, or other person in charge shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to furnish the information required by this schedule, so far as possible. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CLERK OF RECORD
JAN 3 - 4 1910
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* December 31 1909
5. *Place of Birth, (Street and number)* 2302 Eager St. Balto.
6. *Full name of Mother,* Mary F. Mitchell
7. *Mother's Maiden Name,* Mary F. Hayden
8. *Mother's Birthplace,* Virginia
9. *Full name of Father,* John F. Mitchell
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant or other person who makes this Return, Dr. Mary A. Taylor

Address, 611 S. Patterson Park Ave. Balto.

Remarks,

19100002577

Of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the person or parents of such child, to make the return hereinbefore required, and it shall become the duty of the person or parents of such child, to make the return hereinafter required to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Female
2. *Sex, (state whether male or female)* White
3. *Race or color, (if not of the White Race)* Mch 19th 1910
4. *Date of Birth* 2328 Eastern Ave Balto
5. *Place of Birth, (Street and number)* Mary Catz
6. *Full name of Mother,* Mary Schneider
7. *Mother's Maiden Name,* Balto
8. *Mother's Birthplace,* John Kraft
9. *Full name of Father,* Laborer
10. *Father's Occupation,* Balto
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Wm. Mary [illegible]

Address, 611 Eastern Ave Balto

Remarks,

1910002578

Of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Medicine, or midwife, it shall be the duty of the person in charge of the house in the City wherein it shall become the duty of the person or parent of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-21-55

RETURN OF A BIRTH. A55100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
APR 1 1910
REGISTRAR M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Anna Amelia
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 15th 1910
5. Place of Birth, (Street and number) 911 S. Patterson Ave. Balto.
6. Full name of Mother, Amelia Eckert
7. Mother's Maiden Name, Amelia Sauer
8. Mother's Birthplace, Balto.
9. Full name of Father, Herbert E. Eckert
10. Father's Occupation, Stoker
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Mayfield Taylor

Address, 911 S. Patterson Ave

Remarks,

J 9100002579

Every person required by the provisions of this section to register a birth in this form shall, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the mother of such child, within ten days after the birth, to report the same to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-31-34

A55101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Edith Roberta Jones
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 3rd 1910
5. *Place of Birth, (Street and number)* 408 S. Chester St. Balto
6. *Full name of Mother,* Minnie M. Jones
7. *Mother's Maiden Name,* Minnie M. Lewis
8. *Mother's Birthplace,* North Carolina
9. *Full name of Father,* Robert T. Jones
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E. Patterson

Address, 408 S. Chester St. Balto

Remarks,

1910 0002580

RECORD
APR -1 1910
H. E. LOSLEY M.D.
COMMR OF HEALTH

Every case between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above provided, and any person or persons who shall neglect or refuse hereafter to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* 2
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 16th 1910
5. *Place of Birth, (Street and number)* 411 S. Robinson St Balto
6. *Full name of Mother,* Margaret Hague
7. *Mother's Maiden Name,* Margaret Wiles
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Jacob Hague
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Mc Cachren

Address, 411 S. Robinson St Balto

Remarks,

19100002581

RECORD
APR -2 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Penalty for neglect to make return of a birth.—Any person required by this section to make return of a birth who shall neglect to make such return within the time prescribed by this section, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FILM C 500

CERTIFICATE AMENDED
1-15-76

RETURN OF A BIRTH. A55103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Name of child, MILDRED P. MOXLEY
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 9th 1910
5. Place of Birth, (Street and number) 12 S. Washington St Balto.
6. Full name of Mother, Annie K. Moxley
7. Mother's Maiden Name, Annie K. Heard
8. Mother's Birthplace, Balto.
9. Full name of Father, Wm. Moxley
10. Father's Occupation, Bricklayer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor M.D.

Address, 611 S Patterson Pk Ave Balto.

Remarks,

19100002582

RECEIVED FOR RECORD
MAR 1 1910
JOHN RIDSLEY M.D.
SUPT OF HEALTH

of a certificate between the first and third day of each and every month to the Office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be subject to a fine of not less than ten (10) dollars nor more than one hundred (100) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 10/25/91

RETURN OF A BIRTH. A55104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child, SELMA IRENE BAXTER
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Negro
4. Date of Birth March 7th 1910
5. Place of Birth, (Street and number) 2109 Essex St Balto
6. Full name of Mother, Harriett R. Baxter
7. Mother's Maiden Name, Harriett R. Shawcheesey
8. Mother's Birthplace, Balto.
9. Full name of Father, Samuel Baxter
10. Father's Occupation, Laborer
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor

Address, 611 S Patterson Pk Ave Balto.

Remarks,

1910 00 02583

CORRECTED FOR RECORD
APR -4 1910
JAS. BOSLEY M.D.
REGISTRAR OF VITAL STATISTICS

If a certificate between the first and third day of each month is not returned to the office of the Commissioner of Health, in case the birth of any child shall occur within the limits of the city of Baltimore, the midwife, or nurse in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 12-29-64

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child, Clementine Abbott
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 7th 1910
5. Place of Birth, (Street and number) 227 Bank St Balto.
6. Full name of Mother, Annie Abbott
7. Mother's Maiden Name, Annie Dempisch
8. Mother's Birthplace, Baltimore
9. Full name of Father, Harry D. Abbott
10. Father's Occupation, Laborer
11. Father's Birthplace, Frederick, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, 611 S. Patterson Park Ave Balto.

Remarks,

19100002584

RECEIVED FOR RECORD
JAN 1 1910
REGISTRAR OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine or midwifery, then the duty of reporting such birth shall devolve upon the owner or agent of the house in which such birth shall occur, and in case such birth occurs elsewhere than in a house, then the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55106

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 540 Brown St.; Ward)

(2) FULL NAME OF CHILD Will Norman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 1st, 1910

FATHER	MOTHER
(8) FULL NAME Arthur Norman	(14) FULL MAIDEN NAME Cora V. Summers
(9) RESIDENCE 540 Brown St	(15) RESIDENCE 540 Brown St
(10) COLOR Colrd	(16) COLOR Colrd
(11) AGE AT LAST BIRTHDAY 29 (Years)	(17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Atlanta (Georgia)	(18) BIRTHPLACE Atlanta (Georgia)
(13) OCCUPATION Coachman	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 15 A. M., on the date above stated.

(23) Signature A. Malcolm Norm

(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

U 0002585

RECEIVED FOR RECORD APR -4 1910 JAS. SOPLEY M.D. COMR OF REGISTRATION

(24) Given name added from a supplemental report, 19

Address 602 E. Chase St.

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
APR 4 1910
WM. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Name of child,* George Albert Shanks
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* March 27 1910
5. *Place of Birth, (Street and number)* 915 unpaved St. Baltimore
6. *Full name of Mother,* Jane Elizabeth Hayes
7. *Mother's Maiden Name,* Jane Shanks
8. *Mother's Birthplace,* Essex Co. Virginia
9. *Full nome of Father,* George Albert Shanks
10. *Father's Occupotion,* Labor
11. *Father's Birthplace,* Baltimore Co. Md.

Name of Medicol Attendant, or other person who makes this Return, Lucinda Mitchell

Address, 1023 Stockton St. Balto. Md.

Remorks, X XX

19100002586

Sec. 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the Registrar of Vital Statistics of Baltimore City to cause to be printed blank forms for the return of births and deaths, and to distribute the same to the physicians, midwives and other persons required by this Act to make such returns, and to collect the same from them at least once in every month. Such blank forms shall be in the following words and figures, viz:

Sec. 2. And be it enacted, That every physician, midwife or other person who shall attend upon the birth of any child, or who shall be present at the birth of any child, shall, within the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother, if able, and if not able, then of the nearest relative present, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455108

CERTIFICATE CORRECTED 9-8-58

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 324 S. Wolfe St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD: Hedwig Mary Mytka

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 17 1910

FATHER

(8) FULL NAME: Mathias Mytka

(9) RESIDENCE: # 324 S. Wolfe st.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 37. (Years)

(12) BIRTHPLACE: Germany

(13) OCCUPATION: Laborer

MOTHER

(14) FULL MAIDEN NAME: Mary Blaszczak

(15) RESIDENCE: #324 S. Wolfe st.

(16) COLOR: White.

(17) AGE AT LAST BIRTHDAY: 35. (Years)

(18) BIRTHPLACE: Germany.

(19) OCCUPATION: Housewife.

(20) Number of children born to this mother, including present birth: 7.

(21) Number of children of this mother now living: 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 324 S. Wolfe st. M., the date above stated.

(23) Signature: Antonia M Jiros. (Physician or Midwife) Midwife.

Address: [illegible] Post st. Baltimore Md.

Filed April 3. 1910.

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____ 19 ____

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
APR 4 1910
J. S. BOSLEY, M.D.
REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 455109

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. The Montreal 1st Floor St.; Ward)

(2) FULL NAME OF CHILD

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth March 29 (Month) (Day) 1910 (Year)

	FATHER	MOTHER
(8) FULL NAME	Louis Kelsey Mallinckrodt	(14) FULL MAIDEN NAME Mildred Gill
(9) RESIDENCE	The Montreal Apartments	(15) RESIDENCE The Montreal Apartments
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY	28 (Years)	(17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE	Baltimore Md.	(18) BIRTHPLACE Baltimore Md.
(13) OCCUPATION	Wholesale Paper Dealer	(19) OCCUPATION none

(20) Number of children born to this mother, including present birth one

(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 A M., on the date above stated.

(23) Signature [illegible] M.D.

Physician or Midwife

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE FILE NO. 0 0 0 2 5 8 8

(24) Given name added from a supplemental report ____, 19

Address [illegible]

Filed ____, 19

RECORD
APR -1 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A55110

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 306, E. Laurale St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	/	Yes	March 13, 1910

FATHER	MOTHER
(8) FULL NAME: Edward S. Bull	(14) FULL MAIDEN NAME: Beulah L. Reightler
(9) RESIDENCE: 306 E. Laurale St	(15) RESIDENCE: 306 E. Laurale St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY (Years): 25 yrs	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY (Years): 18
(12) BIRTHPLACE: Balt. City	(18) BIRTHPLACE: Hagerstown Md
(13) OCCUPATION: Telegraph Operator	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: /	(21) Number of children of this mother now living: /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P. M., the date above stated.

(23) Signature: John C Huck (Physician or Midwife)

Address: 647 W. Lafayette Av

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

191000025889

(24) Given name added from a supplemental report, 19

Filed , 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
APR — 1 1910
JAS. BOOLEY M.D.
REGISTRAR OF HEALTH

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 55111

CITY OF BALTIMORE. (No. 516 a. Rose st. St.; Ward)

(2) FULL NAME OF CHILD Christina Amelia Loeffler. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 8. 1910.

FATHER

(8) FULL NAME John Loeffler.

(9) RESIDENCE #516 a. Rose st.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 39. (Years)

(12) BIRTHPLACE Baltimore Md

(13) OCCUPATION Tailor.

(20) Number of children born to this mother, including present birth 10.

MOTHER

(14) FULL MAIDEN NAME Elizabeth Peteron.

(15) RESIDENCE 516 a. Rose st.

(16) COLOR White. (17) AGE AT LAST BIRTHDAY 34. (Years)

(18) BIRTHPLACE Baltimore Md.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 8.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 516 a. Rose st. M., the date above stated.

(23) Signature Antonia M Jirus. Midwife. (Physician or Midwife)

Address 416 a. Rutt st. Baltimore Md.

Filed April 3, 1910. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

U 0 0 2 5 9 0

RECEIVED FOR RECORD APR - 5 1910 REGISTRAR OF WILLS BALTIMORE MD.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55112

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No.) 1314 N Hollins (St.; Ward)

(2) FULL NAME OF CHILD — Elsie Anna McNally (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl	✓	✓	Yes	March 5th 1910

	FATHER	MOTHER
(8) FULL NAME	Wm Thomas McNally	(14) FULL MAIDEN NAME: Fannie Ackeffer
(9) RESIDENCE	1314 N Hollins	(15) RESIDENCE: 1314 N Hollins
(10) COLOR	White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years)	26	(17) AGE AT LAST BIRTHDAY (Years): 27
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION	Barber	(19) OCCUPATION: At home

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Eight A M., the date above stated.

(23) Signature: G Hartzell MD (Physician or Midwife)

Address: 1401 W Fayette St

*When there was no attending physician or midwife, born the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Filed , 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED AND RECORDED APR -4 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

0 0 0 0 2 5 9 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55113

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 205 So Strieker St.; Ward)

(2) FULL NAME OF CHILD Helen Irene Smith

If child is not yet named, make supplemental report, as directed

(3) Sex of Child Girl | (4) Twin, triplet, or other? ✓ | (5) Number in order of birth ✓ | (6) Legitimate? yes | (7) Date of Birth March 1st 1910

(To be answered only in event of plural birth) (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Walter A Smith	(14) FULL MAIDEN NAME Josephine C Marshall
(9) RESIDENCE 205 So Strieker	(15) RESIDENCE 205 So Strieker
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 25 (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Pennsylvania	(18) BIRTHPLACE Maryland
(13) OCCUPATION Fireman R.R.	(19) OCCUPATION Jan Home
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Eight a M., the date above stated.

(23) Signature G D Hartzell MD

(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., shall make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental Address 1401 W Fayette St

, 19 Filed , 19 .

Registrar Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
MAR -4 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

1910 10002592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55114

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1102. Boone st. St.; Ward)

(2) FULL NAME OF CHILD Josephine Maria Houchens. (If child be not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 17 1910.

FATHER	MOTHER
(8) FULL NAME John F. Houchens.	(14) FULL MAIDEN NAME Anna Cecilia Mosher.
(9) RESIDENCE #1902. Boone st.	(15) RESIDENCE #1902. Boone st.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 53. (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 35. (Years)
(12) BIRTHPLACE Richmond Va.	(18) BIRTHPLACE Baltimore Md.
(13) OCCUPATION Medicine Manufacturer.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 3.	(21) Number of children of this mother now living 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1702 Boone st. M., the date above stated.

(23) Signature Victoria M. Jiuns. Midwife. (Physician or Midwife)

Address 2117 E. Biddle St. Baltimore Md.

Filed April 3, 1910 Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(10) 0002593

(READ THE REVERSE SIDE)

RECORD
APR -1 1910
REGISTRAR
H.S. BOSLEY M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

55115

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1300 S. Central Ave St.; 3 Ward)

(2) FULL NAME OF CHILD Nettie Houseman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
F			Yes	March	14	1900

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Jacob Houseman	Yetta Houseman
(9) RESIDENCE / (15) RESIDENCE	1300 S. Central Ave	1300 S. Central Ave
(10) COLOR / (16) COLOR	W.	W
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	32	33
(12) BIRTHPLACE / (18) BIRTHPLACE	Russia	Russia
(13) OCCUPATION / (19) OCCUPATION	Grocer	Housewife
(20) Number of children born to this mother, including present birth	2	
(21) Number of children of this mother now living		2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 a — M., the data above stated.

(23) Signature J Rosett (Physician or Midwife)

Address 1503 E. Baltimore St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental ____ rt ____, 19

Registrar

Filed APR -4 1900, 19

Registrar

(READ THE REVERSE SIDE)

RECORD

JAS. BOYLE
COM'R OF HEALTH

GIVEN NAME ADDED
4-8-65

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 155116

CITY OF BALTIMORE. (No. 740 - W. 35 St. ; 13 Ward)

(2) FULL NAME OF CHILD Nadine Virginia Snyder — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		yes	Mar. 23, 1910

FATHER

(8) FULL NAME: Fred D. Snyder

(9) RESIDENCE: 740 W. 35th St

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Carroll Co. Md

(13) OCCUPATION: Brakeman

(20) Number of children born to this mother, including present birth: one

MOTHER

(14) FULL MAIDEN NAME: Jessie V. Johnson

(15) RESIDENCE: 740 W. 35th St

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Va.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7:00 A M., the date above stated.

(23) Signature W H Smith (Physician or Midwife)

Address 3429 Chestnut Ave

Filed APR -1 1910, 19 — Registrar

(24) Given name added from a supplemental report ____, 19 — Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make the report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 5 9 5

REGISTRATOR RECORD APR -1 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55117

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 31[illegible] Exeter St. St.; Ward)

(2) FULL NAME OF CHILD — Hayden

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	2nd	Yes	March 31st, 1910

FATHER		MOTHER	
(8) FULL NAME	John Hayden	(14) FULL MAIDEN NAME	Elizabeth Eaton.
(9) RESIDENCE	2302 Exeter St.	(15) RESIDENCE	2302 Exeter St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	45	(17) AGE AT LAST BIRTHDAY (Years)	40
(12) BIRTHPLACE	Virginia	(18) BIRTHPLACE	Virginia
(13) OCCUPATION	Carpenter	(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	14th	(21) Number of children of this mother now living	8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1:15 P.M., the date above stated.

(23) Signature Jno. Harry W. Taylor. (Physician or Midwife)

Address 2302 Exeter St

Filed APR -4 1910, 19

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Registrar

CERTIFICATE OF RECORD

U 0002596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 455118

CITY OF BALTIMORE. (No. 3 2 Essex St. St.; Ward)

(2) FULL NAME OF CHILD — Hayden. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Nine	1st	Yes	May 31st, 19 1

FATHER	MOTHER
(8) FULL NAME: John Hayden	(14) FULL MAIDEN NAME: Elizabeth Bateson.
(9) RESIDENCE: 232 Essex St.	(15) RESIDENCE: 232 Essex St.
(10) COLOR: White. (11) AGE AT LAST BIRTHDAY: 45 (Years)	(16) COLOR: White. (17) AGE AT LAST BIRTHDAY: 40 (Years)
(12) BIRTHPLACE: Virginia.	(18) BIRTHPLACE: Virginia.
(13) OCCUPATION: Carpenter	(19) OCCUPATION: House-wife.
(20) Number of children born to this mother, including present birth: 1st	(21) Number of children of this mother now living: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 P. M., the date above stated.

(23) Signature: Wm Mark M. Taylor (Physician or Midwife)

Address: 1 E Essex St

Filed APR -1 1910, 19

JAS BOSLEY MD COMR OF HEALTH — Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ — Registrar

B 0 0 2 5 9 7

REGISTRATION RECORD

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Over

A55119

(1) PLACE OF BIRTH — CITY OF BALTIMORE (No. 34 W. West St.; Hamelfarb Ward)

Registered No. B

(2) FULL NAME OF CHILD — Belle (Bakie Hemelfarb)

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		5		March 17, 1910

FATHER	MOTHER
(8) FULL NAME: Sam (Hemelfarb)	(14) FULL MAIDEN NAME: Annie Glick
(9) RESIDENCE	(15) RESIDENCE
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 31 (Years)	(17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Stor Kiper	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 17 march M., the date above stated.

(23) Signature: miss A. Hirsh (Physician or Midwife)

Address: 1116 E. Fayette St.

Filed , 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., shall make the report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

10 0002598

APR -4 1910

JAS. BOSLEY, M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55120

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 914 n Montford ave. St.; Ward)

(2) FULL NAME OF CHILD Isolina Concerto. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female.			Yes	March 25, 1910

FATHER

(8) FULL NAME Lorenzo Concerto.

(9) RESIDENCE 914 n. Montford ave.

(10) COLOR White. (11) AGE AT LAST BIRTHDAY 36. (Years)

(12) BIRTHPLACE Italy.

(13) OCCUPATION Tailor.

MOTHER

(14) FULL MAIDEN NAME Rosa Trentini.

(15) RESIDENCE 914 n. Montford ave.

(16) COLOR White. (17) AGE AT LAST BIRTHDAY 30. (Years)

(18) BIRTHPLACE Italy.

(19) OCCUPATION Housewife.

(20) Number of children born to this mother, including present birth 3. (21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 914 n. Montford ave. M., the date above stated.

(23) Signature Victoria N. Jius. Midwife. (Physician or Midwife)

Address 6 e. Pratt St. Baltimore, Md.

Filed April 3, 1910. APR 4 1910 Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor showed other evidence of life after birth.

U 0 0 2 5 9 9

(24) Given name added from a supplemental report ____, 19

Registrar

BOOKLEY M.D. REGISTRAR OF RECORD

RETURN OF A BIRTH. A55121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
APR -4 1910
JAS BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child, Edna Nine
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 7th 1910 — 1.30 P.M.
5. Place of Birth, (Street and number) 320 Furnor St
6. Full name of Mother, Mamie Nine
7. Mother's Maiden Name, " Dunsbier
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, John Adam Ernst Nine
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm A Schaefer M.D.

Address, 2500 E Baltimore St

Remarks, 191000002600

Of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of such birth, it shall become the duty of the person residing in the house where such birth occurs, to report the same as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55122

CERTIFICATE CORRECTED 3-19-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Blanche Alethia Winter (Blanche A. Wooters)
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, March 21, 1910
6. Place of Birth, (Street and number) 1007 E. Hoffman St.
6. Full name of Mother, Gertrude A. (Wooters) Winter
7. Mother's Maiden Name, " " Spurrier
8. Mother's Birthplace, Balto, Md.
9. Full name of Father, David E. F. (Wooters) Winter
10. Father's Occupation, Electrician
11. Father's Birthplace, Balto, Md.

Name of Medical Attendant, or other person who makes this Return, N. C. Knapp, M.D.,

Address, 1716 E. Preston St.

Remarks,

1910002601

RECEIVED FOR RECORD APR - 1 1910 JAS. BORLEY M.D. COMMISSIONER OF HEALTH

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the limits of the city, the parent or parents of such child shall report its birth to the Commissioner of Health within ten days after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

155123

(1) PLACE OF BIRTH 1305 Argyle Ave. Registered No. B

CITY OF BALTIMORE. (No. 1305 Argyle Ave. St.; 17th Ward)

(2) FULL NAME OF CHILD [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) March (Day) 29, (Year) 19 10
Male		first		

FATHER

(8) FULL NAME Edward Lewis Tarter

(9) RESIDENCE 918 Pierce St.

(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Balto. Md.

(13) OCCUPATION Porter

MOTHER

(14) FULL MAIDEN NAME Beatrice Russell

(15) RESIDENCE 924 Boyd St

(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Balto. Md.

(19) OCCUPATION

(20) Number of children born to this mother, including present birth first child (21) Number of children of this mother now living first child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1305 Argyle Ave M. on the date above stated.

(23) Signature Hestin Scott (Physician or Midwife) 509 W. Preston St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor showed other evidence of life after birth.

0 0 0 2 6 0 2

(24) Given name added from a supplemental report ____, 19

Address ____

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
APR 13 1910
REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 155124

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Colvin St.; 5 Ward)

(2) FULL NAME OF CHILD Evelyn Matilda Parker } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)

FATHER

(9) FULL NAME Samuel E Parker

(9) RESIDENCE 208 Colvin st

(10) COLOR Colored (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Barbados. B W I

(13) OCCUPATION

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME Laura V Smith

(15) RESIDENCE Colvin St 208

(16) COLOR Colored (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Baltimore Md

(18) OCCUPATION

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at Colvin St 5 M., the date above stated.

(23) Signature Hoestin Scott

109 N. Preston St
(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

A 10 U 0 0 2 6 0 3

(24) Given name added from a supplemental report , 19

Address

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55125

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1522 N. Carey st. St.; 18 Ward)

(2) FULL NAME OF CHILD Maggie Augustice Warren (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		4		March 28, 1910

FATHER

(8) FULL NAME Addison Augustus Warren

(9) RESIDENCE 1522 N. Carey St.

(10) COLOR Colord (11) AGE AT LAST BIRTHDAY 29. (Years)

(12) BIRTHPLACE Lexington Virginia

(13) OCCUPATION Drayman

(20) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME Maggie Jane Izell

(15) RESIDENCE 1522 N. Carey St.

(16) COLOR Colord (17) AGE AT LAST BIRTHDAY 27. (Years)

(18) BIRTHPLACE Lexington Virginia

(19) OCCUPATION Domestic

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1522 N. Carey st M., the date above stated.

(23) Signature Hester Scott

1591 r Preston st (Physician or Midwife)

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE FILE NO. 0 0 0 2 6 0 4

(24) Given name added from a supplemental report, 19

Address

Filed , 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED BY REGISTRAR OF RECORD APR 13 1910 JOHN S. BOSLEY M.D. Registrar BOARD OF HEALTH

RETURN OF A BIRTH.

A55126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,* Sofe
2. *Sex, (state whether male or female)* White
3. *Race or color, (if not of the White Race)* March 21 1916
4. *Date of Birth* Anastasia Bogdanovic
5. *Place of Birth, (Street and number)* Mercy
6. *Full name of Mother,* Ameren
7. *Mother's Maiden Name,* Stolne Bogdanovic
8. *Mother's Birthplace,* Plumber
9. *Full name of Father,* America
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Julia Bogdanovic

Address, 127

Remarks, There 1534

1910000260 5

RECEIVED FOR RECORD
APR 13 1916
REGISTRAR VITAL STATISTICS
BOARD OF HEALTH

Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person above required to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55127

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1007 Leadenhall St.; Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	no		yes	March 14 1910

FATHER

(8) FULL NAME: William H. Ebling

(9) RESIDENCE: 1007 Leadenhall St.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 23 (Years)

(12) BIRTHPLACE: A. A. Co. Maryland

(13) OCCUPATION: Shirt-irener

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Liggie Smith

(15) RESIDENCE: 1007 Leadenhall St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Balt.

(19) OCCUPATION: House-wife

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P M., the date above stated.

(23) Signature: Maylard Willis M. D. (Physician or Midwife)

Address: 860 Hanover St.

(24) Given name added from a supplemental ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

A 1 0 0 0 0 2 6 0 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1112 Lindenhall St.; Ward)

Registered No. B. 455128

(2) FULL NAME OF CHILD: _____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Female | (4) Twin, triplet, or other? (To be answered only in event of plural births) | (5) Number in order of birth | (6) Legitimate? Yes | (7) Date of Birth: 3 (Month), 20 (Day), 1910 (Year)

FATHER

(8) FULL NAME: John H Foster

(9) RESIDENCE: 1112 Lindenhall St.

(10) COLOR: Wh. (11) AGE AT LAST BIRTHDAY: 40 (Years)

(12) BIRTHPLACE: Balt.

(13) OCCUPATION: Laborer

(14) Number of children born to this mother, including present birth: 7

MOTHER

(14) FULL MAIDEN NAME: Margaret E Saunders

(15) RESIDENCE: 1112 Lindenhall St.

(16) COLOR: Wh. (17) AGE AT LAST BIRTHDAY: 34 (Years)

(18) BIRTHPLACE: Balt. Co. Md.

(19) OCCUPATION: House-wife

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 P. M., the date above stated.

(23) Signature: Mary Cook Willis M.D. (Physician or Midwife)

Address: 810 Hanover St.

* When there was no attending physician or midwife, the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 6 0 7

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55129

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 810 Hanover St.; Ward)

(2) FULL NAME OF CHILD Mary Catherine Ryan (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	1 15 1910

(To be answered only in event of plural birth)

FATHER

(8) FULL NAME John M. Ryan

(9) RESIDENCE 810 Hanover St.

(10) COLOR Wh. (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Balt.

(13) OCCUPATION Soda fountain helper

(14) Number of children born to this mother, including present birth 2

MOTHER

(14) FULL MAIDEN NAME Catherine Henderson

(15) RESIDENCE 810 Hanover St.

(16) COLOR Wh. (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Balt

(19) OCCUPATION House - wife

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.30 a. M., the date above stated.

(23) Signature

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 0 2 6 0 8 (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address

Filed ____, 19 .

Registrar

RECORD FOR
RECORD
APR 18 1910
J. S. BOSLEY, M.D.
REGISTRAR OF RECORDS

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN ~~NAME~~ ADDED 8/17

Registered No. B A55130

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2833 York Road St.; 9 Ward)

(2) FULL NAME OF CHILD MARY LEE TREULIEB (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth April 9th, 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Edvid L. Treulieb	(14) FULL MAIDEN NAME Susie L. Marshall
(9) RESIDENCE 2833 York Road	(15) RESIDENCE 2833 York Road
(10) COLOR White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Balto. City	(18) BIRTHPLACE Balto City
(13) OCCUPATION Landscape Gardener	(19) OCCUPATION House work
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 a. M., the date above stated.

(23) Signature William J. Pillsbury M.D. Physician (Physician or Midwife)

Address 2801 York Road

Filed , 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

1 7 1 0 0 0 2 6 0 9

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 13 1910 REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 715, Montpelier St.; 9 Ward)

Registered No. B A55131

(2) FULL NAME OF CHILD _____ {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				Mar. 30, 1910

FATHER	MOTHER
(8) FULL NAME: Gustav E. Schmidt	(14) FULL MAIDEN NAME: Anna Leitner
(9) RESIDENCE: 715 Montpelier st	(15) RESIDENCE: 715 Montpelier st
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 29 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Germany	(18) BIRTHPLACE: Penna.
(13) OCCUPATION: Carpenter	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ~~ALIVE~~ Dead at 2.15 A. M., the date above stated.

(23) Signature William J. Riordan Physician (Physician or Midwife)

Address 1801 York Road

Filed _____, 19 _____ Registrar

(24) Given name added from a supplemental ...rt_____, 19

Registrar

* When there was an attending physician or midwife, the father, householder, etc., should make this re... A stillborn child is one that neither breathes nor ... other evidence of life after birth.

1 0 0 0 0 2 6 1 0

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 13 1910 H. B. MOSLEY REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55132

CITY OF BALTIMORE. (No. 611 Montpelier St.; 9 Ward)

(2) FULL NAME OF CHILD Agatha Sparks — If child is not yet named, make supplemental report, as directed

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate Yes | (7) Date of Birth Apl. 6th, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME Richard Sparks

(9) RESIDENCE 611 Montpelier st

(10) COLOR White (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE Balto. Co.

(13) OCCUPATION Grocery Clerk

MOTHER

(14) FULL MAIDEN NAME Mary R. Dillehunt

(15) RESIDENCE 611 Montpelier st

(16) COLOR White (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Balto. Co.

(19) OCCUPATION H. W.

(20) Number of children born to this mother, including present birth 9th

(21) Number of children of this mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 A. M., the date above stated.

(23) Signature William J. Ellisbury Physician (Physician or Midwife)

Address 280 York Road

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

1910 000261

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 13 1910 H.O. BOSLEY COM'R OF HEALTH

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55133

PLACE OF BIRTH

CITY OF BALTIMORE. (No. 52[illegible], N. Montford Ave St.; Ward)

FULL NAME OF CHILD Catherine Schmidt

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female		6th	Legitimate	April 2nd, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME: John Schmidt

RESIDENCE: 52[illegible] N. Montford Ave

COLOR: White

(11) AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Balto

OCCUPATION: Laborer

Number of children born to this mother, including present birth: 9

MOTHER

(14) FULL MAIDEN NAME: Anna Muth

(15) RESIDENCE: 524 N. Montford Ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 38 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: housekeeper

(21) Number of children of this mother now living: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.15 A.M., the date above stated.

(23) Signature: Wm. H. Sum (Physician or Midwife) Midwife

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 1 0 0 0 0 2 6 1 2

(24) Given name added from a supplemental report ____, 19__

Address 203 E. Hoffman St

Filed April 12, 1910

RECEIVED FOR RECORD MAR 13 1910

Registrar

Registrar

(READ THE REVERSE SIDE)

JAS. BOYLE COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55134

(1) PLACE OF BIRTH

CITY OF BALTIMORE (No. 2216 Mc Elderry St.; Ward)

FULL NAME OF CHILD Madeline Elizabeth Bauer

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April (Day) 4th, 19 10 (Year)
Female		4	Married	

	FATHER	MOTHER
FULL NAME	Harry George Bauer	(14) FULL MAIDEN NAME Elizabeth Biggs Bauer
RESIDENCE	2216 Mc Elderry St	(15) RESIDENCE 2216 Mc Elderry St
COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY	39 (Years)	(17) AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Baltimore	(18) BIRTHPLACE Baltimore
OCCUPATION	Ice Driver	(19) OCCUPATION Housekeeper
Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.15 a M., the date above stated.

(23) Signature Mrs H. Elon (Physician or Midwife) Midwife

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 10 0002613

Address 203 N. Washington St.

(24) Given name added from a supplemental report ____, 19

Filed April 12th, 1910.

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 13 1910 JAS. BOSLEY, M.D. COMMR OF HEALTH

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. B 55135

CITY OF BALTIMORE. (No. 1603, Hoksley Place St.; Ward)

FULL NAME OF CHILD Catharine Mullin

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		4th	Married	April, 4th, 19 13

FATHER	MOTHER
FULL NAME: Bernhard Mullin	(14) FULL MAIDEN NAME: Lizzie McCorliffe Mullin
RESIDENCE: 1603 Hoksley Place	(15) RESIDENCE: 1603 Hoksley Place
COLOR: White — (11) AGE AT LAST BIRTHDAY: 38 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Ireland	(18) BIRTHPLACE: Ireland
OCCUPATION: Laborer	(19) OCCUPATION: Housekeeper
Number of children born to this mother, including present birth: 7	(21) Number of children of this mother now living: 7

RECEIVED FOR RECORD APR 13 1910 HARRY BOGLEY M.D. REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 A M., the date above stated.

(23) Signature Mrs. H. Frew (Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

9 10 0 0 0 2 6 1 4

(24) Given name added from a supplemental ____, 19

Address 203 N. Washington St.

Filed April 12th, 1910

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 55136

CITY OF BALTIMORE. (No. 1742 Warwick Ave. St.; Ward)

(2) FULL NAME OF CHILD Thomas Raymond Wootton — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 23 1910.

FATHER

(8) FULL NAME Edgar Smith Wootton

(9) RESIDENCE 1742 Warwick Ave. Balto

(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Clerk

(20) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME Ira Viola Perin

(15) RESIDENCE 1742 Warwick Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Wife

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30 a. M., the date above stated.

(23) Signature C. C. Hoffman, M.D. Physician (Physician or Midwife)

Address 2100 W. North ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

1 0 0 0 0 2 6 1 5

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 23 1910 JOS. BOSLEY, M.D. REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55137

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE (No. 2115 Ridgewood Ave. St.; Ward)

(2) FULL NAME OF CHILD Paul Eugene Merkel

If child is not yet named, make supplemental report, as directed

(3) Sex of Child Male | (4) Twin, triplet, or other? | (5) Number in order of birth | (6) Legitimate? Yes | (7) Date of Birth Mch 12 (Month) (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Walter E. Merkel

(9) RESIDENCE 2115 Ridgewood Ave.

(10) COLOR Whit (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Baltimore County, Md.

(13) OCCUPATION Carpenter

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Ruth Rebecca Zahn

(15) RESIDENCE 2115 Ridgewood Ave.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Carroll County, Md.

(19) OCCUPATION Wife

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 8:40 p. M., the date above stated.

(23) Signature C.W. Hoffman, M.D.

Physician (Physician or Midwife)

Address 2100 W. North Ave.

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report_____, 19

Registrar

Filed_____, 19 .

Registrar

(READ THE REVERSE SIDE)

10 0002615

RECEIVED FOR RECORD
APR 13 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55138

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1443 Light St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	3 - 27 - 1910

FATHER

(8) FULL NAME: Lambert A. Gittings

(9) RESIDENCE: 1443 Light St

(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Relay Md.

(13) OCCUPATION: Elect. Inspector

(14) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Anna Lena Mullen

(15) RESIDENCE: 1443 Light St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Balt.

(19) OCCUPATION: House-work

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 A. M., the date above stated.

(23) Signature: Mary Cook Willis M. D.

(Physician or Midwife)

Address: 810 Hanover St.

Filed _____, 19 .

Registrar

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., shall make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 6 1 7

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55139

PLACE OF BIRTH

CITY OF BALTIMORE. (No. 733, N. Rose St.; Ward)

FULL NAME OF CHILD Edgar Frederick

(If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male		1st	Legit	April 2nd 1910

FATHER

FULL NAME: Edgar F. Walls

RESIDENCE: 733 N. Rose St

COLOR: White (11) AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Somerset County

OCCUPATION: Laborer

Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Walls Catherine Rabe

(15) RESIDENCE: 733 N. Rose St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 20 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 a.m., the date above stated.

(23) Signature Wm H. Knox (Physician or Midwife)

Address 233 N. Washington

Filed April 12th, 1910 (Registrar)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

0 0 0 0 2 6 1 8

(24) Given name added from a supplemental ____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 13 1910 H. S. BOSLEY COMM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55140

PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2428, Fait Av St.; Ward)

FULL NAME OF CHILD William Mitchell (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2nd	Married	April 3rd, 19 10

FATHER		MOTHER	
FULL NAME	Andrew Mitchell	(14) FULL MAIDEN NAME	Edith {Mitchell} Sommers
RESIDENCE	2428 Fait Ave	(15) RESIDENCE	2428 Fait Ave
COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	33 (Years)	(17) AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
OCCUPATION	Laborer	(19) OCCUPATION	Housekeeper

Number of children born to this mother, including present birth 2 — (21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 a M., the date above stated.

(23) Signature Wm H Lane

Physician or Midwife

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 2 6 1 9

(24) Given name added from a supplemental ____, 19

Address 258 N. Washington Ave

Filed April 12th, 19 10.

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 13 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. B A55141

CITY OF BALTIMORE. (No. 418, N. Grove St.; Ward)

FULL NAME OF CHILD George Ahrens (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2nd	Married	April 4th, 19 10

FATHER	MOTHER
FULL NAME: George Ahrens	(14) FULL MAIDEN NAME: Bertha Ahrens
RESIDENCE: 418 N Grove St	(15) RESIDENCE: 418 N Grove St
COLOR: White	(11) AGE AT LAST BIRTHDAY: 36 (Years)
	(16) COLOR: White
	(17) AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Germany	(18) BIRTHPLACE: Germany
OCCUPATION: Salesman	(19) OCCUPATION: Housekeeper
Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 a M., the date above stated.

(23) Signature: Mrs A Krow (Physician or Midwife)

Address: 203 N. Arch St.

Filed April 12th, 19 10

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

1 0 0 0 0 2 6 2 0

(24) Given name added from a supplemental report, ____, 19 ____

Registrar

RECORD APR 13 1910

JAS. BOGLEY, M.D. REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A55142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. *Name of child,* Walter Slebrzak
2. *Sex,* (*state whether male or female*) White
3. *Race or color,* (*if not of the White Race*) March 6 1910
4. *Date of Birth* Cantnever 1609
5. *Place of Birth,* (*Street and number*) Mary
6. *Full name of Mother,* Russian Poleuch
7. *Mother's Maiden Name,* Roze
8. *Mother's Birthplace,* Andey Slebrzak
9. *Full name of Father,* Wassess
10. *Father's Occupation,* Russ Poleuch
11. *Father's Birthplace,* Russ Poleuch

Name of Medical Attendant, or other person who makes this Return, Julia Bogdanowicz

Address, 67 Thame Street

Remarks,

1 9 1 0 0 0 0 2 6 2 1

FILED FOR RECORD
MAR 12 1910
BOOKLEY M.D.
REGISTER OF WILLS

Note.—Failure to make the return of any birth as required by law renders the midwife, or other person in attendance upon the mother, and the physician or practitioner of health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-13-55

RETURN OF A BIRTH.

A55143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Name of child, Raymond Kern Kronenberg
2. Sex, (state whether male or female) White
3. Race or color, (if not of the White Race) Male
4. Date of Birth April 12/10
5. Place of Birth, (Street and number) 1625 Hanover St
6. Full name of Mother, Maggie Kronenberg
7. Mother's Maiden Name, Kern
8. Mother's Birthplace, America
9. Full name of Father, Wm Kronenberg
10. Father's Occupation, Laborer
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Chas J Schwarz

Address, 454 Fort Ave

Remarks,

1910000 2622

RECEIVED FEB 9 1911 REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH

of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother [illegible] it shall become the duty of the father or mother of such child, or in case of the death or absence of both father and mother, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55144

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 329 W Hoffman St.; Ward)

(2) FULL NAME OF CHILD Dorothy Hicks (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Mar. 4 1918

FATHER		MOTHER	
(8) FULL NAME	James P Hicks	(14) FULL MAIDEN NAME	Carrie E Hicks
(9) RESIDENCE	329 W Hoffman.	(15) RESIDENCE	329 W Hoffman
(10) COLOR	Mullato.	(16) COLOR	Mullato
(11) AGE AT LAST BIRTHDAY (Years)	24	(17) AGE AT LAST BIRTHDAY (Years)	23 yrs
(12) BIRTHPLACE	Virginia	(18) BIRTHPLACE	Maryland.
(13) OCCUPATION	Wailer	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	Two	(21) Number of children of this mother now living	Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:30 a. M., the date above stated.

(23) Signature M Wensberg MD Physician (Physician or Midwife)

Address 742 N Fayette St

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

1000026231

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 12 1918

C. BOSLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Baltimore — Registered No. B 455145

CITY OF BALTIMORE. (No. 1128 Stocton St.; 16 Ward)

(2) FULL NAME OF CHILD Martha Agnes Porter — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child Female | (4) Twin, triplet, or other? Single (To be answered only in event of plural births) | (5) Number in order of birth 2 | (6) Legitimate? Yes | (7) Date of Birth April (Month), 6 (Day), 1910 (Year)

FATHER

(8) FULL NAME George R Porter

RESIDENCE 1128 Stocton

(9) COLOR Black | (11) AGE AT LAST BIRTHDAY 23. (Years)

(12) BIRTHPLACE Halensville

(13) OCCUPATION Driver

(14) Number of children born to this mother, including present birth 2.

MOTHER

(14) FULL MAIDEN NAME Martha Agnes Porter

(15) RESIDENCE 1128 Stocton

(16) COLOR Black | (17) AGE AT LAST BIRTHDAY 21. (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION House wife.

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 10 p.m. April 6th 1910 M., the date above stated.

(23) Signature Elwood L Rogers (Physician or ~~Midwife~~)

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 2 6 2 4

(24) Given name added from a supplemental report ____, 19

Address 1926 Mount St

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 12 1910

JAS BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Baltimore — Registered No. B 155146

CITY OF BALTIMORE. (No. 1602, Pressman, St.; Ward)

(2) FULL NAME OF CHILD Charles Vaughn. — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			No	April, 8, 1910

FATHER		MOTHER	
(8) FULL NAME		(14) FULL MAIDEN NAME	Flossie Vaughn.
(9) RESIDENCE		(15) RESIDENCE	1602 Pressman.
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	Colored (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	Virginia
(13) OCCUPATION		(19) OCCUPATION	House wife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1130 o'clock A.M., the date above stated.

(23) Signature Elwood L Rogers. (Physician or Midwife)

Address #1326 Mount St

(24) Given name added from a supplemental report, 19

Filed, 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

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RECEIVED FOR RECORD APR 12 1910 S. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

RETURN OF A BIRTH. A55147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Name of Child,* Madalen Knight
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 28th March
6. *Place of Birth, (Street and number)* 832 East Ave.
6. *Full name of Mother,* Magdalen Knight
7. *Mother's Maiden Name,* Magdalen Fehlmann
8. *Mother's Birthplace,* Bavarian
9. *Full name of Father,* John T. Knight
10. *Father's Occupation,* Shipping Clerk
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Margareth Schoening

Address, 741 S. 3d St. Baltimore Co., Md.

Remarks,

RECEIVED FOR RECORD APR 12 1910 H. A. BOSLEY M.D. COMMR OF HEALTH

1910000026 2 6

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the time of birth, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above named, and any such person or persons who shall hereafter fail to so report shall be guilty of a misdemeanor and on conviction thereof shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. _____ St.; _____ Ward)

Registered No. B. A55148

(2) FULL NAME OF CHILD Farmer Marie

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	March 25 1910

FATHER

(8) FULL NAME Guss Schrader

(9) RESIDENCE 310 E. Fort ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Germany

(13) OCCUPATION Labor

(14) Number of children born to this mother, including present birth 2

MOTHER

(14) FULL MAIDEN NAME Annie Shipley

(15) RESIDENCE 310 E. Fort ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Balto

(19) OCCUPATION House work

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 A.M., the date above stated.

(23) Signature Mrs. Katie Lee (Physician or Midwife)

Address 1705 Byrd st

Filed _____, 19 _____ (Registrar)

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

0 0 0 2 6 2 7

(24) Given name added from a supplemental report _____, 19 _____ (Registrar)

RECEIVED FOR RECORD MAR 12 1910 JAS. BOSLEY M.D. REGISTRAR OF BIRTHS BALTIMORE MD.

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55149

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No.) 130 S Exeter St.; (Ward)

(2) FULL NAME OF CHILD: Bertha Lipsitz

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female		1st	Yes	Mar. (Month) 30 (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	Louis Lipsitz	(14) FULL MAIDEN NAME	Annie Rosen
(9) RESIDENCE	1301 Columbia Ave.	(15) RESIDENCE	1301 Columbia Ave.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	24
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	23.
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Groceryman	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	One	(21) Number of children of this mother now living	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1210 P. M., the date above stated.

(23) Signature M. A. Weinberg

Physicians (Physician or Midwife)

Address 742 W Fayette St

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental ____, 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

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APPROVED FOR RECORD
APR 22 1910
S. BOSLEY, M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55150

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. 1843 Collington Ave Ward)

(2) FULL NAME OF CHILD Elizabeth M Payne — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2nd	yes	March 23 1910

FATHER		MOTHER	
(8) FULL NAME	Burlyss Payne.	(14) FULL MAIDEN NAME	Eva Cordylia Wessels
(9) RESIDENCE	1843 Collington Ave	(15) RESIDENCE	1843 Collington Ave
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	39 years
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Virginia
(13) OCCUPATION	Street Car Conductor	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	Two	(21) Number of children of this mother now living	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:15 P. M., the date above stated.

(23) Signature W A Wembery M.D. Physician (Physician or Midwife)

Address 742 W Fayette St

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

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(24) Given name added from a supplemental report _____, 19

Registrar _____

Filed _____, 19 .

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 12 1910 H. BOSLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55151

(1) PLACE OF BIRTH 1011 E. Eager at

CITY OF BALTIMORE. (No. ____, St.; 10 Ward)

(2) FULL NAME OF CHILD Catherine Lorena Walter (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female | (4) Twin, triplet, or other? (To be answered only in event of plural births) | (5) Number in order of birth | (6) Legitimate Yes | (7) Date of Birth February 15, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME Phillip Walter

RESIDENCE 1011 E. Eager St

(9) COLOR White (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE Germany

(13) OCCUPATION Foreman

(14) Number of children born to this mother, including present birth ____

MOTHER

(14) FULL MAIDEN NAME Lorena Louise Knipp

(15) RESIDENCE 1011 E. Eager St

(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION House wife

(21) Number of children of this mother now living ____

RECEIVED FOR RECORD APR 29 1910 H. G. BOGLEY M.D REGISTRAR OF VITAL STATISTICS

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 Oclock P. M., the date above stated.

(23) Signature Howard D Lewis Physician (Physician or Midwife)

Address 38 W. 25th st

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 1 0 0 0 2 6 3 0

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55152

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 556 Grenmillow St.; 17 Ward)

(2) FULL NAME OF CHILD — Mary Mildred Krimm. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Female | (4) Twin, triplet, or other? ✓ (To be answered only in event of plural births) | (5) Number in order of birth ✓ | (6) Legitimate? yes | (7) Date of Birth (Month) Mch. (Day) 13th, 1910 (Year)

FATHER

(8) FULL NAME: Wm. J. Krimm

(9) RESIDENCE: 556 Grenmillow St

(10) COLOR: White | (11) AGE AT LAST BIRTHDAY: 20 yrs (Years)

(12) BIRTHPLACE: Balto Md

(13) OCCUPATION: Grocer.

(14) Number of children born to this mother, including present birth: One

MOTHER

(14) FULL MAIDEN NAME: Elizabeth Joh.

(15) RESIDENCE: 556 Grenmillow St

(16) COLOR: White | (17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Balto Md

(19) OCCUPATION: Wife

(21) Number of children of this mother now living: One

RECEIVED FOR RECORD APR 12 1910 HOUSLEY M.D. BOARD OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 pm on the date above stated.

(23) Signature: John T. McCarthy Physician (Physician or Midwife)

Address: 656 W Franklin St.

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Registrar

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 455153

PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1708 Monroe St. (North) St.; Ward)

FULL NAME OF CHILD Not named. (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	April 9 1910.

FATHER		MOTHER	
FULL NAME	Julian Elton Hurby.	(14) FULL MAIDEN NAME	Anna Krickell.
RESIDENCE	1708 N. Monroe St.	(15) RESIDENCE	1708 N. Monroe St.
COLOR	White	(11) AGE AT LAST BIRTHDAY (Years) 47.	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years) 29.
BIRTHPLACE	South Carolina	(18) BIRTHPLACE	New York City.
OCCUPATION	Salesman.	(19) OCCUPATION	Housewife.
Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

RECEIVED FOR RECORD
APR 12 1910
REGISTRAR OF VITAL STATISTICS, BOARD OF HEALTH, BALTIMORE, MD.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.45 P. M., the date above stated.

(23) Signature George L. Shannon M.D.

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 2 6 3 2

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 700 N. Fulton Ave Balto Md.

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55154

PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

FULL NAME OF CHILD Agnes Josephine

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			Yes	March 19 1910

FATHER	MOTHER
FULL NAME Peter Coupelmon	(14) FULL MAIDEN NAME Mary Lowe
RESIDENCE 2003 Olive st	(15) RESIDENCE 2003 Olive st
COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Balto	(18) BIRTHPLACE Balto
OCCUPATION Laber	(19) OCCUPATION House work
Number of children born to this mother, including present birth 9	(21) Number of children of this mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 A. M., the date above stated.

(23) Signature Mrs Kate Lewis (Physician or Midwife)

RECEIVED FOR RECORD APR 12 1910 H. A. MOSLEY M.D. COMMR OF HEALTH

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Address 1705 Bye

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55155

PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

FULL NAME OF CHILD Lavan Edna

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 16 1910

FATHER

FULL NAME: Joseph Haginus

RESIDENCE: 1713 Jackson st

COLOR: White

(11) AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Baltimore

OCCUPATION: Labor

Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Emma Olsen

(15) RESIDENCE: 1713 Jackson

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housework

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 3 4 M., the date above stated.

(23) Signature Mrs Katie Lyon (Physician or Midwife)

Address 1705 Byrd st

Filed ____, 19 .

Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

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RECEIVED FOR RECORD APR 12 1910 H. BUSLEY M.D. BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE AMENDED - 7/3/70

PLACE OF BIRTH — Registered No. B. A55156

CITY OF BALTIMORE. NAME: (No. THELMA EDNA St.; Ward)

FULL NAME OF CHILD ~~Thelma~~ TORMOLLAN

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 30 1910

	FATHER	MOTHER
FULL NAME	~~Francis T. Tormollan~~ FRANCIS T. TORMOLLAN	(14) FULL MAIDEN NAME ~~Howell~~ WILHELMINA Sachs
RESIDENCE	2238 Hanover st	(15) RESIDENCE 2238 Hanover st
(9) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY	27 (Years)	(17) AGE AT LAST BIRTHDAY 27 (Years)
(10) BIRTHPLACE	Balto	(18) BIRTHPLACE Balto
(12) OCCUPATION	Labr	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P.M., the date above stated.

(23) Signature Mrs Katie Lizzie McClurkin (Physician or Midwife)

Address 1705 Byrd st

*When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

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RECEIVED FOR RECORD
APR 12 1910
JOS. BOSLEY M.D.
CHAIR OF HEALTH

RETURN OF A BIRTH. A55157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Name of child, William M. Gloster
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth May 16 1909
5. Place of Birth, (Street and number) 2694 Wilkens Ave
6. Full name of Mother, Mamie Gloster
7. Mother's Maiden Name, Mamie Heitrich
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, John J. Gloster
10. Father's Occupation, Restaurant Proprietor
11. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this return, Asa L. Wessels M.D.

Address, 510 Frederick Ave Ext

Remarks,

"Sec 91 0090 02636

RECEIVED FOR RECORD JAN 12 1910 JOHN S. DOSLEY M.D. CHIEF OF HEALTH

As required by the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be present at the birth of such child to report its birth to the Commissioner of Health, it shall become the duty of the person in charge of the house in which such birth occurs, or in which the mother of such child may be at the time of its birth, to report the same, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Name of Child, Josef Sandor Linney
2. Sex, (state whether male or ~~female~~)
3. ~~Race or color~~, (if not of the White Race)
4. Date of Birth, 19th Day of March
6. Place of Birth, (Street and number) 891 Aisquith St
6. Full name of Mother, Anna Linney
7. Mother's Maiden Name, Anna Hoffmann
8. Mother's Birthplace, Ungarn
9. Full name of Father, Josef Linney
10. Father's Occupation, Hatmakes maker
11. Father's Birthplace, Ungarn

Name of Medical Attendant, or other person who makes this Return, Margareth Schoening

Address, 741 S. 3d St Baltimore Co. Md.

Remarks,

1910002637

RECEIVED FOR RECORD
APR 15 1910
JOHN BOSLEY M.D.
COMMISSIONER OF HEALTH

Every midwife, or other person, who shall assist at the birth of any child in the City of Baltimore, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the parent of such child, or person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinafter prescribed, and any such person, or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55159

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD George — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 26 1910

FATHER		MOTHER	
(8) FULL NAME	Edward Eckart	(14) FULL MAIDEN NAME	Mary K line
(9) RESIDENCE	1802 Jackson st	(15) RESIDENCE	1802 Jackson st
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	41	(17) AGE AT LAST BIRTHDAY (Years)	38
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE	Balto
(13) OCCUPATION	Engnr B. O	(19) OCCUPATION	House work

(20) Number of children born to this mother, including present birth 10 — (21) Number of children of this mother now living 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30 P. M., the date above stated.

(23) Signature Mrs Katie Lion, Midwife (Physician or Midwife)

Address 1206 Bryden

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental ____, 19 ____ Registrar

A 0 0 0 2 6 3 8

RECORDED FOR RECORD MAR 29 1910 JAS. FOSLEY M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, the father, householder, etc., should make this. A stillborn child is one that neither breathes nor has any other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Over

PLACE OF BIRTH

Registered No. B. A55160

CITY OF BALTIMORE. (No. 23 S Fremont Ave. St.; Ward)

FULL NAME OF CHILD Edward Jacob Hayward Tyler

(If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Apr. 11 1910

FATHER		MOTHER	
(8) FULL NAME	Daniel J Tyler.	(14) FULL MAIDEN NAME	Nellie Daffin
(9) RESIDENCE	23 S Fremont Ave.	(15) RESIDENCE	235 Fremont Ave.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	42 years	(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	Talbott Co Md.	(18) BIRTHPLACE	Talbott Co.
(13) OCCUPATION	Mechanic B&O RR	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	Two	(21) Number of children of this mother now living	Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 a M., the date above stated.

(23) Signature M Allen Berry Physician (Physician or Midwife)

Address 742 W Fayette St

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

9 10 0 0 0 2 6 3 9

(24) Given name added from a supplemental report, 19

Registrar

Filed , 19

Registrar

(READ THE REVERSE SIDE)

REGISTRATOR OF RECORDS APR 12 1910

JAS BOSLEY M.D COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55161

CITY OF BALTIMORE. (No. 625 Pilcher St. St.; Ward)

(2) FULL NAME OF CHILD Roy Gilbert Foenell — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	Mar. 30 1910

FATHER		MOTHER	
(8) FULL NAME	Clarence Chas Foenell	(14) FULL MAIDEN NAME	Sarah M Hyson
(9) RESIDENCE	625 Pilcher St.	(15) RESIDENCE	625 Pilcher St.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	34 yrs
		(16) COLOR	White
		(17) AGE AT LAST BIRTHDAY (Years)	32.
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Carroll Co Md.
(13) OCCUPATION	Driver of Bread Wagon	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	One	(21) Number of children of this mother now living	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 430 a.m., the date above stated.

(23) Signature M A Wenberg M.D. Physician (Physician or Midwife)

Address 1721 Fayette St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

1 0 0 0 0 2 6 4 0

(24) Given name added from a supplemental ____, 19

Filed ____, 19 ____ Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 12 1910 JAS. BOSLEY HDQ. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55162

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2123 Eagle St.; Ward)

(2) FULL NAME OF CHILD Isadore Kahn — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feby. 28 1910

FATHER

(8) FULL NAME: Sam Kahn.

(9) RESIDENCE: 2123 Eagle St

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY (Years): 35

(12) BIRTHPLACE: Russia.

(13) OCCUPATION: Salesman

(14) Number of children born to this mother, including present birth: 4

MOTHER

(14) FULL MAIDEN NAME: Bessie Nakin.

(15) RESIDENCE: 2123 Eagle St.

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY (Years): 35

(18) BIRTHPLACE: Russia.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.30 P. M. the date above stated.

(23) Signature: M. Wellenberg, Physician (Physician or Midwife)

Address: 772 W Fayette St

* When there was no attending physician or midwife, the father, householder, etc., should make the report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental ____, 19

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

0 0 0 2 6 4 1

CITY OF BALTIMORE RECEIVED APR 12 1910 JAS. BOSLEY CITY REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55163

PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

FULL NAME OF CHILD: Joseph Leroy

(If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 28 1910

FATHER		MOTHER	
FULL NAME	Joseph Crawford	(14) FULL MAIDEN NAME	Kate Brofie
RESIDENCE	6 W. Hamburg st	(15) RESIDENCE	6 W. Hamburg
COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	21	(17) AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Balto	(18) BIRTHPLACE	Balto
OCCUPATION	Labor	(19) OCCUPATION	House work

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30 P. M., the date above stated.

(23) Signature: Mrs Kate Cox (Physician or Midwife)

*When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any evidence of life after birth.

B 0 0 0 2 6 4 2

Midwife

(24) Given name added from a supplemental report ____, 19

Address 1205 Byrd st

Filed ____, 19

Registrar

Registrar

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RECEIVED FOR RECORD
APR 12 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55164

PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

FULL NAME OF CHILD Haywood (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 29 19 10

FATHER		MOTHER	
FULL NAME	French Murphy	(14) FULL MAIDEN NAME	Hattie Hoey
RESIDENCE	16 Marshall ave	(15) RESIOENCE	16 Marshall ave
COLOR	White	(11) AGE AT LAST BIRTHOAY (Years) 31	(16) COLOR White
			(17) AGE AT LAST BIRTHDAY (Years) 25
BIRTHPLACE	Balto	(18) BIRTHPLACE	Balto
OCCUPATION	Tailor	(19) OCCUPATION	House work
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7-30 A M., the date above stated.

(23) Signature Mrs Katie Leo (Physician or Midwife)

Address 1905 Byard st

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

1 0 0 0 0 2 6 4 3

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 12 1910

JAS. BOSLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A55165

PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2719 Greenmount Ave. ~~Str.~~; Ward)

FULL NAME OF CHILD Richard Chenowith (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Male			Yes	March 22 1910

FATHER		MOTHER	
FULL NAME	Richard Chenowith	(14) FULL MAIDEN NAME	Anna Simms
RESIDENCE	2719 Greenmount Ave	(15) RESIDENCE	2719 Greenmount Ave
COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	22	(17) AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Md	(18) BIRTHPLACE	Md.
OCCUPATION	Stenographer	(19) OCCUPATION	Housekeeper
Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

RECEIVED FOR RECORD APR 22 1910 JAS. BOSLEY M.D. SUPT OF HEALTH

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 2 a.m. M., the date above stated.

(23) Signature J. H. Robinson

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathed nor showed any other evidence of life after birth.

Certificate No. 0 0 0 2 6 4 4

(Physician or Midwife)

(*) Given name added from a supplemental report, 19

Address 736 E. Preston St

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 155166

CITY OF BALTIMORE. (No. 677 W Franklin St.; Ward)

(2) FULL NAME OF CHILD Hubert Dahms. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Male | (4) Twin, triplet, or other? (To be answered only in event of plural births): Twin | (5) Number in order of birth: One | (6) Legitimate? yes | (7) Date of Birth: Feb. 21st (Month) (Day) 1910 (Year)

FATHER

(8) FULL NAME: Harry Dahms

RESIDENCE: 674 W Franklin St

(9) COLOR: White | (11) AGE AT LAST BIRTHDAY: 34 (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Grocer.

(14) Number of children born to this mother, including present birth: Two

MOTHER

(14) FULL MAIDEN NAME: Anna Friedman

(15) RESIDENCE: 677 W Franklin St

(16) COLOR: White | (17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: New York City

(19) OCCUPATION: Wife

(21) Number of children of this mother now living: Two

RECEIVED FOR RECORD MAR 12 1910 ROSLEY M.D. COMMISSIONER OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9:15 P. M. on the date above stated.

(23) Signature: John T. McCarthy M.D. (Physician or Midwife)

Address: 656 W Franklin St.

*When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No.) 677 W Franklin St. (Ward) 17

Registered No. B A55167

(2) FULL NAME OF CHILD — Melvin D. Dahnw.

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Twins	Two	Yes	Mch. 21st 1910

	FATHER	MOTHER
FULL NAME	Harry Dahnw	(14) FULL MAIDEN NAME: Annie Friedman
RESIDENCE	677 W Franklin St	(15) RESIDENCE: 677 W Franklin St
(9) COLOR	White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years)	34	(17) AGE AT LAST BIRTHDAY (Years): 29
(10) BIRTHPLACE	Russia	(18) BIRTHPLACE: New York City
(12) OCCUPATION	Grocer.	(19) OCCUPATION: Wife
(20) Number of children born to this mother, including present birth	Two.	(21) Number of children of this mother now living: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.30 P. M., the date above stated.

(23) Signature John T. McCarthy, Physician (Physician or Midwife)

Address 656 W Franklin St

*When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAR 12 1910 ... BOSLEY M... REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH: CITY OF BALTIMORE.

Registered No. B. A55168

(No. 1511 Orem Ave St.; Ward)

FULL NAME OF CHILD: ~~Not named~~ Bertram S. Lafferty (If child is not yet named, make supplemental report, as directed)

(2) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birthst)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Males	—	—	Yes	April 11 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME: George H. Lafferty Jr.

(9) RESIDENCE: 1511 Orem Ave

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 23 (Years)

(12) BIRTHPLACE: Baltimore Md.

(13) OCCUPATION: Electrical Worker.

(14) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Cora M. Geisinger

(15) RESIDENCE: 1511 Orem Ave.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Frederick Co. Md.

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living: 2

RECEIVED FOR RECORD APR 20 1910 [illegible] OF HE[illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.25 P. M. on the date above stated.

(23) Signature: George C Shannon M D

(Physician or Midwife)

*When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Address 700 N. Fulton Ave Baltimore Md.

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH mt. Olivet Cemetery. Registered No. B. A55169

CITY OF BALTIMORE. (No. Fredrick Avenue. St.; 26 Ward)

FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male		eighth		April 26 (Month) (Day) 1916 (Year)

(To be answered only in event of plural birth)

FATHER

FULL NAME: Ernest a Marling

RESIDENCE: Washington.

COLOR: White (11) AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Balto. Maryland

OCCUPATION: Bricklayer.

MOTHER

(14) FULL MAIDEN NAME: Martha F. Marling. Martha. F. Nipore

(15) RESIDENCE: Mt. Olivet Cemetery.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 32. (Years)

(18) BIRTHPLACE: Mt. Olivet Cemetery.

(19) OCCUPATION: Dress-maker.

Number of children born to this mother, including present birth: eighth (21) Number of children of this mother now living: six.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Mt. Olivet Cemetery M.d. the date above stated.

(23) Signature: Elizabeth Wicks

0 0 0 2 6 4 8

Midwife (Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental ert_____, 19

Address 62 Lowes Lane

Filed _____, 19 .

RECEIVED FOR RECORD APR 22 1916 S. BOSLEY M.D COMM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. B. A55170

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

FULL NAME OF CHILD Walter Paul (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 22 1910

FATHER

FULL NAME: Arthur Reichelt

RESIDENCE: 1051 Howard st

COLOR: White (11) AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Germany

OCCUPATION: Liquor Store

Number of children born to this mother, including present birth: 5

MOTHER

(14) FULL MAIDEN NAME: Mary Abelt

(15) RESIDENCE: 105 Howard st

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Balt

(19) OCCUPATION: House work

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 11.30 A. M., the date above stated.

(23) Signature Mrs Katie Lackey Midwife (Physician or Midwife)

RECEIVED FOR RECORD MAR 12 1910 S. BOSLEY M.D. BOARD OF HEALTH

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that gives no other evidence of life after birth.

10 0 0 0 2 6 4 9

(24) Given name added from a supplemental ____ , 19

Address 1705 Byrd st

Filed ____ , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. B. A55171

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

FULL NAME OF CHILD John Walter

(If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	(To be answered only in event of plural births)		Yes	March 13 (Month) (Day) 19 10 (Year)

FATHER		MOTHER	
FULL NAME	John Dewalt	(14) FULL MAIDEN NAME	Mary C Kuper
RESIDENCE	1521 N. Charles st	(15) RESIDENCE	1521 N Charles
COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	27 (Years)	(17) AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Balto	(18) BIRTHPLACE	Balto
OCCUPATION	Fireman B. O.	(19) OCCUPATION	House work
Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P. M., the date above stated.

(23) Signature Mrs Katie Lear (Physician or Midwife)

Address 1705 Bye

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 0 0 0 2 6 5 0

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

RECEIVED FOR RECORD APR 12 1910 J. S. BOSLEY M.D. COMMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A55172

PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

FULL NAME OF CHILD William Leo.

(If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	March 11 1910

FATHER	MOTHER
FULL NAME: John Dackis	(14) FULL MAIDEN NAME: Carrie Hubbert
RESIDENCE: 1222 Riverside ave	(15) RESIDENCE: 1222 Riverside ave
COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 21 (Years)	(17) AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
OCCUPATION: Labor	(19) OCCUPATION: House work
Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 A M., the date above stated.

(23) Signature Mrs Katie Lee — Midwife (Physician or Midwife)

Address 1203 Bryden

*When there was no attending physician or midwife, the father, householder, etc., should make this. A stillborn child is one that neither breathes nor has other evidence of life after birth.

(24) Given name added from a supplemental ____, 19

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

0000265

RECORD
APR 2 1910
H. BOSLEY M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55173

PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

FULL NAME OF CHILD Linwood (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	March 20 (Month) (Day) 19 1 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME: Henry Marlam

RESIDENCE: 1251 William st

COLOR: White (11) AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Talbot Co.

OCCUPATION: Laborer

Number of children born to this mother, including present birth: 5

MOTHER

(14) FULL MAIDEN NAME: Magret Stevens

(15) RESIDENCE: 1251 William st

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: House work

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 A. M., the date above stated.

(23) Signature Mrs Katie Lee Midwife (Physician or Midwife)

Address 1205 Byrd st

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

A 1 0 0 0 0 2 6 5 2

(24) Given name added from a supplemental ____, 19

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 12 1910 JOSEPH S. WOOLLEY M.D. REGISTRAR OF HEALTH

RETURN OF A BIRTH.

A55174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 11 1910
HARRY M.D. BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Fourth
1. Name of Child, Not Given
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Jan 9th 1910
5. Place of Birth, (Street and number) 26 N Rose St
6. Full name of Mother, Catherine Schmidt
7. Mother's Maiden Name, Cahn
8. Mother's Birthplace, Balto City
9. Full name of Father, Louis Schmidt
10. Father's Occupation, Blacksmith
11. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, S.W. Seldner M.D.
Address, 1501 E Eager St.
Remarks,

1910002653

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the owner or master of the house in which such child shall become the father shall make report in the premises, as required by this section, and shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Name of Child,* Not Given
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* May 28th 1910.
6. *Place of Birth, (Street and number)* 1805 N. Carolina St.
6. *Full name of Mother,* Margaret Schimeck
7. *Mother's Maiden Name,* Gittings
8. *Mother's Birthplace,* Balto City
9. *Full name of Father,* William F. Schimbeck
10. *Father's Occupation,* Ship Joiner & Dealer
11. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, S. W. Seldner M. D.

Address, 1501 N. Wagner St.

Remarks,

RECEIVED FOR RECORD JUN 1 1910 S. BOSLEY M.D. SUPT OF HEALTH

1910000026 54

CERTIFICATE AMENDED - 6/30/47

RETURN OF A BIRTH.

A55176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same within ten days after the birth, and in default of such report by the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of Child,* Clara ENGELMEYER
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feby 28th 1910.
6. *Place of Birth, (Street and number)* 1731 Auguste St
6. *Full name of Mother,* ENGELMEYER, Sarah B ~~Engelmeyer~~
7. *Mother's Maiden Name,* SARAH B. Giblin
8. *Mother's Birthplace* Balto City
9. *Full name of Father,* ENGELMEYER, Charles H. ~~Engelmeyer~~
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, S.W. Seldomridge M.D

Address, 1501 N Bagley St

Remarks,

RECEIVED FOR RECORD
APR 21 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

1910000026555

RETURN OF A BIRTH. A55177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics within ten days thereafter, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Name of Child,* Imogene.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 5th 1910.
6. *Place of Birth, (Street and number)* 2305 N Bolton ave
6. *Full name of Mother,* Mary A. Varble
7. *Mother's Maiden Name,* Hughes.
8. *Mother's Birthplace,* Hancock Md.
9. *Full name of Father,* August P. Varble.
10. *Father's Occupation,* Commission Merchant.
11. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, J W Seldomridge M. D.

Address, 1501 N Fulton St

Remarks,

1 9 1 0 0 0 0 2 6 5 6

RECEIVED FOR RECORD
APR 21 1910
WM. S. BOBLEY M.D.
BOARD OF HEALTH

RETURN OF A BIRTH.

A55178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of Child, [illegible]
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth, 12 March 1910.
6. Place of Birth, (Street and number) 3034 Boston St
6. Full name of Mother, Agnes Stocki
7. Mother's Maiden Name, Agnes Stocki
8. Mother's Birthplace, Galicia
9. Full name of Father, Jan Stocki
10. Father's Occupation, Laborer
11. Father's Birthplace, Galicia

Name of Medical Attendant, or other person who makes this Return, [illegible] E. C. Abercrombie

Address, 1110 Curley St. Baltimore Md

Remarks,

RECEIVED FOR RECORD APR 11 1910 J. C. BOSLEY M.D. BOARD OF HEALTH

19100002657

Penalty for neglect of the attendance of a physician or practitioner of mid-wifery, or should no other person be in attendance upon the mother, the householder in which she is, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of Child, Marianna
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth, January 28. 1910
6. Place of Birth, (Street and number) 1112 Curley Str.
6. Full name of Mother, Louisa Shumanski
7. Mother's Maiden Name, Louisa Antchak
8. Mother's Birthplace, Germany
9. Full name of Father, Franz Shumanski
10. Father's Occupation, tailor
11. Father's Birthplace, Galicia

Name of Medical Attendant, or other person who makes this Return, J. E. Abramson

Address, 1110 Curley Str Baltimore Md

Remarks,

RECEIVED FOR RECORD
JAN 11 1910
H. B. BOSLEY M.D
REGISTRAR OF HEALTH

1910 00 02658

Any person who shall neglect or refuse to make the return of birth required by this section, or shall become the duty of the person or parents of such child to make such return, and who shall neglect or refuse to make such return within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,*
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* January 16, 1910
6. *Place of Birth, (Street and number)* 2620 Canton ave,
6. *Full name of Mother,* Mariana Lember
7. *Mother's Maiden Name,* Mariana Golembieaska
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Anton Lember
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. J. E. Abercrombie

Address, 1110 Eutaw St Baltimore Md.

Remarks,

RECEIVED FOR RECORD
JAN 21 1910
J. BAILEY M.D.
COMMISSIONER OF HEALTH

19100002659

attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, April 7 1910
6. Place of Birth, (Street and number) 1865 N. Gay St.
6. Full name of Mother, Elizabeth Schraudner
7. Mother's Maiden Name, Elizabeth Mullen
8. Mother's Birthplace, Baltimore
9. Full name of Father, Louis Schraudner
10. Father's Occupation, Butcher
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, 7 Mine Bank Lane

Remarks, None

1910000266 0

RECEIVED FOR RECORD
APR 11 1910
H. BARNEY MD.
COMMR OF HEALTH

RETURN OF A BIRTH. A55182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) three children

1. *Name of Child,* No name.
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* colored.
4. *Date of Birth,* March 15. 1910
6. *Place of Birth, (Street and number)* 1823 Laura st.
6. *Full name of Mother,* Donna Colbert.
7. *Mother's Maiden Name,* Donna Lecrive
8. *Mother's Birthplace,* Kanar Co.
9. *Full name of Father,* George Colbert.
10. *Father's Occupation,* Laborer.
11. *Father's Birthplace,* P. R. Co.

Name of Medical Attendant, or other person who makes this Return, Lettie Brown

Address, 1307 Hilltop st

Remarks, Colored

19100002661

RECEIVED FOR RECORD
APR 21 1910
J. BOSLEY M.D.
BD OF HEALTH

Every person in charge of the accouchement of a woman or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in writing to the Commissioner of Health the birth of such child, and the particulars required by this section; and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Louis Raleigh
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Mulatto
4. Date of Birth, Sept 27th 1909
6. Place of Birth, (Street and number) 1505 D Washington St
6. Full name of Mother, Eva Hazel Cole
7. Mother's Maiden Name, Cook
8. Mother's Birthplace, Baltimore
9. Full name of Father, Sylvus F. Gilyard
10. Father's Occupation, Cloth Spooler
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. W. Feldmeier M.D.

Address, 1701 E. Eager St.

Remarks,

RECEIVED FOR RECORD
JAN 11 1910
J. S. BOGLEY, M.D.
REGISTRAR OF HEALTH

1 9 1 0 0 0 0 2 6 6 2

Any person without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of Child,* Joseph Dreyer
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* June 22nd 1910.
6. *Place of Birth, (Street and number)* 814 Whitlock St
6. *Full name of Mother,* Juliette Levi
7. *Mother's Maiden Name,* Dreyer
8. *Mother's Birthplace,* Wash. D. C.
9. *Full name of Father,* Max Levi
10. *Father's Occupation,* Merchant
11. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, S. M. Feldman M.D.

Address, 1521 E Baltimore St

Remarks,

1 9 1 0 0 0 . 0 2 6 6 3

RECEIVED FOR RECORD APR 11 1910 H.B. BOSLEY M.D. REGISTRAR OF HEALTH

If occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and be the duty of the person or parents of such child, or person in whose house or premises it was born, within the period of ten days next after the birth, to report the same to the Commissioner of Health, and within the period aforesaid; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 10-2-13

RETURN OF A BIRTH. A55185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Name of Child,* James Peter Slicher ~~Peter James~~
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Jan 27th 1910
6. *Place of Birth, (Street and number)* 527 N Gilmor St.
6. *Full name of Mother,* Anna L Slicher
7. *Mother's Maiden Name,* Maier
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* John Slicher
10. *Father's Occupation,* Shoe Maker
11. *Father's Birthplace,* E Germany

Name of Medical Attendant, or other person who makes this Return, S W Seldner M.D.

Address, 1501 E Eager St

Remarks,

1 9 1 0 0 0 0 2 6 6 4

RECORDED FOR RECORD
APR 21 1910
H. BONLEY M.D
BOARD OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in section 2 of this ordinance, and any person who shall neglect, fail or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required by law; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,* Charles Louis
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Feby 22nd 1910.
6. *Place of Birth, (Street and number)* 1117 Druid Av.
6. *Full name of Mother,* Annie L Lough
7. *Mother's Maiden Name,* Franke
8. *Mother's Birthplace,* Balto City
9. *Full name of Father,* George F Lough.
10. *Father's Occupation,* Carpet Layer
11. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, S W Saldiver M. D.

Address, 1501 N Fayette St.

Remarks,

1 9 1 0 U U 0 2 6 6 5

FILED FOR RECORD APR 1 1910 BOOLEY M.D. REGISTER OF HEALTH

RETURN OF A BIRTH. A55187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Name of Child,* William
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 21st 1914.
6. *Place of Birth, (Street and number)* 1016 Aisquith St.
6. *Full name of Mother,* Lena Suder
7. *Mother's Maiden Name,* Kercher.
8. *Mother's Birthplace,* Balto City
9. *Full name of Father,* William Suder.
10. *Father's Occupation,* Trucker
11. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, S. W. Seldner M.D.

Address, 1501 N. Kaster St.

Remarks,

1 9 1 0 0 0 0 2 6 6 6

RECEIVED FOR RECORD
APR 11 1914
JAS. BUCKLEY M.D.
REGISTRAR OF HEALTH

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, stating the particulars required to be reported in the case of births in attendance of physicians; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* April 3. 1910.
6. *Place of Birth, (Street and number)* 2416 Chesapeake St
6. *Full name of Mother,* Valentyna Olshevska
7. *Mother's Maiden Name,* Valentyna Wishniewska
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Wojciech Olshevski.
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, T. C. Abercrombie

Address, 1110 Curley St Baltimore Md.

Remarks,

RECEIVED FOR RECORD
MAR 21 1910
S. BOSLEY, M.D.
REGISTRAR OF HEALTH

1 9 1 0 0 0 0 2 6 6 7

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of Child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth, 6 March 1910
6. Place of Birth, (Street and number) 1100 Hare St
6. Full name of Mother, Anna Palu
7. Mother's Maiden Name, Anna Leinweber
8. Mother's Birthplace, Austria
9. Full name of Father, Jan Palu
10. Father's Occupation, Laborer
11. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. J. E. Sherwood

Address, 1110 Curley St Baltimore Md

Remarks,

1910002668

RECEIVED FOR RECORD
MAR 21 1910
WM. H. BOLLEY, M.D.
COMMISSIONER OF HEALTH

Attention is hereby called to the fact that it is the duty of the physician or midwife in attendance upon the mother, immediately thereafter to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 15 March 1910
6. *Place of Birth, (Street and number)* 1210 Hanover St
6. *Full name of Mother,* Jagana Kaweska
7. *Mother's Maiden Name,* Jagana Siminska
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Frank Kaweski
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, J E Abucewicz

Address, 1110 Cueley St Balto Md

Remarks,

1910 00002669

RECEIVED FOR RECORD APR 11 1910 JOS. BOSLEY M.D. SUP'T OF HEALTH

Every person in the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the father, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of Child, [illegible]
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth, ~~[illegible]~~ 13 March 1910
6. Place of Birth, (Street and number) 2046 Boston st
6. Full name of Mother, Julia Jedrosicz
7. Mother's Maiden Name, Julia Chaplinska
8. Mother's Birthplace, Russia
9. Full name of Father, Sigmund Jedrosicz
10. Father's Occupation, Laborer
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. C. Jedrosicz

Address, 1110 Curley St Baltimore Md.

Remarks,

1910002670

RECEIVED FOR RECORD
APR 1 1910
THOS. BOOLEY M.D.
REGISTRAR OF HEALTH

Any person who shall refuse or neglect to make the return required by this section, or who shall refuse or neglect to attend upon the mother, immediately thereafter, as midwife, or should no other person be in attendance upon the mother, immediately thereafter, shall refuse or neglect to perform the duty of the person or parents of such child as herein required, or shall make any false return of the particulars required to be registered, or any such person who shall refuse or neglect to make the return required, within the period above required, and any such person so refusing or neglecting shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* January 15 1910
6. *Place of Birth, (Street and number)* 1104 Patterson Ave
6. *Full name of Mother,* Lofi Likiesko
7. *Mother's Maiden Name,* Lofi Rasibo
8. *Mother's Birthplace,* Galicia
9. *Full name of Father,* Anton Likiesko
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Galicia

Name of Medical Attendant, or other person who makes this Return, J. E. Abercrombie

Address, 1110 Curley St Baltimore Md.

Remarks,

19100002671

RECEIVED FOR RECORD
APR 21 1910
H. E. BOSLEY, M.D.
BOARD OF HEALTH

Failure of practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth, and the name assigned to the same, within five days thereafter, to the Registrar of Vital Statistics, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child, John Bialecki
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth, January 12 1912
5. Place of Birth, (Street and number) 1238 Hanover st.
6. Full name of Mother, Rosalia Bialecka
7. Mother's Maiden Name, Rosalia (Wisniewska) Wisniewska
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Jan Bialecki
10. Father's Occupation, Laborer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. C. Abernion

Address, 1110 Curley str Baltimore Md

Remarks,

1910000026 72

RECEIVED FOR RECORD
APR 11 1910
JOSEPH E. SIGLEY, M.D.
BOARD OF HEALTH

Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

1910 the 2 of April

over

A55194

PLACE OF BIRTH

Registered No. B

CITY OF BALTIMORE (No. Hillard Chayt Baltimore St.; 5 Ward)

FULL NAME OF CHILD Eli Hillard Chayt

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other? (To be answered only in case of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) 2 of apr (Day), 19 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Chayt	(14) FULL MAIDEN NAME	Ida Pepperman Chayt
RESIDENCE	627 north	(15) RESIDENCE	627 North Eden
COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	(17) AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	Poland Russia	(18) BIRTHPLACE	in Russia
OCCUPATION		(19) OCCUPATION	

Number of children born to this mother, including present birth 4 (21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* midwife

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Live M., the date above stated.

(23) Signature in Russian title (Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

X 10 0 0 0 2 6 7 3

(24) Given name added from a supplemental report , 19

Address Maternity Home 626 N. Eden st

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 13 N. Curley St.; Ward)

Registered No. B 55195

(2) FULL NAME OF CHILD ——— (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Male (4) Twin, triplet, or other? — (5) Number in order of birth — (To be answered only in event of plural births) (6) Legitimate? Yes (7) Date of Birth March 16, 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME John Blum	(14) FULL MAIDEN NAME Dora Vorath
RESIDENCE 13 N Curley	(15) RESIDENCE 13 N. Curley
(9) COLOR White (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Years)
(10) BIRTHPLACE Germany	(18) BIRTHPLACE Germany
(12) OCCUPATION Baker	(19) OCCUPATION Housewife
(13) Number of children born to this mother, including present birth Six	(21) Number of children of this mother now living Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 A.M., the date above stated.

(23) Signature Frederick J. Gibbons M.D. (Physician or Midwife)

Address 2501 E. Fairmount Ave

Filed APR 11 1910, 19 . Registrar

S. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ———, 19 Registrar

B 0 0 0 2 6 7 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55196

PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 203, Harrison St.; Ward)

FULL NAME OF CHILD Rachemmia Hilel Becker (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Mar, (Day) 30, (Year) 1910
Male				

FATHER

FULL NAME: Samuel Becker

RESIDENCE: 203 Harrison St

COLOR: White (11) AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Russia

OCCUPATION: Tailor

MOTHER

(14) FULL MAIDEN NAME: Jennie Cooper

(15) RESIDENCE: 203 Harrison St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 27 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: none

Number of children born to this mother, including present birth: 4

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Mar 30 1910 5 a.m., the date above stated.

(23) Signature: Lillie Snyder (Physician or Midwife)

0 0 0 0 2 6 7 5

Address: 819 S. Caroline St.

*When there was no attending physician or midwife, the father, householder, etc., should make the report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed April 9, 1910 per E Sindler

Registrar

Registrar

(READ THE REVERSE SIDE)

GIVEN NAME ADDED 11-30-62

CERTIFICATE CORRECTED 11-30-62

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. A55197

CITY OF BALTIMORE. (No. 8 N. Caroline St St.; Ward)

FULL NAME OF CHILD ~~Harry Myers~~ Goldman (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) March (Day) 29, 1910 (Year)
Male				

FATHER

FULL NAME: Samuel Goldman

RESIDENCE: 8 N. Caroline St.

COLOR: White

(11) AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Russia

OCCUPATION: Ladies' Tailor

Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Rebecca Snyder

(15) RESIDENCE: 8 N. Caroline St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: ———

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at March 29, 1910. 4 A.M., the date above stated.

(23) Signature Lillie Snyder Midwife (Physician or Midwife)

Address 29 S. Caroline St.

Filed April 1, 1910 per E. Snyder Registrar

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that never breathes or shows other evidence of life after birth.

(24) Given name added from a supplemental report ———, 19

Registrar

0 0 0 0 2 6 7 6

RECORD

1910

JAS. BOSLEY

REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. B. A55198

CITY OF BALTIMORE. (No. 2121 Eagle St.; Ward)

FULL NAME OF CHILD Meyer Berger (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		9th	—	3/27 1910

FATHER

FULL NAME: Louis Berger

RESIDENCE: 2121 Eagle St.

COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 42

BIRTHPLACE: Russia

OCCUPATION: Tailor

MOTHER

(14) FULL MAIDEN NAME: Welcher

(15) RESIDENCE: 2121 Eagle St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 36 yrs.

(18) BIRTHPLACE: Russia

(19) OCCUPATION: Housewife

Number of children born to this mother, including present birth: 9th

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4a. M., the date above stated.

(23) Signature: Harry Goldberg, Physician (Physician or Midwife)

Address: 1604 Penna. Ave

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

10 000267

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

RECORD

J. S. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. B A55199

CITY OF BALTIMORE. (No. 1816, Morland Av. St.; Ward)

FULL NAME OF CHILD — {If child is not yet named, make supplemental report, as directed}

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.		1st		Apr. 8, 1910

FATHER		MOTHER	
FULL NAME	Anielo Menna	(14) FULL MAIDEN NAME	Margaret Sullivan
RESIDENCE	1816 Morland Av.	(15) RESIDENCE	1816 Morland Av
COLOR	Wht.	(11) AGE AT LAST BIRTHDAY (Years) 33	(16) COLOR Wht. (17) AGE AT LAST BIRTHDAY (Years) 27 yrs.
BIRTHPLACE	Naples Italy	(18) BIRTHPLACE	Cork Ireland.
OCCUPATION	Ladies Tailor	(19) OCCUPATION	Housewife
Number of children born to this mother, including present birth	1st	(21) Number of children of this mother now living	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 47 A. M., on the date above stated.

(23) Signature E. L. Spruck M.D. (Physician or Midwife)

Address 1605 W. North Av.

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

0 0 0 2 6 7 8

MEDICAL RECORD

Filed FEB 21 1910, 19

Registrar

J. S. BOSLEY M.D. COMMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. B 55200

CITY OF BALTIMORE. (No. 1828 N Mount St.; Ward)

FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
M.		6th		Apr.	2	1910

	FATHER	MOTHER
FULL NAME	Henry Weil	(14) FULL MAIDEN NAME Lillie Eichengreen
RESIDENCE	1828 N Mount St.	(15) RESIDENCE 1828 N. Mount St.
COLOR	Wh.	(11) AGE AT LAST BIRTHDAY 44 (Years) — (16) COLOR Wh. — (17) AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Germany	(18) BIRTHPLACE Pola.
OCCUPATION	Butcher	(19) OCCUPATION Delicatessen Store
Number of children born to this mother, including present birth	6	(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 250 P. M., the date above stated.

(23) Signature E. L. Janick M.D. (Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

1 0 U 0 0 2 6 7 9

(24) Given name added from a supplemental report, ____, 19

Address 1605 W. North Ave.

Filed APR 21 1910, 19

Registrar

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH

CITY OF BALTIMORE. (No. 910 Harlem Av St.; Ward)

Registered No. B 55201

FULL NAME OF CHILD

(If child is not yet named, make supplemental report, as directed)

Sex of Child M. | (4) Twin, triplet, or other? | (5) Number in order of birth 1st | (6) Legitimate? | (7) Date of Birth Sept. 1, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Henry D. Clagg

RESIDENCE 910 Harlem Av.

COLOR Wh. (11) AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Jonesville City Md.

OCCUPATION Physician

Number of children born to this mother, including present birth 1st

MOTHER

(14) FULL MAIDEN NAME Lillian Groom

(15) RESIDENCE 910 Harlem Av

(16) COLOR Wh. (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Balto.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.50 A. M., the date above stated.

(23) Signature E. A. Frick M.D. (Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

S T 0 0 0 0 2 6 8 0

Address 1605 W. North Av.

(24) Given name added from a supplemental ____, 19

Filed SEP 1 1910, 19

Registrar

RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1344 W North Av. St.; Ward)

Registered No. B A55202

FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) ~~Twin, triplet,~~ or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M		1st		March 25, 1910

FATHER		MOTHER	
FULL NAME	Wm Ballard.	(14) FULL MAIDEN NAME	Minnie L Duell
RESIDENCE	1344 W North Av.	(15) RESIDENCE	1344 W North Av.
COLOR	Wht. (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR	Wht (17) AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Cleveland Ohio	(18) BIRTHPLACE	Balto.
OCCUPATION	Compositor	(19) OCCUPATION	Housewife
Number of children born to this mother, including present birth	1st	(21) Number of children of this mother now living	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 105 P. M., the date above stated.

(23) Signature E B Spruill M.D.

(Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

Address 1344 W. North Av.

(24) Given name added from a supplemental report ____, 19

Filed APR 1 1910, 19

Registrar

Registrar

BIRTH RECORD

JAS. BOGLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. B A55203

CITY OF BALTIMORE. (No. 1835 N Caroline St.; Ward)

FULL NAME OF CHILD Howard Wm Hammerbacher (If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.		1st		March 19, 1910

FATHER	MOTHER
FULL NAME Edmund G. Hammerbacher	(14) FULL MAIDEN NAME Lillie Rhodotzke
RESIDENCE 1835 N. Caroline St	(15) RESIDENCE 1835 N Caroline St
COLOR Wh.	(11) AGE AT LAST BIRTHDAY 31 yrs. (Years)
	(16) COLOR Wh.
	(17) AGE AT LAST BIRTHDAY 31 yrs (Years)
BIRTHPLACE Balto.	(18) BIRTHPLACE Balto.
OCCUPATION Musician	(19) OCCUPATION Housewife
Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living Dead

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 905 a M., the date above stated.

(23) Signature E A Fenwick M.D. (Physician or Midwife)

Address 1605 W. Mount Av.

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

1 010 002682

(24) Given name added from a supplemental ____, 19

Registrar

Filed ____, 19

Registrar

RECEIVED FOR RECORD APR 21 1910 HS FOSLEY M.D.

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2401. Etting St.; Ward)

Registered No. B 455204

FULL NAME OF CHILD Elizabeth Holton

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 18 1910

FATHER

FULL NAME: James E Holton

RESIDENCE: 2401 Etting St

COLOR: Colored. (11) AGE AT LAST BIRTHDAY (Years): 33

BIRTHPLACE: St Marys Co.

OCCUPATION: Hodcarrier.

Number of children born to this mother, including present birth: #6

MOTHER

(14) FULL MAIDEN NAME: Mary J. V. Marshall

(15) RESIDENCE: 2401 Etting St

(16) COLOR: Colored (17) AGE AT LAST BIRTHDAY (Years): 28

(18) BIRTHPLACE: St Marys Co

(19) OCCUPATION: Housekeeping

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 a. M., the date above stated.

(23) Signature: Elizabeth L Weldon (Physician / Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

1 0 0 0 0 2 6 8 3

Address: 1136 Cathedral St

(24) Given name added from a supplemental report, 19

Filed APR 21 1910.

Registrar

Registrar

(READ THE REVERSE SIDE)

BOARD OF HEALTH RECORD

JAS. BOSLEY COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55205

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1406 Hollins St.; Ward)

(2) FULL NAME OF CHILD Constance Teresa Crandell (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	No	1st	Yes	April 3 1910

FATHER	MOTHER
(8) FULL NAME Samuel R Crandell	(14) FULL MAIDEN NAME Ida Sophia Gies
(9) RESIDENCE 1406 Hollins St.	(15) RESIDENCE 1406 Hollins
(10) COLOR W	(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 (Years)
(11) AGE AT LAST BIRTHDAY 29 (Years)	
(12) BIRTHPLACE Anapolis Md	(18) BIRTHPLACE Balto Md
(13) OCCUPATION Clerk	(19) OCCUPATION Housewife
Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 30 P. M., the date above stated.

(23) Signature Marshall G. Smith

Address 1428 N Lexington St (Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

9 1 0 0 0 2 6 8 1

(24) Given name added from a supplemental report ____, 19

Filed APR 11 1910, 19

Registrar

(H. S. BOXLEY, M.D. BOARD OF HEALTH)

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH

CITY OF BALTIMORE. (No. 48, E 26 St., St.; Ward)

Registered No. B 55206

FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
F.		3rd	Yes	March 14, 1910

FATHER		MOTHER	
FULL NAME	Geo F. Schwartz	(14) FULL MAIDEN NAME	Nellie Dowell
RESIDENCE	48 E. 26 St.	(15) RESIDENCE	48 E 26 St.
COLOR	Wh.	(11) AGE AT LAST BIRTHDAY (Years) 34	(16) COLOR Wh. (17) AGE AT LAST BIRTHDAY (Years) 28
BIRTHPLACE	Balto.	(18) BIRTHPLACE	Balto.
OCCUPATION	Mo. Agt. Automobiles	(19) OCCUPATION	Housewife
Number of children born to this mother, including present birth	3rd	(21) Number of children of this mother now living	3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 35 P. M., the date above stated.

(23) Signature E. A. Smith M.D. (Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental Address 1605 W. North Ave.

, 19 Filed , 19 .

Registrar Registrar

(READ THE REVERSE SIDE)

RECEIVED
BOARD OF HEALTH
1910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. B 55207

CITY OF BALTIMORE, (No. 545 Orchard St.; 17 Ward)

FULL NAME OF CHILD Charles Dooby Jr.

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	no	10	yes	March 29, 1910

FATHER

FULL NAME: Charles H. Dooby

RESIDENCE: 545 Orchard St.

COLOR: Colored — (11) AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Easton Md.

OCCUPATION: Porter

MOTHER

(14) FULL MAIDEN NAME: Laura Richie

(15) RESIDENCE: 545 Orchard St.

(16) COLOR: Colored — (17) AGE AT LAST BIRTHDAY: 33 (Years)

(18) BIRTHPLACE: Balto City

(19) OCCUPATION: Laundress

Number of children born to this mother, including present birth: 10

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P. M., the date above stated.

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(23) Signature: Samuel A. Bain M.D. Physician (Physician or Midwife)

10 000268

24) Given name added from a supplemental report ____, 19

Address: 937 Madison Ave

Filed APR 11 1910, 19

Registrar

RECORDED

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55208

PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

FULL NAME OF CHILD Weiss

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	March 31 - 1910

FATHER

FULL NAME: Isac Weiss

RESIDENCE: Mandlestein Apartments Madison Ave & Bloom St.

COLOR: Wh. (11) AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Roumania

OCCUPATION: Tailor

Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: (Silver) Sarah Weiss

(15) RESIDENCE: Madison Ave & Bloom St.

(16) COLOR: Wh. (17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Roumania

(19) OCCUPATION: Housework.

(21) Number of children of this mother now living: 2

RECEIVED FOR RECORD
APR -3 1910
JAS. BOSLEY, M.D.
REGISTRAR OF VITAL STATS.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., the date above stated.

(23) Signature H C Ansley M.D.
(Physician or Midwife)

Address Johns Hopkins Hosp

Filed _____, 19 .

Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

0 0 0 2 6 8 7

(20) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55209

PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

FULL NAME OF CHILD Gardner

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		✓	Aug 27 19 15

FATHER		MOTHER	
FULL NAME	—	(14) FULL MAIDEN NAME	Frances Gardner
RESIDENCE	—	(15) RESIDENCE	801 S. Ann St City
COLOR	— (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	White (17) AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	—	(18) BIRTHPLACE	Maryland
OCCUPATION		(19) OCCUPATION	Cigarette maker
Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

RECEIVED FOR RECORD
MAR -3 1916
H. E. BAGLEY, M.D.
HEALTH OFFICER

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ✓ M., the date above stated.

(23) Signature H Manley MD (Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 0 0 0 2 6 8 8

Address J H Hosp

24) Given name added from a supplemental ____, 19

Filed ____ 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55210

PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

Registered No. B

FULL NAME OF CHILD Rose

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	May 22, 1910

FATHER		MOTHER	
FULL NAME	✓	(14) FULL MAIDEN NAME	Lena Rose
RESIDENCE		(15) RESIDENCE	837 Hollins St City
COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	White (17) AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE		(18) BIRTHPLACE	Florida
OCCUPATION		(19) OCCUPATION	Housework
Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

REGISTRAR RECEIVED MAR -9 1910 DEPT. OF HEALTH BALTIMORE MD.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., the date above stated.

(23) Signature F C Curley MD

(Physician or Midwife)

Address J H Hosp

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

10 0 0 2 6 8 9

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55211

PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

FULL NAME OF CHILD Schaffer

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	Mar. 21 19 10

FATHER		MOTHER	
FULL NAME	✓	(14) FULL MAIDEN NAME	Rose Schaffer
RESIDENCE	✓	(15) RESIDENCE	1318 E. Monument St
COLOR	(11) AGE AT LAST BIRTHDAY (Years) ✓	(16) COLOR	White (17) AGE AT LAST BIRTHDAY (Years) 19 yrs
BIRTHPLACE	✓	(18) BIRTHPLACE	Maryland
OCCUPATION		(19) OCCUPATION	Clerk
Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

RECEIVED FOR RECORD APR -3 1910 JAS. BOSLEY, M.D. REGISTRAR OF RECORDS

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., the date above stated.

(23) Signature G. C. Cuney M.D.

(Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth. 10002690

24) Given name added from a supplemental Address J.H. Hosp

report , 19 Filed , 19 .

Registrar Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 1-26-66

Registered No. B A55212

PLACE OF BIRTH

CITY OF BALTIMORE. (No. St.; Ward) St. Thos & St Louis Hospitals

FULL NAME OF CHILD Arthur Mauteil

If child is not yet named, make supplemental report, as directed.

Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) May (Day) 18 (Year) 1910
Male				

FATHER		MOTHER	
FULL NAME	Arthur Mauteil	(14) FULL MAIDEN NAME	Mary Adams
RESIDENCE	733 S. Bond St City	(15) RESIDENCE	733 S. Bond St City
COLOR	White	(11) AGE AT LAST BIRTHDAY (Years) 29	(16) COLOR White — (17) AGE AT LAST BIRTHDAY (Years) 32
BIRTHPLACE	Minn.	(18) BIRTHPLACE	Virginia
OCCUPATION	Barber	(19) OCCUPATION	Laundress
Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

JAN -3 1910

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at JAS BOSLEY M.D. M., the date above stated. HEALTH

(23) Signature H Cauley MD (Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

I U 0 0 2 6 9 1

(24) Given name added from a supplemental report on _____, 19

Address St Thos Hosp

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED

10-14-46

PLACE OF BIRTH

CITY OF BALTIMORE.

Registered No. B 55213

(No. 1 Thus Appt. Up. St.; Ward)

FULL NAME OF CHILD 1 Fund Street, OSCAR LAURITZ

(If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	Nov. 13, 19 10

	FATHER	MOTHER
FULL NAME	John Gunderson	(14) FULL MAIDEN NAME Amelia Samuelson
RESIDENCE	1114 Chesapeake	(15) RESIDENCE 1114 Chesapeake St. Co.
COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAT	21 (Years)	(17) AGE AT LAST BIRTHDAT 21 (Years)
BIRTHPLACE	Sweden	(18) BIRTHPLACE Norway
OCCUPATION	Tailor	(19) OCCUPATION Housework

Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 1

RECEIVED FOR RECORD

NOV -3 1910

BALTIMORE CITY HEALTH DEPT.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M.) the date above stated.

(23) Signature H Hamley M D

(Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 2 6 9 2

Address JH Hospital

(24) Given name added from a supplemental report, 19

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

Registered No. B 55214

FULL NAME OF CHILD — Hoover

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	19 (Year)
Male			✓	Mar.	9	1910

FATHER

FULL NAME	✓
RESIDENCE	✓
COLOR	✓
(11) AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	
OCCUPATION	

MOTHER

(14) FULL MAIDEN NAME	Hazel Hoover
(15) RESIDENCE	Highfield - Wash. Co. Md.
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	20
(18) BIRTHPLACE	Mary land -
(19) OCCUPATION	School teacher

Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living

RECEIVED FOR RECORD APR 3 1910 J. BOSLEY M.D. BOARD OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., the date above stated.

(23) Signature H Cancy MD (Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0002693

(24) Given name added from a supplemental

Address

, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55215

PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

Registered No. B

FULL NAME OF CHILD ~ Clark

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	Mar. 5, 1910

FATHER		MOTHER	
FULL NAME	James Dale	(14) FULL MAIDEN NAME	Mabel Clark
RESIDENCE	~	(15) RESIDENCE	Taneytown Md.
COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	23
		(12) COLOR	White
		(17) AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland
OCCUPATION	Farmer	(19) OCCUPATION	Housework
Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

RECEIVED FOR RECORD MAR 9 1910 J. BOSLEY, M.D. COMMISSIONER OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ~ M., the date above stated.

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature H Clendy MD

(Physician or Midwife)

I 0 U 0 0 2 6 9 4

24) Given name added from a supplemental report , 19

Address J. H. Hosp.

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. B A55216

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

FULL NAME OF CHILD — ✓ Hesson

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	Mar. 4, 1910

FATHER		MOTHER	
FULL NAME	✓	(14) FULL MAIDEN NAME	Mary Hesson
RESIDENCE	✓	(15) RESIDENCE	West Minster Md
COLOR	✓ (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	White (17) AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	✓	(18) BIRTHPLACE	Maryland
OCCUPATION		(19) OCCUPATION	Housework
Number of children born to this mother, including present birth	✓	(21) Number of children of this mother now living	

RECEIVED FOR RECORD
APR 8 1910
S. BOSLEY M.D.
REGISTRAR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., the date above stated.

(23) Signature H Anley M D (Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(0 0 0 2 6 9 5)

(24) Given name added from a supplemental report

Address Johns Hopkins Hospital

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH — Registered No. B A55217

CITY OF BALTIMORE. (No. Johns Hop Kins Hospital St.; Ward)

FULL NAME OF CHILD — Kerner

(If child is not yet named, make supplemental report, as directed)

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	March 7, 1910

FATHER

FULL NAME	✓
RESIDENCE	✓
COLOR	✓
(11) AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	✓
OCCUPATION	✓

MOTHER

(14) FULL MAIDEN NAME	Mary Kerner
(15) RESIDENCE	426 S. Central Ave City
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	28
(18) BIRTHPLACE	Maryland
(19) OCCUPATION	Waitress

Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living

RECEIVED FOR RECORD
APR -3 1910
H. S. BOSLEY M.D.
COMMR. OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., the date above stated.

(23) Signature H Hamley MD (Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0002695

(24) Given name added from a supplemental ____, 19

Address J. H. Hosp

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 12/29/08 A55218

PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

FULL NAME OF CHILD LeRoy Julius Stark

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	Mar. 1, 1910

FATHER		MOTHER	
FULL NAME	Julius Stark	(14) FULL MAIDEN NAME	Carrie Martin
RESIDENCE	1917 E. Monument St. City	(15) RESIDENCE	1917 E. Monument St.
COLOR	White	(11) AGE AT LAST BIRTHDAY (Years) 32	(16) COLOR White
			(17) AGE AT LAST BIRTHDAY (Years) 19
BIRTHPLACE	Germany	(18) BIRTHPLACE	Maryland
OCCUPATION	Porter	(19) OCCUPATION	Home work
Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	1

CITY-D FOR RECORD MAR -3 1910 J. BOSLEY M.D COMM'R OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., the date above stated.

(23) Signature H Hanley MD (Physician or Midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental

Address J H Hosp

, 19 Filed , 19

Registrar Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

Registered No. B. A55219

FULL NAME OF CHILD Howard Wilmer Geary

If child is not yet named, make supplemental report, as directed

Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M		1	Yes	Apr. 4 1910

	FATHER	MOTHER
FULL NAME	Thos. Walter Geary	(14) FULL MAIDEN NAME Alice Lillian Young
RESIDENCE	1300 W. Lafayette Ave	(15) RESIDENCE 1300 W. Lafayette Ave
COLOR	W	(16) COLOR W
(17) AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Md	(18) BIRTHPLACE Md
OCCUPATION	Tool maker	(19) OCCUPATION None
Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living 1

RECEIVED FOR RECORD APR 3 1910 DR. BARLEY M.D. COMMR. OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.30 P. M., on the date above stated.

(23) Signature E. Oliver Murray M.D

(Physician or Midwife)

Address 1221 W. Lafayette Ave

When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report of ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

B 000 2698

midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A55220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 12. 1910
5. *Place of Birth, (Street and number)* 1106 W Mulberry St.
6. *Full name of Mother,* Annie E Shield
7. *Mother's Maiden Name,* Annie E Davis
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* James B. Shield
10. *Father's Occupation,* Mar. & Stat. Engr.
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, F. M. Hammer MD

Address, 317 N. Carrollton Ave.

Remarks,

1910002699

...D FOR
...ECORD
...-9 1910
...BOOLEY M.D
...H OF HEALTH
...D FOR
...ECORD
...-9 1910
...BOOLEY M.D
...H OF HEALTH

RETURN OF A BIRTH. A55221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 27 - 1910
5. *Place of Birth, (Street and number)* 817 Bloomingdale Road.
6. *Full name of Mother,* Hester Bousell Hullett.
7. *Mother's Maiden Name,* Hester Bousell Ensey
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Arthur J. Hullett.
10. *Father's Occupation,* Salesman
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, L. H. Warner M.D.

Address, 317 N. Carrollton Ave.

Remarks, 19100002700

RECEIVED
APR -9 1910
REGISTRAR
BOARD OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall hereafter fail to comply with the provisions of this section, he shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* March 31st. 1910.
6. *Place of Birth, (Street and number)* 637 E. Clement St.
6. *Full name of Mother,* Mary L. Leonhardt.
7. *Mother's Maiden Name,* Mary L. Willis
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Benjamin Leonhardt.
10. *Father's Occupation,* Machanist.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Sophie High

Address, 711 S. Fremont ave.

Remarks,

1910002701

RECEIVED FOR RECORD
APR -3 1910
JAS BOSLEY M.D.
BOARD OF HEALTH

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, to report in like manner and within the same period as required, and child to report its birth to the Commissioner of Health, in the manner and within the same period as required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, Charles Nicholas Bott
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth March 28 - 1910
5. Place of Birth, (Street and number) 407 Whitridge Av. Balto. Md
6. Full name of Mother, Mary Louise Bott
7. Mother's Maiden Name, " Hoffman
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, George W. Bott
10. Father's Occupation, Teamster
11. Father's Birthplace, York. Pa.

Name of Medical Attendant, or other person who makes this Return, Dr. McWilliams M.D.

Address, 1614 Lovebrook Av

Remarks, 1910000270 2

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Midwifery, or should no other person be in attendance upon the mother at birth, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55224

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Gladys Thelma Hayes

If child is not yet named, make supplemental report, as directed.

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			—	March 28 1910

FATHER

(8) FULL NAME Randolph Hayes

(9) RESIDENCE 409 W. Hoffman St.

(10) COLOR black (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION porter

MOTHER

(14) FULL MAIDEN NAME Bessie Hunter

(15) RESIDENCE 409 W. Hoffman St. Cy

(16) COLOR black (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Virginia

(19) OCCUPATION housework

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature F. C. Curley MD (Physician or Midwife)

Address Johns Hopkins Hosp

Filed , 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 7 0 3

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55225

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD — Bundy

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			✓	Nov. 24, 1910

FATHER		MOTHER	
(8) FULL NAME	—	(14) FULL MAIDEN NAME	Maime Bundy
(9) RESIDENCE	—	(15) RESIDENCE	1205 Eabody St City
(10) COLOR	—	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	—	(17) AGE AT LAST BIRTHDAY (Years)	15
(12) BIRTHPLACE	—	(18) BIRTHPLACE	Maryland.
(13) OCCUPATION	—	(19) OCCUPATION	Housework.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature F. C. Cuney MD (Physician or Midwife)

Address J. H. Hosp

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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1 0 0 0 0 2 7 0 4

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55226

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. Johns Hop. Rus Hospital St.; Ward)

(2) FULL NAME OF CHILD — Taylor

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female	(To be answered only in event of plural births)		✓	Mar 11, 1910

FATHER		MOTHER	
(8) FULL NAME	John Taylor	(14) FULL MAIDEN NAME	Annie Artis
(9) RESIDENCE	Grange Md.	(15) RESIDENCE	Grange Md
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	26	(17) AGE AT LAST BIRTHDAY (Years)	24
(12) BIRTHPLACE	N Carolina	(18) BIRTHPLACE	North Carolina
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature P. E. Ainley MD (Physician or Midwife)

Address Johns Hopkins Hospital

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55227

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD L Brown

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			✓	March 10, 1918

	FATHER	MOTHER
(8) FULL NAME	Lee Brown	(14) FULL MAIDEN NAME Victoria Lee
(9) RESIDENCE	595 Lafayette Ave	(15) RESIDENCE 595 Lafayette Ave
(10) COLOR	bl.	(16) COLOR bl
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years) 32
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION	Druggist	(19) OCCUPATION Home work
(20) Number of children born to this mother, including present birth	6	(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature H. C. Finney MD

(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 10 0 0 0 2 7 0 6

(24) Given name added from a supplemental report ____, 19

Address J. H. Hosp

Filed ____, 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Mercy Hospital St.; Ward)

Registered No. B 55228

(2) FULL NAME OF CHILD — Mason

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	Mar. 14, 1910

FATHER		MOTHER	
(8) FULL NAME	George Mason Leonard	(14) FULL MAIDEN NAME	Fannie Mae Bain
(9) RESIDENCE	—	(15) RESIDENCE	176 Towsontown
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	—	(18) BIRTHPLACE	Virginia
(13) OCCUPATION	—	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	6	(21) Number of children of this mother now living	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature H Hanley MD (Physician or Midwife)

Address — 1910 J D Hoop

Filed — , 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55229

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD — Camp bell. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
female			✓	Mar.	4	1910

FATHER		MOTHER	
(8) FULL NAME	Wilson Campbell	(14) FULL MAIDEN NAME	Daisy Braxton
(9) RESIDENCE	749 Bradley St City	(15) RESIDENCE	Mt. Washington Md
(10) COLOR	black	(16) COLOR	black
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	24
(12) BIRTHPLACE	Va	(18) BIRTHPLACE	Va
(13) OCCUPATION	Stevedore	(19) OCCUPATION	Housework

(20) Number of children born to this mother, including present birth 3 — (21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature H Cauley M D (Physician or Midwife)

Address J H Hosp

Filed , 19 . Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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SECOND COPY FOR RECORD APR 12 1910 JAS BOSLEY M.D COMR OF HEALTH

(24) Given name added from a supplemental report , 19 . Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward) — Registered No. B A55230

(2) FULL NAME OF CHILD — ✓ Figueroa — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legit. Illegit.?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	March 22 1916

FATHER		MOTHER	
(8) FULL NAME	✓	(14) FULL MAIDEN NAME	Annie Figueroa
(9) RESIDENCE	✓	(15) RESIDENCE	332 N. Rose St. City
(10) COLOR	✓	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	✓	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	✓	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	✓	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature F C Curley MD (Physician or Midwife)

Address

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD APR 5 1916 J. BOSLEY M.D. REGISTRAR OF HEALTH

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55231

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD — Barrett

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	Mar. 22, 1910

FATHER		MOTHER	
(8) FULL NAME	Harold Barrett	(14) FULL MAIDEN NAME	Susie Thomas ~~Barrett~~
(9) RESIDENCE	430 N. Eden St City	(15) RESIDENCE	430 N. Eden St City
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	26	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Driver	(19) OCCUPATION	Laundress
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M.; on the data above stated.

(23) Signature J C Cauley M D (Physician or Midwife)

Address J H Hosp.

Filed APR -9 1910, 19

THOS. BOSLEY M.D. COMR OF HEALTH — Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

I 0 0 0 2 7 1 0

(24) Given name added from a supplemental report, 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55232

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD — Curtis

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	Mar. 17, 1910

FATHER		MOTHER	
(8) FULL NAME	—	(14) FULL MAIDEN NAME	Lucille Curtis
(9) RESIDENCE	—	(15) RESIDENCE	2004 Keyser St.
(10) COLOR	— (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	black (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE	—	(18) BIRTHPLACE	Va
(13) OCCUPATION		(19) OCCUPATION	House work
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature H Amery MD (Physician or Midwife)

Address J. H. Hosp.

Filed RECEIVED FOR RECORD MAR -2 1910 H. S. BOSLEY M.D. COMR OF HEALTH, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report, 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55233

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. Johns. Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Jones. { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			X	Mar. 11, 1915

FATHER		MOTHER	
(8) FULL NAME		(14) FULL MAIDEN NAME	Alma Jones
(9) RESIDENCE		(15) RESIDENCE	Ellicott City, Md.
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	Black (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	Maryland
(13) OCCUPATION		(19) OCCUPATION	House Work
(20) Number of children born to this mother, including present birth 1		(21) Number of children of this mother now living 1	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature H Auley MD (Physician or Midwife)

Address ____

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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APR -9 1915
U.S. BOXLEY M.D.
COMR OF HEALTH

J K Hoop

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward) — Registered No. B A55234

(2) FULL NAME OF CHILD — { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		✓	Mar. 10, 19 15

FATHER		MOTHER	
(8) FULL NAME	Charlie Speller	(14) FULL MAIDEN NAME	Maggie Freeman
(9) RESIDENCE	1734 Orleans St	(15) RESIDENCE	1734 Orleans St City
(10) COLOR	bl.	(16) COLOR	black
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	U. Ca.	(18) BIRTHPLACE	N Carolina
(13) OCCUPATION	Laborer	(19) OCCUPATION	Laundress
(20) Number of children born to this mother, including present birth	V	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature H Hanley MD (Physician or Midwife)

Address [illegible] J H Hoop

Filed [illegible] 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report , 19

Registrar

[illegible] BOSLEY MD [illegible] OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55235

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. V. Lee Hop Lee Hospital St.; Ward)

(2) FULL NAME OF CHILD Collins

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			✓	Feb. (Month) 28 (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME ✓	(14) FULL MAIDEN NAME Flora Collins
(9) RESIDENCE	(15) RESIDENCE 1107 N. Port St City
(10) COLOR (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black. (17) AGE AT LAST BIRTHDAY 16 (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE Va
(13) OCCUPATION	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature H Cumley MD (Physician or Midwife)

Address J.H. Hosp

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

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APR -9 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55236

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkin Hosp St.; Ward)

(2) FULL NAME OF CHILD ~ Mortimore

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	Feb. 28 19 10

FATHER		MOTHER	
(8) FULL NAME	Henry Mortimore	(14) FULL MAIDEN NAME	Beatrice Campion
(9) RESIDENCE	622 McElderry St	(15) RESIDENCE	622 McElderry St
(10) COLOR	Bl	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	22	(17) AGE AT LAST BIRTHDAY (Years)	16
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland.
(13) OCCUPATION	Boiler	(19) OCCUPATION	Housework.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature H Cauley MD (Physician or Midwife)

Address Johns Hopkins Hospital

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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APR 3 1910

J. BOSLEY M.D. REGISTRAR OF HEALTH

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. ____, Johns Hopkins Hosp. St.; ____ Ward)

Registered No. B 155237

(2) FULL NAME OF CHILD — Henry

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	Feb. 24, 1910

FATHER		MOTHER	
(8) FULL NAME	✓	(14) FULL MAIDEN NAME	Violetta Henry
(9) RESIDENCE	✓	(15) RESIDENCE	1534 E. Fayette St. City
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	Bl. (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE	✓	(18) BIRTHPLACE	Va.
(13) OCCUPATION	✓	(19) OCCUPATION	House work
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature H Kenney MD (Physician or Midwife)

Address ____

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 2 7 1 6

RECEIVED FOR REGISTRATION MAR -9 1910 W.S. BOSLEY, M.D. REGISTRAR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55238

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 133 Little George St. St.; Ward)

(2) FULL NAME OF CHILD Henry Harold Palmer. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, Triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	3	Yes	March 28 1910

FATHER	MOTHER
(8) FULL NAME E. Howard Palmer.	(14) FULL MAIDEN NAME Helen Ntaell
(9) RESIDENCE 133 Little George St.	(15) RESIDENCE 133 Little George St.
(10) COLOR Black. (11) AGE AT LAST BIRTHDAY 41 (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Dyer + Cleaner.	(19) OCCUPATION —
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 133 Little George St. M., on the date above stated.

(23) Signature George L. McClannan (Physician or Midwife)

Address 957 W. Lombard

Filed March 28, 1910

RECEIVED FOR RECORD
APR -2 1910
JAS. BOSLEY M.D. Registrar
BOARD OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

1 0 0 0 0 2 7 1 7

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 520 Oxford St. Registered No. B. A55239

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Wm Henry Parker (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	No	2nd	Yes	March 26 1910

(To be answered only in event of plural birth)

	FATHER	MOTHER
(8) FULL NAME	James Parker	(14) FULL MAIDEN NAME Mary Carter
(9) RESIDENCE	520 Oxford St.	(15) RESIDENCE 520 Oxford St.
(10) COLOR	Black	(16) COLOR Black
(11) AGE AT LAST BIRTHDAY	20 Yrs (Years)	(17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE	Virginia	(18) BIRTHPLACE Virginia
(13) OCCUPATION	House Boy	(19) OCCUPATION Boatman

(20) Number of children born to this mother, including present birth 2 (21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P. M., on the date above stated. March 26

(23) Signature Jno. F. Spurkey (Physician or Midwife)

Address 911 McCulloh St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed APR -2 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55240

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Mrs Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Nedermick

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female			✓	May 30 (Month) (Day) 1910 (Year)

(To be answered only in event of plural birth)

FATHER	MOTHER
(8) FULL NAME Maurice Nedermick	(14) FULL MAIDEN NAME Pearl Nedermick
(9) RESIDENCE 338 Forest St. City	(15) RESIDENCE 338 Forest St City
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 29 (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Tailor	(19) OCCUPATION Loom work
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

RECEIVED FOR RECORD
APR 3 1910
REGISTRAR OF BIRTHS

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., the date above stated.

(23) Signature H C Ausley MD (Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Filed, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

0002719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55241

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD — Rothstein

If child is not yet named, make supplemental report, as directed.

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Mar. (Day) 27, (Year) 1910
Female			✓	

FATHER		MOTHER	
(8) FULL NAME	Philip Rothstein	(14) FULL MAIDEN NAME	Lena Linnmen
(9) RESIDENCE	855 W. Fayette St	(15) RESIDENCE	855 W. Fayette St City
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	27	(17) AGE AT LAST BIRTHDAY (Years)	24
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Germany
(13) OCCUPATION	Tinsmith	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	1

CERTIFICATE FILED FOR RECORD. MAR -3 1910 J.S. BONLEY M.D. M. COMMR. OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ... M., on the date above stated.

(23) Signature J. C. Ainley, M.D. (Physician or Midwife)

Address Johns Hopkins Hosp

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

9 1 0 0 0 0 2 7 2 0

(24) Given name added from a supplemental report ..., 19 ...

Filed ..., 19 ...

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 55242

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD: ~~Curtis~~ Curtis

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 10 (Year)
Female			✓	Nov. 17

FATHER		MOTHER	
(8) FULL NAME	✓	(14) FULL MAIDEN NAME	Elsie Curtis
(9) RESIDENCE	✓	(15) RESIDENCE	Beckley Raleigh Co. W. Va.
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	White (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	W. Virginia
(13) OCCUPATION		(19) OCCUPATION	School Teacher
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CIVIL DIVISION OF RECORDS
DEC 9 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at JAS. BOSLEY, M.D. BOARD OF HEALTH M., on the date above stated.

(23) Signature Manley MD (Physician or Midwife)

Address

Filed , 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

0 0 0 2 7 2 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55243

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD — Hunt

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Y	May 10, 1910

FATHER		MOTHER	
(8) FULL NAME	Walter Hunt	(14) FULL MAIDEN NAME	Horace Fuller
(9) RESIDENCE	506 W. Calvert St	(15) RESIDENCE	1956 Patterson Park
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	20
(12) BIRTHPLACE	Washington D.C.	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Painter	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

RECEIVED FOR RECORD
MAR -9 1910
J. BOSLEY M.D.
BOARD OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature H Hanley M.D.

(Physician or Midwife)

Address J.H. Hosp

Filed , 19 .

Registrar

* When there was no attending physician or midwife, then the father, householders etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

D 0002722

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55244

(1) PLACE OF BIRTH — CITY OF BALTIMORE. Registered No. B

(No. When Hospital St.; Ward)

(2) FULL NAME OF CHILD — Kelley

If child is not yet named, make supplemental report, as directed

(3) Sex of Child — Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? | (7) Date of Birth — Feb. 28, 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME — James Keeley	(14) FULL MAIDEN NAME — Della Hare
(9) RESIDENCE —	(15) RESIDENCE — Alexandria Huntington Co Pa.
(10) COLOR — White (11) AGE AT LAST BIRTHDAY — 38 (Years)	(16) COLOR — White (17) AGE AT LAST BIRTHDAY — 26 (Years)
(12) BIRTHPLACE — New Jersey	(18) BIRTHPLACE — Penna
(13) OCCUPATION — Mason	(19) OCCUPATION — Town Work
(20) Number of children born to this mother, including present birth — 3	(21) Number of children of this mother now living — 3

RECEIVED FOR RECORD MAR — 3 1910

E. EGGLEY M.D. COMR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature — H Cauley M D (Physician or Midwife)

Address — 1000 2723 J St Hosp

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55245

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 833 Warner St St.; Ward)

(2) FULL NAME OF CHILD Mildred Mozinga — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	——	4th	Yes	Apr. 7th 1910

	FATHER	MOTHER
(8) FULL NAME	Lunsford Mozinga	(14) FULL MAIDEN NAME: Katie Mathews
(9) RESIDENCE	833 Warner St	(15) RESIDENCE: 833 Warner St
(10) COLOR	White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years)	47	(17) AGE AT LAST BIRTHDAY (Years): 39
(12) BIRTHPLACE	USA	(18) BIRTHPLACE: U.S.A.
(13) OCCUPATION	Woodworker	(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 4th

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.45 P. M., the date above stated.

(23) Signature: Dr. M Kahn (Physician or Midwife)

Address 1007 Columbia Av.

(24) Given name added from a supplemental ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., shall make the certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

3 0 0 0 2 7 2 4

RECEIVED FOR RECORD APR -9 1910 WM. R. BOSLEY M.D. COMMISSIONER OF HEALTH

RETURN OF A BIRTH. A55246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR -9 1910
S. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Israel Wolman
2. Sex, (state whether male or female) F.
3. Race or color, (if not of the White Race) W.
4. Date of Birth, March 30 - 1910
6. Place of Birth, (Street and number) 15 N. Appleton St
6. Full name of Mother, Bessie Wolman
7. Mother's Maiden Name, Bessie Berman
8. Mother's Birthplace, Russia
9. Full name of Father, Samuel Wolman
10. Father's Occupation, Baker & Grocer
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Alfred B. Hubbard M.D.

Address, 1213 Madison Avenue

Remarks, 8th month Wife Secondipara Downstairs

1 9 1 0 0 0 0 7 2 5

In case the birth of any child shall occur without the attendance of a physician or midwife, or should no one of the parents of such child be present at the birth, then it shall become the duty of the person residing in the house where such birth occurs, or where the mother resides, to report the birth within the period above required, and attendance upon the mother. Commissioner of Health, in the manner with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55247

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hop Lun Hospital St.; Ward)

(2) FULL NAME OF CHILD Karl

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			✓	March 29 1910

FATHER		MOTHER	
(8) FULL NAME	—	(14) FULL MAIDEN NAME	Louise Karl
(9) RESIDENCE	—	(15) RESIDENCE	853 Strickland St City
(10) COLOR	—	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	23
(12) BIRTHPLACE	—	(18) BIRTHPLACE	Mass —
(13) OCCUPATION	—	(19) OCCUPATION	Home work
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	

RECEIVED FOR RECORD
APR 2 1910
THOS. BOSLEY M.D.
COMMR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature H Cauley M.D. (Physician or Midwife)

Address J H Hosp.

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED - 4/5/10 A55248

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 708 Appleton St.; Ward)

(2) FULL NAME OF CHILD JANE LORETTA WHEELER (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2d	Yes	March 28 1910

FATHER	MOTHER
(8) FULL NAME Walter Wheeler	(14) FULL MAIDEN NAME Jennie Wheeler
(9) RESIDENCE 708 Appleton St	(15) RESIDENCE 708 Appleton St
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Produce Dealer	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

RECEIVED FOR RECORD APR -8 1910 JAS. BOGLEY, M.D. BOARD OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 5 0 M. the date above stated.

(23) Signature C. K. Jump M.D. Physician (Physician or Midwife)

Address 1415 Madison Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

U 0 0 2 7 2 7

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55249

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2207 Preston Place St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth 1 | (6) Legitimate? Yes | (7) Date of Birth March 29, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Walter J. Oliver

(9) RESIDENCE 2207 Preston Place

(10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Richmond Va

(13) OCCUPATION Mono Type Operator

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Mary E. Elwell

(15) RESIDENCE 2207 Preston Place

(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Philadelphia

(19) OCCUPATION Home work

(21) Number of children of this mother now living 1

RECEIVED FOR RECORD APR -8 1910 JOS. BOSLEY M.D. REGISTRAR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.40 A.M., the date above stated.

(23) Signature Howard L. Silver Physician (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0002728

(24) Given name added from a supplemental report , 19

Address 1914 Bolton St

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 55250

CITY OF BALTIMORE. (No. 2103 McCulloh St.; Ward)

(2) FULL NAME OF CHILD Sylvia Margolis — If child is not yet named, make supplemental report, as directed

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth 1 | (6) Legitimate? Yes | (7) Date of Birth March 26, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Joseph Margolis

(9) RESIDENCE 2103 McCulloh St.

(10) COLOR White | (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Salesman

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Edith Benn

(15) RESIDENCE 2103 McCulloh St.

(16) COLOR White | (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION Home wife

(21) Number of children of this mother now living 1

RECEIVED FOR RECORD APR -8 1910 H. S. BOSLEY, M.D. COMMISSIONER OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.40 P. M., the date above stated.

(23) Signature Howard Lee Livers M.D. (Physician or Midwife)

Address 1914 Bolton St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 0 0 0 2 7 2 9

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 55251

CITY OF BALTIMORE. (No. 2610, Hudson St. St.; 1st Ward)

(2) FULL NAME OF CHILD Franciska Bonswalek — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female			Yes.	3. (Month) 30. (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: John Bonswalek	(14) FULL MAIDEN NAME: Franciska Zigolska
(9) RESIDENCE: 2610 Hudson St.	(15) RESIDENCE: 2610 Hudson St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 23. (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 21 (Years)
(12) BIRTHPLACE: Poland	(18) BIRTHPLACE: Poland
(13) OCCUPATION: Laboror	(19) OCCUPATION: Household
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

RECEIVED FOR RECORD APR -8 1910
S. SOSLEY M.D. REGISTRAR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 00 A. M., the date above stated.

(23) Signature Mrs. E. Bohnken (Weiss) Midwife (Physician or Midwife)

Address 816 S. Rose St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

9 1 0 0 0 0 2 7 3 0

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B. A55252

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 716 N. Mount St.; Ward)

(2) FULL NAME OF CHILD: _____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Female | (4) Twin, triplet, or other? _____ (To be answered only in event of plural births) | (5) Number in order of birth: _____ | (6) Legitimate? Yes | (7) Date of Birth: April 4th (Month) (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME: Arthur Day	(14) FULL MAIDEN NAME: Clara Young
(9) RESIDENCE: 716 N. Mount	(15) RESIDENCE: 716 N. Mount St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 29 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Prince George Co Md.	(18) BIRTHPLACE: Baltimore, Md.
(13) OCCUPATION: Laborer	(19) OCCUPATION: _____

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: _____

RECORD
APR 8 1910
S. BOGLEY M.D.
REGISTRAR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 O'Clock P. M., the date above stated.

(23) Signature: H. J. Carrick M. D. (Physician or Midwife)

Address: 1117 W. Fulton St.

* When there was no attending physician or midwife, the father, householder, etc., shall make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

U 0 0 2 7 3 1

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A55253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

Any city or city and county midwife, or other person who shall attend upon any case of birth, shall, within ten days after the birth of any child, make a return thereof to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the same within ten days thereafter; if shall become the duty of the person or parents of such child to report the same within ten days thereafter; if shall become the duty of the person or parents of such child to report the same within ten days thereafter; if

RETURN OF A BIRTH. A55254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, Rosina Rinauro
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 10 February 1910
6. Place of Birth, (Street and number) 719 W. Lexington st
6. Full name of Mother, Salvatora Rinauro
7. Mother's Maiden Name, Salvatora Brocato
8. Mother's Birthplace, Italy
9. Full name of Father, Rosquale Rinauro
10. Father's Occupation, Fruiterer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Joseph Barone M.D.

Address, 204 N. Green st

Remarks,

FILED FOR RECORD FEB 26 1910 C. ENDLEY M.D. COMR OF HEALTH

1 9 1 0 U 0 0 2 7 3 3

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, shall become the duty of the person in charge of the house or tenement where such birth may occur within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of Child, Salvatora Marsiglia
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 25 January 1910
6. Place of Birth, (Street and number) 204 N. Pearl Street
6. Full name of Mother, Giuseppa Marsiglia
7. Mother's Maiden Name, Giuseppa Saia
8. Mother's Birthplace, Italy
9. Full name of Father, Giuseppe Marsiglia
10. Father's Occupation, Trusterer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barranco M.D.

Address, 204 N. Greene Street

Remarks,

1910002734

RECEIVED FOR RECORD
AUG -8 1910
H.B. BOSLEY M.D. REGISTRAR

Section 5, 30 The duty of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JAN 5 1910
REGISTRY, MD.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) —

1. Name of Child, Rosolia Martiglia
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 2 January 1910
6. Place of Birth, (Street and number) 606 W. Lexington St.
6. Full name of Mother, Concettina Martiglia
7. Mother's Maiden Name, Concettina Liberto
8. Mother's Birthplace, Italy
9. Full name of Father, Antonino Martiglia
10. Father's Occupation, Fruiterer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Garanco M.D.

Address, 204 N. Greene Street

Remarks,

19100002735

Every case of birth occurring after the first day of January, 1910, shall be reported to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of Child,* Rosaria Irene Codaro
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 29 December 1909
6. *Place of Birth, (Street and number)* 436 1st Street. Fort Road.
6. *Full name of Mother,* Marietta Codaro
7. *Mother's Maiden Name,* Marietta Finbarroglio
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Enrico Codaro
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barrone M.D.

Address, 304 N. Gruene St

Remarks,

1 9 1 0 U 0 0 2 7 3 6

CITY OF RECORD
JAN -5 1911
S. BOSLEY M.D.
REGISTRAR OF HEALTH

Section 2. And be it further enacted, That it shall be the duty of any physician or midwife in attendance upon the mother, immediately thereafter, to report in writing to the Commissioner of Health the birth of any child which shall occur without the attendance of a physician or midwife; and in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person occupying the house in which such birth shall occur, to report in writing to the Commissioner of Health the birth of such child; and in case any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Rosa Santa
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Col
4. Date of Birth, March 24 1910
6. Place of Birth, (Street and number) 1023 E. Lombard st
6. Full name of Mother, Maria Pardi
7. Mother's Maiden Name, Tricarichi
8. Mother's Birthplace, Italy
9. Full name of Father, Paul Pardi
10. Father's Occupation, Laborer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Maria Romano

Address, 1221 E. Madison st

Remarks,

19100002737

RECEIVED FOR RECORD
APR -8 1910
S. BOOLEY M.D.
SUPT. OF HEALTH

third day of each and every month, on blanks to be furnished by the Commissioner in the form of a certificate between the first and shall contain such information as may be required by the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Name of Child, Marie Di Carlo
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) W
4. Date of Birth, April 3rd 1910
6. Place of Birth, (Street and number) 3 E. York st
6. Full name of Mother, Turinda Di Carlo
7. Mother's Maiden Name, " Rivolazzo
8. Mother's Birthplace, Italy
9. Full name of Father, Eliseo Di Carlo
10. Father's Occupation, Tailor
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Marie Romano

Address, 122 E. Madison st

Remarks,

1 9 1 0 0 0 0 2 7 3 8

RECEIVED FOR RECORD
JUN -8 1910
H.B. BOLEY M.D.
REGISTRAR OF HEALTH

Every midwife, or person in charge of a lying-in hospital, or other institution, or physician or person in attendance upon the mother, shall, immediately after the birth of any child, report the same to the Commissioner of Health, in the manner and within the period hereinbefore required, and shall forfeit ten dollars for each neglect or refusal to comply with the provisions of this section. If any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, and the period hereinbefore required, such person shall report the same to the Commissioner of Health, in the manner and within the period hereinbefore required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Josephine Sabatino
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) W
4. Date of Birth, March 6th 1908
6. Place of Birth, (Street and number) 436 N. Front st
6. Full name of Mother, Marianna Sabatino
7. Mother's Maiden Name, " Guglizza
8. Mother's Birthplace, Italy
9. Full name of Father, Marion Sabatino
10. Father's Occupation, Shoemaker
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Marie Bonano

Address, 1721 E. Madison st

Remarks,

1910002739

RECEIVED FOR RECORD
APR -8 1910
S. BOSLEY M.D.
COMMR. OF HEALTH.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the midwife shall report the birth; and every person who shall neglect or refuse to make such report, as aforesaid, or to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR 8 1910
BALTIMORE MD.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child, Rozaria Elda
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) W.
4. Date of Birth, March 31st 1910
6. Place of Birth, (Street and number) 1024 Fillmore St
6. Full name of Mother, Mariana Sabatino
7. Mother's Maiden Name, Guglielmo
8. Mother's Birthplace, Italy
9. Full name of Father, Marian Sabatino
10. Father's Occupation, Shoemaker
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mario Romano

Address, 121 E. Madison St

Remarks,

1 9 1 0 0 0 0 2 7 4 0

Every person in charge of any institution, public or private, and every physician, midwife or other person in attendance upon any case of birth shall cause the birth of any child which shall occur without the attendance of a physician or midwife or other person in charge of such institution, to be registered as required by law, and it shall be the duty of the person or persons in charge of such institution, physician, midwife or other person in attendance upon any case of birth, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 55262

CITY OF BALTIMORE. (No. 1424 Madison Ave St.; Ward)

(2) FULL NAME OF CHILD (Not Named) Hunt — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 4 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Wm F Hunt	(14) FULL MAIDEN NAME Stella E. Hunt
(9) RESIDENCE 1511 McCulloh	(15) RESIDENCE 1511 McCulloh St
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 35 (Years)	(17) AGE AT LAST BIRTHDAT 31 (Years)
(12) BIRTHPLACE City	(18) BIRTHPLACE Pen Dr Dough Co Md
(13) OCCUPATION Book Keeper	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5:30 AM. M., the date above stated.

(23) Signature Dr. A. J. Fetterhoff

D. E. Cor. Lafayette & (Physician or Midwife)

Baltimore, Md. U. S. A.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 000741

(24) Given name added from a supplemental ____, 19

Registrar

Address

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR -8 1910 JAS. BOGLE, M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 155263

CITY OF BALTIMORE. (No. 661 W. Lexington St.; Ward)

(2) FULL NAME OF CHILD Robert Francis Young Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		one	Yes	March 12, 1910

FATHER	MOTHER
(8) FULL NAME: Robert Francis Young	(14) FULL MAIDEN NAME: Josephine Corcoran Bushes
(9) RESIDENCE: 661 W. Lexington St.	(15) RESIDENCE: 661 W Lexington St.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 33 (Years)	(17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Philadelphia Pa.	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Foreman	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

RECEIVED FOR RECORD
APR -8 1910
S. BOSLEY M.D.
COMR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.10 P.M., the date above stated.

(23) Signature Howard C. Silver M.D. (Physician or Midwife)

Address 1914 Bolton St.

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0002742

(24) Given name added from a supplemental report, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 455264

CITY OF BALTIMORE. (No. 2539, Eastern Ave St.; 1st Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	3, 30, 1910

FATHER	MOTHER
(8) FULL NAME: Charles Allen	(14) FULL MAIDEN NAME: Agnes Wing
(9) RESIDENCE: 2539 Eastern Ave.	(15) RESIDENCE: 2539 Eastern Ave.
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 42 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 41 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Contractor	(19) OCCUPATION: Household
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

RECEIVED FOR RECORD
APR -8 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 10-30 A. M., the date above stated.

(23) Signature: Mrs. G. Behnken. (Weise.) Midwife. (Physician or Midwife)

Address: 816 S. Rose St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

B 0 0 0 2 7 4 3

(24) Given name added from a supplemental report, _____, 19

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55265

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2011 E Monument St.; Ward)

(2) FULL NAME OF CHILD — Warren Russell Hatch

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date Birth (Month) (Day) (Year)
Male		3	yes	March 16, 1910

FATHER

(8) FULL NAME — Benj Frank Hatch

(9) RESIDENCE — 2011 E Monument St

(10) COLOR — White

(11) AGE AT LAST BIRTHDAY — 37 (Years)

(12) BIRTHPLACE — Provincetown Mass

(13) OCCUPATION — Capt Steam Ship

(14) Number of children born to this mother, including present birth — 3

MOTHER

(14) FULL MAIDEN NAME — Annie Dorsey Brunette

(15) RESIDENCE — 2011 E Monument St

(16) COLOR — White

(17) AGE AT LAST BIRTHDAY — 24 (Years)

(18) BIRTHPLACE — Baltimore

(19) OCCUPATION — Household work

(21) Number of children of this mother now living — 2

RECEIVED FOR RECORD

MAR -8 1910

REGISTRAR OF VITAL STATISTICS

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2011 E Monument St. on the date above stated.

(23) Signature — Joseph C. Eisenberg M.D. (Physician or Midwife)

Address — 2213 Orleans St

Filed ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A55266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, Salvatore Gioachino Serio
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 16 March 1910
6. Place of Birth, (Street and number) 1810 Maryland Ave.
6. Full name of Mother, Antonina Serio
7. Mother's Maiden Name, Antonina Tenniti
8. Mother's Birthplace, Italy
9. Full name of Father, Gioachino Serio
10. Father's Occupation, Fruiterer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barranco M.D.

Address, 224 N. Greene St.

Remarks,

RECEIVED FOR RECORD
APR -8 1910
BOARD OF HEALTH
BALTIMORE, MD

1910002745

every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the father or mother of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and in case such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, Giovanni Mario Cammarata
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 26 February 1910
6. Place of Birth, (Street and number) 607 W. Lexington St.
6. Full name of Mother, Stefano Cammarata
7. Mother's Maiden Name, Stefano Centineo
8. Mother's Birthplace, Italy
9. Full name of Father, Salvatore Cammarata
10. Father's Occupation, Fruiterer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Joseph Barranco M.D.

Address, 204 S. Greene St.

Remarks,

19100002746

MAR 8 1910

JAS. BOSLEY M.D. COMR OF HEALTH

Every person who shall neglect or refuse to make the return of birth required by this ordinance, within the time prescribed, or who shall make a false return, or who shall neglect or refuse to attend upon the Commissioner of Health, in the manner and within the period above required, and give the information required by this ordinance, or who shall give false information, or who shall neglect or refuse to sign the return of birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, Salvatore Liberto
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 14 February 1910
6. Place of Birth, (Street and number) 205 N. Pearl Street
6. Full name of Mother, Antonina Liberto
7. Mother's Maiden Name, Antonina DiChiaro
8. Mother's Birthplace, Italy
9. Full name of Father, Carmelo Liberto
10. Father's Occupation, Fruiterer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barranco M.D.

Address, 214 N. Greene St

Remarks,

RECEIVED FOR RECORD
MAR - 3 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

1 9 1 0 0 0 0 2 7 4 7

Any physician or midwife who shall fail to make a return of any birth at which he shall be in attendance, to the office of Registrar of Vital Statistics, Board of Health, Baltimore, Md., within two days after the occurrence of such birth, and every month thereafter, shall forfeit and pay the sum of ten (10) dollars for each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of Child, Bastiano Simone Avara
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 20 January 1910
6. Place of Birth, (Street and number) 522 W. Baltimore St.
6. Full name of Mother, Rosaria Avara
7. Mother's Maiden Name, Rosaria Cosio
8. Mother's Birthplace, Italy
9. Full name of Father, Salvatore Avara
10. Father's Occupation, Fruiterer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barone M.D.

Address, 204 N. Greene Street

Remarks,

19100002748

Every physician or midwife, or other person who shall attend upon any case of birth, shall report the same within ten days thereafter to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of Child, Antonio Radice
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 17 January 1910
6. Place of Birth, (Street and number) 408 Pearl Street
6. Full name of Mother, Giuseppa Radice
7. Mother's Maiden Name, Giuseppa Piglio
8. Mother's Birthplace, Italy
9. Full name of Father, Samuele Radice
10. Father's Occupation, Fruiterer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Joseph Barranco M.D.

Address, 304 N. Gueen Street

Remarks,

1910 0002749

RECEIVED FOR RECORD JAN 25 1910 BALTIMORE MD REGISTER OF HEALTH

Every physician or midwife, or other person who shall assist at every birth, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person in whose house or room such child shall be born to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child, Salvatore Cascio
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 3 January 1910
6. Place of Birth, (Street and number) 108 Pearl Street.
6. Full name of Mother, Rosa Cascio
7. Mother's Maiden Name, Rosa Marsiglia
8. Mother's Birthplace, Italy
9. Full name of Father, Rosario Cascio
10. Father's Occupation, Fruiterer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Joseph Barranco M.D.

Address, 104 N Green Street

Remarks,

RECORDED FOR RECORD
MAR -8 1910
J. S. BOOLEY M.D.
REGISTRAR OF VITAL STATISTICS

1 9 1 0 0 0 0 2 7 5 0

Every birth shall be reported within ten days after occurrence, and every midwife, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, it shall become the duty of the mother of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of Child, Michele Giuseppe
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, March 12 - 1910
6. Place of Birth, (Street and number) 401 Forrest "
6. Full name of Mother, Angela Campo Herrera
7. Mother's Maiden Name, "
8. Mother's Birthplace, Italy
9. Full name of Father, Diego Campo
10. Father's Occupation, Carpenter
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Marie Romano

Address, 1221 E. Madison st

Remarks, 1910002751

RECEIVED FOR RECORD
APR -8 1910
J. S. BOSLEY M.D.
REGISTRAR OF HEALTH

In case the birth of any child should occur without the attendance of a physician or midwife, or should the mother or child die before the arrival of the attendant, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. In case the birth shall occur without the attendance of a physician or midwife, or shall occur in a public institution, it shall be the duty of the person in charge of such institution to report the birth to the Commissioner of Health, in the manner and within the period above required. Any person who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor and on conviction thereof shall be fined for each offense, and any such person who shall hereafter be convicted of a violation of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55273

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 513 W West St St.; 21 Ward)

(2) FULL NAME OF CHILD Agnes Elizabeth Komsta — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				March 18 1910

FATHER		MOTHER	
(8) FULL NAME	Wm Louis Komsta	(14) FULL MAIDEN NAME	Annie Matilda Wilkins
(9) RESIDENCE	513 W West st	(15) RESIDENCE	513 W West st
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years)	32
(12) BIRTHPLACE	Balto city Md.	(18) BIRTHPLACE	Balto city Md
(13) OCCUPATION	Machinist	(19) OCCUPATION	housework
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

RECEIVED FOR RECORD APR -8 1910 JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

(23) Signature Wm Bange (Physician or Midwife)

Address 711 N Gross st

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

C.U. 0002752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE AMENDED 10/4/

(1) PLACE OF BIRTH — Registered No. B A55274

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ~~Delia~~ King, ROSEANNA AGNES (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) March (Day) 31, (Year) 1910

	FATHER	MOTHER
(8) FULL NAME	Henry King	(14) FULL MAIDEN NAME Maggie Garvey
(9) RESIDENCE	108 S. Carrollton Ave.	(15) RESIDENCE 108 S. Carrollton Ave.
(10) COLOR	white	(16) COLOR white
(11) AGE AT LAST BIRTHDAY (Years)	33	(17) AGE AT LAST BIRTHDAY (Years) 26
(12) BIRTHPLACE	Co. Mayo Ireland	(18) BIRTHPLACE Co. Limerick Ireland
(13) OCCUPATION	Boilermaker	(19) OCCUPATION house work
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living 4

RECEIVED FOR RECORD APR -8 1911 M., JAS. BOSLEY M.D. REGISTRAR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

(23) Signature Mrs Bennett (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

G 0002753

(24) Given name added from a supplemental report ____, 19

Address 711 Cross St.

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55275

CITY OF BALTIMORE. (No. 824 S. Paca St St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child: Female | (4) Twin, triplet, or other? (To be answered only in event of plural births) | (5) Number in order of birth: 9 | (6) Legitimate? Yes | (7) Date of Birth: 27 Oct (Month) (Day) 1910 (Year)

FATHER

(8) FULL NAME: William Weisgerber

(9) RESIDENCE: 824 S. Paca St

(10) COLOR: White | (11) AGE AT LAST BIRTHDAY: 39 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Paper Hanger

(20) Number of children born to this mother, including present birth: 9

MOTHER

(14) FULL MAIDEN NAME: Mary Francis Biddison

(15) RESIDENCE: 824 S. Paca St

(16) COLOR: White | (17) AGE AT LAST BIRTHDAY: 37 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION:

(21) Number of children of this mother now living: 7

RECEIVED FOR RECORD

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at [illegible]-8 1910 M., the date above stated.

(23) Signature: Mrs B Barney (Physician or Midwife)

THOS. BOSLEY M.D. REGISTRAR OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

U 0 0 2 7 5 4

(24) Given name added from a supplemental report, 19

Address: 74 Green St.

Filed, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

GIVEN NAME ADDED 6 7-55

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55276

(2) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. — St.; Ward)

(3) FULL NAME OF CHILD — Anna Maria Frei — If child is not yet named, make supplemental report, as directed

(4) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				March 24 1910

	FATHER	MOTHER
(8) FULL NAME	Henry Frei	(14) FULL MAIDEN NAME: Frieda Ramseyer
(9) RESIDENCE	1311 S. Carey St.	(15) RESIDENCE: 1311 S. Carey St.
(10) COLOR	White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years)	34	(17) AGE AT LAST BIRTHDAY (Years): 34
(12) BIRTHPLACE	Baltimore Md.	(18) BIRTHPLACE: Switzerland.
(13) OCCUPATION	Stationary Fireman	(19) OCCUPATION: House Work.

(20) Number of children born to this mother, including present birth 5 — (21) Number of children of this mother now living 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who wee BORN ALIVE at ____ M., the date above stated.

RECEIVED FOR RECORD APR -8 1910 HEALTH DEPT.

(23) Signature Mrs. F. Bamyer (Physician or Midwife) WM. B. BOSLEY M.D. CITY HEALTH OFFICER

* When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 0 0 0 2 7 5 5

(24) Given name added from a supplemental report, 19 — Registrar

Address 711 Cross St.

Filed , 19 — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455277

(1) PLACE OF BIRTH 1028 Hanover St. Registered No. B

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Adolph Thater Plitt If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male (Female)				3/1/10 (Month) (Day) 19 (Year)

FATHER	MOTHER
(8) FULL NAME Henry Plitt	(14) FULL MAIDEN NAME Sophie H Thater
(9) RESIDENCE 1028 S Hanover	(15) RESIDENCE 1028 Hanover St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Balto. Md	(18) BIRTHPLACE Balto Md
(13) OCCUPATION Clerk	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 P.M. M., the date above stated.

(23) Signature Mrs Bangel (Physician or Midwife)

Address 711 E Lexington St

*When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 0002756

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
APR -8 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55278

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1635, E Lanvale St. St. 17th Ward)

(2) FULL NAME OF CHILD Ida Rose Helsing. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				Jan, 1910

FATHER	MOTHER
(8) FULL NAME: John Adam Helsing.	(14) FULL MAIDEN NAME: Clara Kathrine Gretchen
(9) RESIDENCE: 1635 E Lanvale St.	(15) RESIDENCE: 1635 E Lanvale St.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 28 (Years)	(17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Foreman	(19) OCCUPATION: None

(20) Number of children born to this mother, including present birth: Four.

(21) Number of children of this mother now living: Four.

RECEIVED FOR RECORD JAN -3 1910 JAS. BOSLEY M.D. COMP. OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

(23) Signature: Mrs B Bangel (Physician or Midwife)

Address: 711 Guilford Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 7 5 7

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

455279

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1143 Leadenhall St.; 23 Ward)

(2) FULL NAME OF CHILD Edward — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female				July 29 1910

FATHER	MOTHER
(8) FULL NAME Edward M Riley	(14) FULL MAIDEN NAME Nellie Nedley
(9) RESIDENCE Baltimore Md	(15) RESIDENCE Baltimore Md
(10) COLOR white (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Enterprise Miss	(18) BIRTHPLACE Apalachicola Fla.
(13) OCCUPATION Grocer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth four	(21) Number of children of this mother now living four

RECEIVED FOR RECORD

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at [illegible] M., the date above stated. — AUG 3 1910 — J. BOSLEY M.D. COMMISSIONER OF HEALTH

(23) Signature Wm Tierney (Physician or Midwife)

U 0 0 0 2 7 5 8

Address 711 Lemon St.

(24) Given name added from a supplemental report, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55280

CITY OF BALTIMORE. (No. 438 West Cross St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	one	10 ch.	Yes	March 20 1910

	FATHER	MOTHER
(8) FULL NAME	Hyman Horwitz	(14) FULL MAIDEN NAME: Lena Mallen
(9) RESIDENCE	438 West Cross St.	(15) RESIDENCE: 438 West Cross St
(10) COLOR	white	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years): 35
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION	Store Keeper	(19) OCCUPATION: Store Keeper

(20) Number of children born to this mother, including present birth 10

(21) Number of children of this mother now living 8

FILED FOR RECORD MAR 30 1910

JAS. BOOLEY M.D. COM'R OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

(23) Signature Wm F. Meyer (Physician or Midwife)

Address 711 Lemmon St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

9 1 9 0 0 0 2 7 5 9

(24) Given name added from a supplemental report, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

GIVEN NAME ADDED - 9-22-67

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55281

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. , St.; 22 Ward)

(2) FULL NAME OF CHILD VERNON BERG — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male				March 31, 1910

FATHER		MOTHER	
(8) FULL NAME	John Berg	(14) FULL MAIDEN NAME	Mary Lehman
(9) RESIDENCE	418 S. Sharp St.	(15) RESIDENCE	418 S. Sharp St.
(10) COLOR		(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years)	33
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Store Keeper	(19) OCCUPATION	
(20) Number of children born to this mother, including present birth	6	(21) Number of children of this mother now living	6

RECEIVED FOR RECORD
APR -8 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M. the date above stated.

(23) Signature Mrs B Bauge (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

9 1 9 0 0 0 2 7 6 0

Address 711 E. 20th St.

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55282

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Thomas H Ryan — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				Mar. 14, 1910

FATHER	MOTHER
(9) FULL NAME: Samuel D Ryan	(14) FULL MAIDEN NAME: Ada May Herbert
(9) RESIDENCE: 321 S. Bentalou Ave	(15) RESIDENCE: 321 S Bentalou Ave
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 37 (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Lynchburg Va	(18) BIRTHPLACE: Washington D.C.
(13) OCCUPATION: Clk	(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 3

(21) Number of children of this mother now living: 3

RECEIVED FOR RECORD

APR -8 1910 M.,

JAS. BOSLEY M.D. REGISTER OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

(23) Signature Mrs Barry Midwife (Physician or Midwife)

Address 711 Cross St

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

U 0002761

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 75283

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 719 Ramsey St.; 21 Ward)

(2) FULL NAME OF CHILD Luther Edwin Eichhorn

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	One	First Child	Yes	March 14 1910

FATHER	MOTHER
(8) FULL NAME Frederick Conrad Eichhorn	(14) FULL MAIDEN NAME Minnie Lottie Schmidt
(9) RESIDENCE 719 Ramsey St	(15) RESIDENCE 719 Ramsey St
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 26 (Years)	(17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Balto.	(18) BIRTHPLACE Balto.
(13) OCCUPATION Iron worker	(19) OCCUPATION

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

RECEIVED FOR RECORD APR -8 1910 JAS. BOSLEY, M. COMR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 719 Ramsey St., the date above stated.

(23) Signature Mrs. E. Wag

(Physician or Midwife)

Address 111 Carey St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 0 0 0 2 7 6 2

(24) Given name added from a supplemental report March 16, 1910

Fredk. C. Eichhorn
Registrar

Filed , 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 155284

CITY OF BALTIMORE. (No. 2606 E Oliver St.; 6 Ward)

(2) FULL NAME OF CHILD Charles Edward Wilbur Smith (If child is not yet named, make supplemental report, to be filed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	single (To be answered only in event of plural births)	—	yes	March 26th 1910

FATHER	MOTHER
(8) FULL NAME Charles B. Smith	(14) FULL MAIDEN NAME Eugie Clayton Sears
(9) RESIDENCE 2606 E Oliver	(15) RESIDENCE 2606 E Oliver
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Annarundel Co. Md	(18) BIRTHPLACE Annarundel Co. Md
(13) OCCUPATION Contractor. (Building)	(19) OCCUPATION House wife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.40 P M., the date above stated.

(23) Signature Alfred S. Sage M.D. (Physician or Midwife)

Address 709 N. Broadway

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C U 0 0 2 7 6 3

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19

Registrar

RECEIVED FOR RECORD MAR -7 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55285

Registered No. B

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1634 W Baltimore St.; 19 Ward)

(2) FULL NAME OF CHILD: Harry Zabovitz

If child is not yet named, make supplemental report, as directed

(3) Sex of Child: Male (4) Twin, triplet, or other? no (To be answered only in event of plural births) (5) Number in order of birth: 3rd (6) Legitimate? yes (7) Date of Birth: March 4, 1910 (Month, Day, Year)

	FATHER	MOTHER
(8) FULL NAME	Jacob Zabovitz	(14) FULL MAIDEN NAME: Rebecca Ziff
(9) RESIDENCE	1634 W Baltimore	(15) RESIDENCE: 1634 W Baltimore
(10) COLOR	White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY	26 (Years)	(17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION	Tailor	(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 3rd

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 a, M., on the date above stated.

(23) Signature: Marshall G. Smith M.D. (Physician or Midwife)

Address: 1628 W Lexington St

Filed: APR -7 1910, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

(100) U 0 0 2 7 6 4

RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55286

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1621 W Baltimore St.; 19 Ward)

(2) FULL NAME OF CHILD: John N Dittman (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Male | (4) Twin, triplet, or other? no | (5) Number in order of birth 4 | (6) Legitimate? Yes | (7) Date of Birth: Mch. (Month) 30 (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: John N Dittman	(14) FULL MAIDEN NAME: Gertrude M Hummel
(9) RESIDENCE: 1621 W Baltimore	(15) RESIDENCE: 1621 W Baltimore St
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 29 (Years)
(12) BIRTHPLACE: Baltimore Md.	(18) BIRTHPLACE: Baltimore Md.
(13) OCCUPATION: Balt City "Fireman"	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.30 a M., on the date above stated.

(23) Signature: Marshall G. Smith M.D. (Physician or Midwife)

Address: 1628 W Lexington st

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Registrar

Filed APR 7 1910, 19

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

RECORDED

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55287

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 134 Cedar ave St.; Ward)

(2) FULL NAME OF CHILD Marion Eckert

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	1	1	yes	Nov. 26 1910

FATHER	MOTHER
(8) FULL NAME: Nathan Henry Eckert	(14) FULL MAIDEN NAME: Mary Elizabeth Schultz
(9) RESIDENCE: 134 Cedar ave	(15) RESIDENCE: 134 Cedar ave
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 38	(17) AGE AT LAST BIRTHDAY (Years): 37
(12) BIRTHPLACE: New Windsor Carroll Co Md	(18) BIRTHPLACE: Balto Co Md
(13) OCCUPATION: Farmer	(19) OCCUPATION: Farmer Wife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 0 M., the date above stated.

(23) Signature Ira L. Fetterhoff M.D.
IRA L. FETTERHOFF M. D.
N. E. Cor. Lafayette & Carrollton Aves.
(Residence or Office)

*When there was no attending physician or midwife, then the father, householder, etc., shall make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

A55287 0 0 0 2 7 6 5

(24) Given name added from a supplemental report, 19

Address

Filed DEC -6 1910, 19

Registrar

RECEIVED FOR BALTIMORE, MD. U. S. A.
RECORD

JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 4-22-71

(1) PLACE OF BIRTH — Registered No. B. A55288

CITY OF BALTIMORE (No. 2105 Cromwell St.; Ward)

(2) FULL NAME OF CHILD Margaret Mumford Coe

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	April 5 1910

FATHER	MOTHER
(8) FULL NAME: William Benjamin Coe	(14) FULL MAIDEN NAME: Mary Frances Seward
(9) RESIDENCE: 2105 Cromwell St	(15) RESIDENCE: 2105 Cromwell St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 34 (Years)	(17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: New Haven Conn	(18) BIRTHPLACE: Asheburg Va
(13) OCCUPATION: Representative Scranton Corrugated Co	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12:20 a. M., the data above stated.

(23) Signature R. P. Carman MD

Physician (Physician or Midwife)

1701 N Carolina St

Address

*When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

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(24) Given name added from a supplemental report _____, 19

Registrar

RECEIVED FOR RECORD
APR -7 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Filed _____ 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55289

1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 2027 E Pratt St.; 2 Ward)

Registered No. B

2) FULL NAME OF CHILD — Sacks

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	6	Yes	April 5 1910

FATHER		MOTHER	
(8) FULL NAME	Benjamin Sacks	(14) FULL MAIDEN NAME	Mary Kerstein
(9) RESIDENCE	2027 E Pratt St	(15) RESIDENCE	2027 E Pratt St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	31	(17) AGE AT LAST BIRTHDAY (Years)	28 yrs
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Tailor	(19) OCCUPATION	Wife
(20) Number of children born to this mother, including present birth	6th	(21) Number of children of this mother now living	3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10:00 P M., the date above stated.

(23) Signature J T Speckmall M.D. Physician (Physician or Midwife)

Address 2112 E Balto St

Filed APR -6 1910, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

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CERTIFIED FOR HOSPITAL

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED - 3/11/69

(1) PLACE OF BIRTH — Registered No. B 455290

CITY OF BALTIMORE. (No. 1007 William St.; Ward)

(2) FULL NAME OF CHILD EDWARD GARLAND QUESENBERRY (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Male | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth Jan. 6, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME Edw L. Quesenberry

(9) RESIDENCE 1007 William st

(10) COLOR White | (11) AGE AT LAST BIRTHDAY ? (Years)

(12) BIRTHPLACE City

(13) OCCUPATION Salesman

(20) Number of children born to this mother, including present birth ?

MOTHER

(14) FULL MAIDEN NAME Eda Espey

(15) RESIDENCE 1007 William st

(16) COLOR White | (17) AGE AT LAST BIRTHDAY ? (Years)

(18) BIRTHPLACE Md

(19) OCCUPATION None

(21) Number of children of this mother now living ?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., the date above stated.

(23) Signature E. L. Ellis M.D.

(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

RECEIVED FOR REGISTRATION APR -7 1910 JAS. BOSLEY M.D. COM'R OF HEALTH.

(24) Given name added from a supplemental report ____, 19 Filed ____ 19

Address 915 Light st

Registrar Registrar

(READ THE REVERSE SIDE)

Answers will be given all questions in subsequent reports.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 2/27/61

(1) PLACE OF BIRTH — Registered No. B A55291

CITY OF BALTIMORE. (No. 1317 Webster St.; Ward)

(2) FULL NAME OF CHILD Thomas Milton Randall

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 3, 1910

FATHER		MOTHER	
(8) FULL NAME	Edw. F. Randall	(14) FULL MAIDEN NAME	Annie Fulka
(9) RESIDENCE	1317 Webster	(15) RESIDENCE	1317 Webster
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	City	(18) BIRTHPLACE	Austria
(13) OCCUPATION	Carpenter	(19) OCCUPATION	none
(20) Number of children born to this mother, including present birth	One	(21) Number of children of this mother now living	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., the date above stated.

(23) Signature E. D. Ellis M.D.

(Physician or Midwife)

Address 913 Eutaw St

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report, 19

Filed JAS. BOSLEY, M.D. COMR OF HEALTH, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

Subsequent reports will contain full replies to all questions

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55292

CITY OF BALTIMORE. (No. 417 N. Rose st St.; 6 Ward)

(2) FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male	Single (To be answered only in event of plural births)	1	yes	April	5	1910

FATHER	MOTHER
(8) FULL NAME: Louis Schuttel	(14) FULL MAIDEN NAME: Christina Pinkert
(9) RESIDENCE: 417 N. Rose	(15) RESIDENCE: 417 N. Rose
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 21 (Years)	(17) AGE AT LAST BIRTHDAY: 20 (Years)
(12) BIRTHPLACE: Baltimore md	(18) BIRTHPLACE: Baltimore md
(13) OCCUPATION: Driver	(19) OCCUPATION: Housework.
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 417 N. Rose St. on the date above stated.

(23) Signature: Louis Vogel M.D. (Physician or Midwife)

Address: 760 E. Monument st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

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(24) Given name added from a supplemental report _____, 19

Filed APR -7 1910, 19

Registrar

JAS. BOSLEY M.D. COMM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55293

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 501 N. Mount St.; Ward)

(2) FULL NAME OF CHILD — Not named. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Apr. 1 1910.

FATHER		MOTHER	
(8) FULL NAME	Josiah Clayton	(14) FULL MAIDEN NAME	Estelle Gertrude Frazee
(9) RESIDENCE	501 N. Mount St.	(15) RESIDENCE	501 N. Mount St.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	31 yr
(16) COLOR	White.	(17) AGE AT LAST BIRTHDAY (Years)	30 yr
(12) BIRTHPLACE	Ellicott City Md.	(18) BIRTHPLACE	Garrett County Md.
(13) OCCUPATION	Carpenter	(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Nine a. M., the date above stated.

(23) Signature George C. Shannon M.D. Physician (Physician or Midwife)

Address 700 N. Fulton Ave Balto Md.

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathed nor showed any other evidence of life after birth.

STATE OF MARYLAND 0 0 0 2 7 7 2

(24) Given name added from a supplemental report . 19

Registrar

Filed APR -7 1910 . 19

J. S. BOGLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 35294

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 212, County St.; Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child Male | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legit. mate? yes | (7) Date of Birth 3 (Month), 23 (Day), 1910 (Year)

FATHER

(8) FULL NAME George Haskins

(9) RESIDENCE 212 N. Amity St

(10) COLOR Col. (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Easton Md.

(13) OCCUPATION Laborer

(14) Number of children born to this mother, including present birth 10

MOTHER

(14) FULL MAIDEN NAME Annie Satchell

(15) RESIDENCE 212 N. Amity St

(16) COLOR Col. (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Eastville Va.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Ten A.M., the date above stated.

(23) Signature Jane Malinda Green Midwife (Physician or Midwife)

Address 1210 E. Fayette St

Filed APR -6 1910, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

A 100002773

(24) Given name added from a supplemental report, 19

Registrar

RECORD

JAS. BOSLEY M.D. (READ THE REVERSE SIDE)
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55295

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 815 Bradley St.; Ward)

(2) FULL NAME OF CHILD { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male				March	26,	1910

	FATHER	MOTHER
(8) FULL NAME	Joseph V. Lemple	(14) FULL MAIDEN NAME Bettie Brooks
(9) RESIDENCE	815 Bradley St.	(15) RESIDENCE 815 Bradley St.
(10) COLOR	Col.	(16) COLOR Col.
(11) AGE AT LAST BIRTHDAY	36 (Years)	(17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE	Winterpock Po. Va.	(18) BIRTHPLACE Accomac Co. Va.
(13) OCCUPATION	Laborer	(19) OCCUPATION Domestic
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

(23) Signature Jane Malinda Green Midwife (Physician or Midwife)

Address 425 N. Poppleton St.

Filed APR -6 1910 19

Registrar

(24) Given name added from a supplemental ____ 19

Registrar

* When there was no attending physician or midwife, the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECORD

JAS. BOSLEY (READ THE REVERSE SIDE)
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55296

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 24 S. Ann St. St.; Ward)

(2) FULL NAME OF CHILD Mary Ellen Kettlewell

If child is not yet named, make supplemental report, as directed

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? yes | (7) Date of Birth March (Month) 31 (Day) 1910 (Year)

FATHER

(8) FULL NAME Richard G. Kettlewell

(9) RESIDENCE 24 S. Ann St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 59 (Years)

(12) BIRTHPLACE England

(13) OCCUPATION Lieut. Salvage Corps.

(20) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME Catharine J. Bandel

(15) RESIDENCE 24 S. Ann St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Baltimore City

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.45 P. M., the date above stated.

(23) Signature Robt. J. Murray, M.D. Physician (Physician or Midwife)

Address 510 N. Fremont Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make the report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed APR -6 1910, 19

Registrar

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Registrar

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JAS. BOSLEY, M.D. COMMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55297

Registered No. B

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 708 N. Fremont Ave St.; Ward)

(2) FULL NAME OF CHILD Elenor Clementine West. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth April (Month), 4 (Day), 1910 (Year)

FATHER

(8) FULL NAME Clark Nelson West

(9) RESIDENCE 708 N. Fremont Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Queen Anne Co. Md.

(13) OCCUPATION Grocery man

MOTHER

(14) FULL MAIDEN NAME Mary Jane Warren

(15) RESIDENCE 708 N. Fremont Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Baltimore Co. Md

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.45 P. M., on the date above stated.

(23) Signature Robt J. Murray. M.D Physician (Physician or Midwife)

Address 510 N. Fremont Ave.

Filed APR -6 1910 19 .

Registrar

(24) Given name added from a supplemental report , 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

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COPY RECORD

JAS. BOSLEY M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B A55293

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1121 N. Monroe St.; Ward)

(2) FULL NAME OF CHILD: Ruth Bernadine Lyeth

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female			yes	April 1, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: Raymond H. Lyeth

(9) RESIDENCE: 1121 N. Monroe St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 25 yrs (Years)

(12) BIRTHPLACE: Baltimore City

(13) OCCUPATION: Balto. City Fire Deft.

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Emma Louise Weber

(15) RESIDENCE: 1121 N. Monroe St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 25 Yrs (Years)

(18) BIRTHPLACE: Baltimore City

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.50 P. M., on the date above stated.

(23) Signature: Robt. H. Murray M.D. Physician (Physician or Midwife)

Address: 510 N. Fremont Ave

Filed: APR -6 1910

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED APR -6 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55299

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1948 N North Ave. St.; Ward)

(2) FULL NAME OF CHILD Ethel Matilda Bowers — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	X	1st	yes	March 14th 1910

FATHER	MOTHER
(9) FULL NAME John Butler Bowers	(14) FULL MAIDEN NAME Adelaide Sophia Schumann
(9) RESIDENCE 1948 N. North Ave	(15) RESIDENCE 1948 N. North Ave
(10) COLOR White — (11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR White — (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Jefferson Md.	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Minister	(19) OCCUPATION House-wife
(20) Number of children born to this mother, including present birth one	(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 P. M., the date above stated.

(23) Signature Thos. J. Humphrey M.D. (Physician or Midwife)

Address 2014 N. Fulton Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

U 0 0 0 2 7 7 8

(24) Given name added from a supplemental report _____, 19

Filed APR -6 1910, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55300

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. Cor. York road & Elsinore Ave.) Ward)

(2) FULL NAME OF CHILD Pearl Stuart — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	~	~	Yes	April 2 1910

FATHER		MOTHER	
(8) FULL NAME	William H. Stuart	(14) FULL MAIDEN NAME	Sarah E. Poston
(9) RESIDENCE	York road & Elsinore Ave.	(15) RESIDENCE	York road & Elsinore Ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	48	(17) AGE AT LAST BIRTHDAY (Years)	44
(12) BIRTHPLACE	Balto. Md	(18) BIRTHPLACE	Balto. Md
(13) OCCUPATION	Printer	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	10	(21) Number of children of this mother now living	9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 30 a. M., the date above stated.

(23) Signature Henry C. Ohle, M.D. (Physician or Midwife)

Address 1703 W. Fayette St

* When there was no attending physician or midwife, the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 7 7 8

(24) Given name added from a supplemental report ____, 19

Registrar

RECORD

Filed ____ 6 1910 , 19 .

Registrar

M. GOSLEY M.D. (READ THE REVERSE SIDE)

COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55301

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2535 Woodbrook ave St.; 13 Ward)

(2) FULL NAME OF CHILD Mary Elizabeth Bell (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female				3, 11, 1910

FATHER

(8) FULL NAME Everett James Bell

(9) RESIDENCE 2535 Woodbrook ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Dorchester Co Md

(13) OCCUPATION Conductor Street Car

(14) Number of children born to this mother, including present birth 7 A

MOTHER

(14) FULL MAIDEN NAME Elizabeth Foad Jones

(15) RESIDENCE 2535 Woodbrook ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Madison Dr Co Md

(19) OCCUPATION

(21) Number of children of this mother now living 5 A

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 P. M., the date above stated.

(23) Signature J Thomas Nelson M.D. (Physician or Midwife)

Address 1103 N Fulton Ave

Filed APR -6 1910, 19

Registrar

(24) Given name added from a supplemental report, 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(READ THE REVERSE SIDE)

GIVEN NAME ADDED - 12/6/71

RETURN OF A BIRTH.

A55302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FRANCES ~~MILDRED~~ RAAB

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether ~~male or~~ female).*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 25th 1910
4. *Place of Birth, (Street and Number)* 1923 Mosher st
5. *Full Name of Mother,* Hanna a. Raab
6. *Mother's Maiden Name,* ... a. anola
7. *Mother's Birthplace,* a. a. co. Md.
8. *Full Name of Father,* Henry Walter Raab
9. *Father's Occupation* Telephone Lineman
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other person who makes this Return. Duncan F Kellam M.D.

Address, 1910 N. Fremont Ave

Remarks,

RECEIVED FOR RECORD APR -6 1910 J. BOSLEY M.D. BOARD OF HEALTH

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A55303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Name of child,* Jeanette Ruck
2. *Sex, (state whether male or female)* female
3. *Race or color, (if nat af the White Race)* white
4. *Date of Birth* Mar 27
5. *Place of Birth, (Street and number)* 1440 Allen St Balto
6. *Full name of Mother,* Bertha Ruck
7. *Mother's Maiden Name,* Bertha Dudeck
8. *Mather's Birthplace,* Balto
9. *Full name of Father,* Ambrose Ruck
10. *Father's Occupation,* Brakeman B+O
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Helen Nikolajevits

Address, 1308 Townsend St Locust Point

Remarks, 19100002782

RECEIVED FOR RECORD
APR -6 1910
H. BUSLEY M.D.
COMR OF HEALTH

of a certificate between the 3rd and 10th day of each month, signed by the practitioner in the form required by the Commissioner of Health. In case no physician or midwife was present at the birth, the certificate may be signed by the father or mother of the child, or by the householder or manager of the house in which the birth occurred, within five days after the birth, and if the birth occurred upon a farm or in a tenement house, the certificate may be signed by the owner thereof or his agent. Any midwife, physician or other person who shall neglect or refuse to report and certify any birth as required by this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child.

1. *Name of child,* Marie Shindele
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* Mar. 28.
5. *Place of Birth, (Street and number)* 112 Hull St.
6. *Full name of Mother,* Theresa Shindele
7. *Mother's Maiden Name,* Thersa Antlitz
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Williams Shindele
10. *Father's Occupation,* Bricklayer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Helen Nikolagunts

Address, 1308 Townsend St. Locust Point

Remarks, 1 9 1 0 0 0 0 2 7 8 3

RECEIVED FOR RECORD
JUL -6 1910
JOSEPH E. SIGLEY, M.D.
COMMISSIONER OF HEALTH

Every midwife, nurse or person other than a physician in attendance upon a birth shall report the same to the Commissioner of Health, or to the Registrar of Vital Statistics, within the third day of each week, and every physician shall report to the Commissioner of Health, or to the Registrar of Vital Statistics, within the third day of each week, and every physician shall report to the office of

RETURN OF A BIRTH. A55305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Name of child,* Francis Neubeck
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* Mar. 26.
5. *Place of Birth, (Street and number)* 204 S. Durham St
6. *Full name of Mother,* Helen Neubeck
7. *Mother's Maiden Name,* Helen Dayly
8. *Mother's Birthplace,* Ireland
9. *Full name of Father,* Frank Neubeck
10. *Father's Occupation,* Police
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Helen Nikolajevits

Address, 1308 Townsend St. Locust Point

Remarks, 19100002784

REVISED TO RECORD
APR -6 1910
J. S. BOWLEY M.D.
COMR. OF HEALTH

Of a certificate between the first and third day of each and every month to the office of Commissioner of Health, the name and residence of the physician or midwife by whom the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the parent or parents of such child shall become the duty of the physician or person who shall thereafter be in attendance upon the mother, to report its birth to the Commissioner of Health, and shall comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are to recover debt.

A55306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Name of child, Minnie Bossen
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White
4. Date of Birth Mar 26
5. Place of Birth, (Street and number) 1126 Coolesse St.
6. Full name of Mother, Margret Bossen
7. Mother's Maiden Name, Margret Smith
8. Mother's Birthplace, Hungary
9. Full name of Father, Geret Bossen
10. Father's Occupation, Laborer
11. Father's Birthplace, Hallmod

Name of Medical Attendant, or other person who makes this Return, Helen Nikolopuits

Address, 802 Townsend St Locust Point

Remarks, 1910000002785

RECEIVED FOR RECORD
APR -6 1910
H. BOSLEY M.D.
COMMR OF HEALTH

The certificate required by the first and third day of each and every month to the office of Commissioner of Health, in case of the birth of any child shall occur without the attendance of a physician or practitioner in the healing art, the midwife, or other person in attendance upon the mother, immediately thereafter to make out and deliver to the Commissioner of Health a certificate of such birth, and the physician or midwife shall become the duty of the person or parties in whose house such birth occurred, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2nd child

1. *Name of child*, Julia Laf
2. *Sex*, (*state whether male or female*) female
3. *Race or color*, (*if not of the White Race*) white
4. *Date of Birth* Mar 27
5. *Place of Birth*, (*Street and number*) 1420 Decatur St
6. *Full name of Mother*, Josaphine Laf
7. *Mother's Maiden Name*, Josaphine Müller
8. *Mother's Birthplace*, Hungary
9. *Full name of Father*, Jacob Laf
10. *Father's Occupation*, Laborer
11. *Father's Birthplace*, Hungary

Name of Medical Attendant, or other person who makes this Return, Helen Nikolajewitz

Address, 1308 Forrest St Locust Point

Remarks,

19100002786

RECORDER
RECORD
AUG -6 1910
BAILEY M.D.
OF HEALTH

Of a certificate between the first and third day of each week, only signed by the practitioner in the form hereinafter set down, and delivered to the person who registers the birth, or sent by post letter, addressed to him. Every midwife or other person who shall be in attendance upon the mother, immediately thereafter to make and sign a certificate of the birth, and deliver the same to the person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and in default thereof shall be subjected to a fine of ten (10) dollars for each offense. If the several fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2nd Child

1. *Name of child,* Mary Kramer
2. *Sex,* (*state whether male or femal*) female
3. *Race or color,* (*if not of the White Race*) white
4. *Date of Birth* March 3
5. *Place of Birth,* (*Street and number*) 1424 Garrett Ave.
6. *Full name of Mother,* Mary Kramer
7. *Mother's Maiden Name,* Mary Walt
8. *Mother's Birthplace,* Hungary
9. *Full name of Father,* Peter Kramer
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Hungary

Name of Medical Attendant, or (Other person who makes this Return,) Helen Nikolajevits

Address, 804 Townsend St Locust Point

Remarks, 1910000027 87

RECEIVED FOR RECORD
APR -6 1910
[illegible] MD
COMMISSIONER OF HEALTH

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of the physician in attendance upon the mother, or in the absence of such physician, of the midwife, or other person who shall be in attendance upon the mother, immediately after the birth of a child, to make a return of such birth to the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. Any person who shall violate any of the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child.

1. *Nome of child,* Mary ~~Sebastian~~ Sebastian
2. *Sex, (state whether mole or femole)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Mar. 16. - 1910
5. *Place of Birth, (Street and number)* 1436 Richardson
6. *Full name of Mother,* Anna ~~Sebastian~~ Sebastian
7. *Mother's Maiden Name,* Anna ~~Rose~~ Ross
8. *Mother's Birthplace,* Hungary
9. *Full name of Father,* John Sebastian
10. *Fother's Occupation,* Laborer
11. *Father's Birthplace,* Hungary

Nome of Medicol Attendant, or other person who makes this Return, Helen Nikolajuntz

Address, 1308 Townsend St. Locust Point

Remorks, CERTIFICATE CORRECTED 1-5-54

1 9 1 0 0 0 0 2 7 8 8 M.

Every practitioner in the form of a certificate across the face and filed day of each and every birth, and within six days after the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report said birth to the Board of Health, in the manner above required. And any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Name of Child, Evelyn Gertrude Hellwig
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, ~~June~~ 23 January
6. Place of Birth, (Street and number) 1712 Woodyear Place
6. Full name of Mother, Cora Fr. Hellwig
7. Mother's Maiden Name, Cora Fr. Goodrich
8. Mother's Birthplace, Pa.
9. Full name of Father, Howard Fr. Hellwig
10. Father's Occupation, Engineer
11. Father's Birthplace, Carroll County Md.

Name of Medical Attendant, or other person who makes this Return, Thomas Gibson

Address, 1103 Fulton Ave

Remarks,

1 9 1 0 0 0 0 2 7 8 9

RECEIVED FOR RECORD
AUG 6 1910
WM. BOOLEY, M.D.
REGISTRAR OF HEALTH

Every physician or midwife in attendance upon any birth shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore, Md., within ten days after the birth of any child and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Name of Child, Francis Edward Wehage
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, April 1st 1910
6. Place of Birth, (Street and number) 1220 Tenson st
6. Full name of Mother, Mary Gertrude Wehage
7. Mother's Maiden Name, Mary Gertrude Thuman Thuman
8. Mother's Birthplace, Balto Md
9. Full name of Father, Aloysius Wehage
10. Father's Occupation, Telegrapher
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Wm. M. Dunbar

Address, 1st N. E. Preston St.

Remarks, 19100002790

RECEIVED FOR RECORD
APR -6 1910
S. BOLEY M.D.
PRES. HEALTH

Sec. 20. Every owner, or other person having charge of any child, or the parent of any child, who shall neglect or refuse to report the birth of such child as required by this ordinance, or who shall make any false report of the birth of any child, or who shall refuse or neglect to comply with any of the provisions of this ordinance, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Name of child,* Frank Jayer
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* Mar 20
5. *Place of Birth, (Street and number)* 1438 Hanbest St
6. *Full name of Mother,* Kate Jayer
7. *Mother's Maiden Name,* Kate Mesler
8. *Mother's Birthplace,* Hungary
9. *Full name of Father,* Frank Jayer
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Hungary

Name of Medical Attendant, or other person who makes this Return, Helen Mikolajewitz

Address, 1308 Townsend St Locust Point

Remarks,

1 9 1 0 0 0 0 2 7 9 1

RECEIVED FOR RECORD
MAR -6 1916
JOHN S. ROSLEY M.D.
COMMISSIONER OF HEALTH

of a certificate between the first and third day of each and every month to the Office of Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother or parent, guardian or other person having charge of such child to report the birth to the Commissioner of Health. In the matter of such report, the form required by the Board of Health must be used, and the person hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55313

CITY OF BALTIMORE. (No. 1340 McHenry St.; Ward)

(2) FULL NAME OF CHILD Raymond French (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 6 1910

FATHER	MOTHER
(8) FULL NAME: Samuel J. French	(14) FULL MAIDEN NAME: Anna Stegman
(9) RESIDENCE: 1340 McHenry St	(15) RESIDENCE: 1340 McHenry St
(10) COLOR: White	(16) COLOR:
(11) AGE AT LAST BIRTHDAY: 40 (Years)	(17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: U. S.	(18) BIRTHPLACE: Germany
(13) OCCUPATION: Street Car inspector	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~1340 Mc Henry St~~ 3 P.M., the date above stated.

(23) Signature: S. Kahn M.D. (Physician or Midwife)

Address: 1823 E. North Ave

Filed APR -6 1910, 19

J. S. BOSLEY M.D. REGISTRAR

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55314

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. ____, St. ____, Ward)

(2) FULL NAME OF CHILD: Wm Adam Waltham

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 4, 1910

	FATHER	MOTHER
(8) FULL NAME	Otho Leo Waltham	(14) FULL MAIDEN NAME: Mary Gotham
(9) RESIDENCE	226 Madison St.	(15) RESIDENCE: 226 Madison St.
(10) COLOR	White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years)	about 30	(17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE	Alabama	(18) BIRTHPLACE: Md.
(13) OCCUPATION	Clerk	(19) OCCUPATION: House Keeper

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: One (this one)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.07 a. M., on the date above stated.

(23) Signature: D. Shaw MD Physician (Physician or Midwife)

Address: 1039 Edmondson Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 2 7 9 3

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed APR -6 1910, 19 ____

JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 455315

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Not named

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
M			No	Apr.	5	1910

FATHER		MOTHER	
(8) FULL NAME	—	(14) FULL MAIDEN NAME	Ava Jones
(9) RESIDENCE	—	(15) RESIDENCE	Md.
(10) COLOR	W.	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	—	(17) AGE AT LAST BIRTHDAY (Years)	15
(12) BIRTHPLACE	—	(18) BIRTHPLACE	Md.
(13) OCCUPATION	—	(19) OCCUPATION	None
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1:15 P. M., on the date above stated.

(23) Signature D. Murphy M.D.

(Physician or Midwife)

Address 1039 Edmondson Ave.

Filed APR -6 1910 19

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

* When there was no attending physician or midwife, then the father, householder etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

9-10 0 0 0 2 7 9 4

RECORD

JAS. BOGLEY (READ THE REVERSE SIDE)
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55316

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1112 Carrolton ave St.; Ward)

(2) FULL NAME OF CHILD B. EVELYN ANNE CLARK

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	single	3rd	Yes	March 3 1910

FATHER	MOTHER
(8) FULL NAME: Summer Garrison Clark	(14) FULL MAIDEN NAME: Sarah Bright
(9) RESIDENCE: 1112 Carrolton ave N.	(15) RESIDENCE: 1112 Carrolton ave N.
(10) COLOR: Colored	(16) COLOR: Colored
(11) AGE AT LAST BIRTHDAY: 38 (Years)	(17) AGE AT LAST BIRTHDAY: 32 (Years)
(12) BIRTHPLACE: Baltimore Md.	(18) BIRTHPLACE: Baltimore Md.
(13) OCCUPATION: Waiter	(19) OCCUPATION: House Keeper
(20) Number of children born to this mother, including present birth: 3rd	(21) Number of children of this mother now living: 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Mt Carrolton M., on the date above stated.

(23) Signature: Caroline Murray (Physician or Midwife)

Address: 1112 N. Howard St

Filed: [illegible], 19[illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report 3. 4/5. 1910 Registrar

RECEIVED FOR RECORD 0 0 0 0 2 7 9 5

MAR 5 1910

J. D. BOSLEY M.D. COMMISSIONER OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 526 W Biddle St — Registered No. B. A55317

CITY OF BALTIMORE. (No. 526 W Biddle St.; Ward)

(2) FULL NAME OF CHILD Leona Johnson — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	single	4th	Yes	April 3 1910

	FATHER	MOTHER
(8) FULL NAME	Albert Johnson	(14) FULL MAIDEN NAME Elizabeth King
(9) RESIDENCE	526 W Biddle St	(15) RESIDENCE 526 W. Biddle St
(10) COLOR	Colored	(16) COLOR Colored
(11) AGE AT LAST BIRTHDAY (Years)	26	(17) AGE AT LAST BIRTHDAY (Years) 24
(12) BIRTHPLACE	Baltimore Md.	(18) BIRTHPLACE Baltimore Md
(13) OCCUPATION	Porter	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 526 W Biddle St. M., the date above stated.

(23) Signature Caroline Murray (Physician or Midwife)

Address 838 N. Howard Balto. Md

* When there was no attending physician or midwife, then the father, householder, etc., should make the report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19__

Filed April 4, 1910

Registrar

(READ THE REVERSE SIDE)

Registrar

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APR -5 1910
BOSLEY MD
HEALTH DEPT

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55318

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 808 Little Green St.; Ward)

(2) FULL NAME OF CHILD Baby Cormack (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 25 1910

FATHER	MOTHER
(8) FULL NAME Boyd Shepard	(14) FULL MAIDEN NAME Gertrude Cormack
(9) RESIDENCE Hanover St.	(15) RESIDENCE 808 Little Green
(10) COLOR Blk (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR Blk (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE —	(18) BIRTHPLACE Baltimore Md.
(13) OCCUPATION —	(19) OCCUPATION Tobacco Factory
(20) Number of children born to this mother, including present birth —	(21) Number of children of this mother now living —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature W. D. McMicken (Physician or Midwife)

Address 622 N. London St.

Filed APR -5 1910 JAS. BOSLEY, M.D. Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

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BOARD OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 622 N. Lanvale St. Registered No. B. A55319

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Mary Frances Johnson { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female			Yes	March 28 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Alexandria Frazier

(9) RESIDENCE Troy

(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Troy

(13) OCCUPATION Waiter

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Estelle Johnson

(15) RESIDENCE Troy

(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Troy

(19) OCCUPATION Child Nurse

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

(23) Signature James A. Liberghus (Physician or Midwife)

Address ____

Filed APR -5 1910, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55320

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 5 N. West St St.; Ward)

(2) FULL NAME OF CHILD — Baby Koonze

If child is not yet named, make supplemental report, as directed

(3) Sex of Child — Female | (4) Twin, triplet, or other? | (5) Number in order of birth — 2 | (6) Legitimate? — Yes | (7) Date of Birth — 3-29 (Month) (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME — John Koonze

(9) RESIDENCE — 5 N. West St

(10) COLOR — Black | (11) AGE AT LAST BIRTHDAY — 33 (Years)

(12) BIRTHPLACE — Balto

(13) OCCUPATION — Laborer

(14) Number of children born to this mother, including present birth — 14

MOTHER

(14) FULL MAIDEN NAME — Mary Aynard

(15) RESIDENCE — 5 N. West St

(16) COLOR — [illegible] | (17) AGE AT LAST BIRTHDAY — (Years)

(18) BIRTHPLACE — Balto

(19) OCCUPATION — N. H.

(21) Number of children of this mother now living — 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at [illegible] M., the date above stated.

(23) Signature — A. McMillan

Address — 822 N. Lombard St (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 0 0 0 2 7 9 8

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD

Filed APR 5 1910, 19

Registrar

J. S. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR -5 1910
H. BARNEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, No name
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, March 28/10
6. Place of Birth, (Street and number) 1622 Division St,
6. Full name of Mother, Carrie M. Cox
7. Mother's Maiden Name, " Conaway
8. Mother's Birthplace, Virginia
9. Full name of Father, Bernice W. Cox
10. Father's Occupation, waiter
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, C. M. Cook

Address, 1107 W. Lemmon St

Remarks,

19100002800

third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or each person

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 55322

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 918 Whitecast Street, St.; Ward)

(2) FULL NAME OF CHILD George Alfred Shanks.

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 27 1910

FATHER	MOTHER
(8) FULL NAME George A Shanks	(14) FULL MAIDEN NAME Janine Goode
(9) RESIDENCE 918 Whitecast St	(15) RESIDENCE 918 Whitecast St
(10) COLOR Colored	(16) COLOR Colored
(11) AGE AT LAST BIRTHDAY 56 (Years)	(17) AGE AT LAST BIRTHDAY 46 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Virginia
(13) OCCUPATION Hod Carrier	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth Eight	(21) Number of children of this mother now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9:45 P. M., on the date above stated.

(23) Signature Garnett H. Johnson (Physician or Midwife)

Address Md. Homeopathic Hospital

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

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R 5 1910

S. BOSLEY M.D.
PROP. HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55323

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2203 Eutaw St.; Ward)

(2) FULL NAME OF CHILD: Baby Bruce

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
Male			Yes	3/21 1910

FATHER	MOTHER
(8) FULL NAME: Harry Bruce	(14) FULL MAIDEN NAME: Carrie Bruce
(9) RESIDENCE: 2203 Eutaw St	(15) RESIDENCE: 2203 Eutaw St
(10) COLOR: Black	(16) COLOR: Black
(11) AGE AT LAST BIRTHDAY: 47 (Years)	(17) AGE AT LAST BIRTHDAY: 31 (Years)
(12) BIRTHPLACE: Carroll Co.	(18) BIRTHPLACE: Carroll Co.
(13) OCCUPATION: Coach	(19) OCCUPATION: H.W.
(20) Number of children born to this mother, including present birth: 7	(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11½ a.m., on the date above stated.

(23) Signature: R. D. McMillan

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 8 0 2

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address: 622 W. Lombard St.

Filed ____ 19

APR -5 1910

JAS. BOSLEY, M.D. COMR. OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55324

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 921 Leadenhall St.; Ward)

(2) FULL NAME OF CHILD Baby Carson

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		—	Yes	3, 25, 1918

FATHER		MOTHER	
(8) FULL NAME	John Langon Carson	(14) FULL MAIDEN NAME	Mary Lucy Banks
(9) RESIDENCE	921 Leadenhall St.	(15) RESIDENCE	921 Leadenhall St
(10) COLOR	Colored	(11) AGE AT LAST BIRTHDAY (Years)	58
(16) COLOR	Colored	(17) AGE AT LAST BIRTHDAY (Years)	28
(12) BIRTHPLACE	Mecklenburg Co., N.C.	(18) BIRTHPLACE	Richmond, Va
(13) OCCUPATION	Elevedore	(19) OCCUPATION	Laundress
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

(23) Signature P D McMillan (Physician or Midwife)

Address 6 E Lombard St

Filed APR 5 1918, 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

U 0002803

JAS. BOSLEY M.D.
REGISTRAR OF VITAL STATISTICS

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55325

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No.) 739 Peirce St (St.; Ward)

(2) FULL NAME OF CHILD — Baby Parker (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	3-17 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	Albert Lester Parker	(14) FULL MAIDEN NAME	Mary Parker
(9) RESIDENCE	9 ? Druid Hill Ave	(15) RESIDENCE	739 Peirce St
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY	31 (Years)	(17) AGE AT LAST BIRTHDAY	30 (Years)
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Waiter	(19) OCCUPATION	Laundress
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

(23) Signature — R A McMillan

(Physician or Midwife)

Address 622 N Broadway

Filed APR -5 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., shall make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Maternity Hospital 622 N. Lonard St. Registered No. B 55326

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Earnest Gant (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth (To be answered only in event of plural birth)	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male			Yes	

FATHER		MOTHER	
(8) FULL NAME	Earnest Gant	(14) FULL MAIDEN NAME	Margie Quarles
(9) RESIDENCE	Annapolis Md	(15) RESIDENCE	Annapolis Md
(10) COLOR	Colored	(16) COLOR	Colored
(11) AGE AT LAST BIRTHDAY	23 (Years)	(17) AGE AT LAST BIRTHDAY	19 (Years)
(12) BIRTHPLACE	Annapolis Md	(18) BIRTHPLACE	Annapolis Md
(13) OCCUPATION	Labour	(19) OCCUPATION	H. W.

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature [illegible] (Physician or Midwife)

Address 622 N Lonard St

Filed APR -5 1910, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0002805

(24) Given name added from a supplemental report, 19

Registrar

CHARLES BOSLEY M.D. COMMISSIONER OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455327

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 12 Lanvale St. St.; Ward)

(2) FULL NAME OF CHILD Baby Pratt

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		first	Yes	3/7/6, 1910

FATHER	MOTHER
(9) FULL NAME	(14) FULL MAIDEN NAME Rebecca Pratt
(9) RESIDENCE	(15) RESIDENCE No. 2 Lanvale
(10) COLOR (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE Essex County, Virginia
(13) OCCUPATION	(19) OCCUPATION Dress maker
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a. M., on the date above stated.

(23) Signature R. A. McMillan (Physician or Midwife)

Address 622 N. Lembert St.

Filed APR -5 1910 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Registrar

RECORD

(READ THE REVERSE SIDE)

JAS. BOSLEY COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55328

(1) PLACE OF BIRTH 750 Warsche St — Registered No. B.

CITY OF BALTIMORE. (No. 750 Warsche St.; Ward)

(2) FULL NAME OF CHILD Master Huett — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1	Yes	March 16 1910

FATHER

(8) FULL NAME Chas. E Huett.

(9) RESIDENCE 750 Warsche St

(10) COLOR Black

(11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Balto.

(13) OCCUPATION Drives Wagon

(20) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME Mary Green

(15) RESIDENCE 727 Bradley St

(16) COLOR Black

(17) AGE AT LAST BIRTHDAY 22. (Years)

(18) BIRTHPLACE Balto

(19) OCCUPATION House Work

(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at — M., on the date above stated.

(23) Signature Wm McMillan 622 W Lombard St (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

21 U 0002807

(24) Given name added from a supplemental report, ——, 19

Registrar

Address

Filed APR -5 1910, 19

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55329

CITY OF BALTIMORE. (No. 942 Leadenhall St.; Ward)

(2) FULL NAME OF CHILD Baby Reynolds

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2	Yes	March 16 1910

FATHER	MOTHER
(8) FULL NAME Mathew Reynolds	(14) FULL MAIDEN NAME Mary Jackson
(9) RESIDENCE 942 Leadenhall	(15) RESIDENCE 942 Leadenhall
(10) COLOR Black	(16) COLOR Black
(11) AGE AT LAST BIRTHDAY 24 (Years)	(17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Md.	(18) BIRTHPLACE Md
(13) OCCUPATION Laborer	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature R. R. McMillan / Ann M. Lombard (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Registrar

Address [illegible]

Filed APR 5 1910, 19 .

WM. BOSLEY, M.D. COMM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A55330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the case to the Commissioner of Health, stating the particulars required above, and in default of so doing such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth April 1, 1910
4. Place of Birth, (Street and Number) Bay View Hospital
5. Full Name of Mother, Rose Eleanor King
6. Mother's Maiden Name, Rose Shepperd
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Arthur King
9. Father's Occupation, Laborer
10. Father's Birthplace, Loudoun Co Va

Name of Medical Attendant, or other person who makes this Return, Baruch Cooper M.D.

Address, Bay View Hospital

Remarks, 1 9 1 0 0 0 0 2 8 0 9

M W Ecker Asst

RECEIVED
RECORD
APR -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Baltimore — Registered No. B 55331

CITY OF BALTIMORE. (No. 1410, Baltimore Reynolds St.; Ward)

(2) FULL NAME OF CHILD Lillian Evelina Leafer. {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			no.	March 30, 1910

FATHER		MOTHER	
(8) FULL NAME	Will Leafer	(14) FULL MAIDEN NAME	Viola Hunt
(9) RESIDENCE	1410 Reynolds St	(15) RESIDENCE	1410 Reynolds St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	Kentucky	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Soldier	(19) OCCUPATION	

(20) Number of children born to this mother, including present birth 1st — (21) Number of children of this mother now living 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1410 Reynolds St M., on the date above stated.

(23) Signature Evelina Ruen Midwife (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

100002810

(24) Given name added from a supplemental report ____, 19__

Address 1475 Reynolds St.

Filed 3rd April 1910

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55332

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE, (No. 431 N. 24th St; St.; Ward)

(2) FULL NAME OF CHILD — Mildred L. Carter

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
F	(To be answered only in event of plural births)		Yes	March 25, 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: Maurice Carter	(14) FULL MAIDEN NAME: Lydia Sims
(9) RESIDENCE: 431 N. 24th St	(15) RESIDENCE: 431 N. 24th St.
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 33 (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 29 (Years)
(12) BIRTHPLACE: Balto. Co	(18) BIRTHPLACE: Balto. Co.
(13) OCCUPATION: R.R. Carpenter	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5-30 a. M., on the date above stated.

(23) Signature: H. L. Fair, Physician (Physician or Midwife)

Address: 12 E. 25th St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed APR -5 1910, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55333

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 2240 N. Batts St.; St.; Ward)

(2) FULL NAME OF CHILD Frances Caroline Rowe — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
	(To be answered only in event of plural births)			Mar (Month) 20 (Day) 19 10 (Year)

FATHER

(8) FULL NAME Howard Rowe

(9) RESIDENCE 2240 N. Batts St

(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE City

(13) OCCUPATION Clerk

MOTHER

(14) FULL MAIDEN NAME Helen Rowe

(15) RESIDENCE 2240 N. Batts St

(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)

(16) BIRTHPLACE Catonsville, Md

(19) OCCUPATION House wife

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature H. L. Fair

0 0 0 2 8 1 2 Physician (Physician or Midwife)

Address 2228 25th St.

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

Filed 1-5 1910 , 19

Registrar

CHARLES E. BOSLEY M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55334

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. [illegible], Dover St. St.; 22 Ward)

(2) FULL NAME OF CHILD [illegible] (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Months) (Day) 19 (Year)
Female			yes	[illegible] 19 [illegible]

FATHER	MOTHER
(8) FULL NAME: [illegible]	(14) FULL MAIDEN NAME: [illegible]
(9) RESIDENCE: [illegible]	(15) RESIDENCE: [illegible]
(10) COLOR: [illegible]	(16) COLOR: [illegible]
(11) AGE AT LAST BIRTHDAY: [illegible] (Years)	(17) AGE AT LAST BIRTHDAY: [illegible] (Years)
(12) BIRTHPLACE: [illegible]	(18) BIRTHPLACE: [illegible]
(13) OCCUPATION: [illegible]	(19) OCCUPATION: [illegible]
(20) Number of children born to this mother, including present birth: [illegible]	(21) Number of children of this mother now living: [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at [illegible] M., the date above stated.

(23) Signature [illegible] (Physician or Midwife)

[illegible] 0 0 0 0 2 8 1 3

[illegible]

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report [illegible], 19

Address [illegible]

Filed [illegible] 19 .

Registrar

Registrar

RECEIVED FOR RECORD
APR -5 1910
WM. S. BOGLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE CORRECTED 4/10/61

(1) PLACE OF BIRTH — Registered No. B 55335

CITY OF BALTIMORE. (No. 214 E. Lombard St.; 2 Ward)

(2) FULL NAME OF CHILD Mary E. Kayser

(3) Sex of Child: Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth: Feb. (Month) 5 (Day) 19 2 (Year)

FATHER

(8) FULL NAME: Logan Kayser

(9) RESIDENCE: 211 E. Lombard St.

(10) COLOR | (11) AGE AT LAST BIRTHDAY: 23 (Years)

(12) BIRTHPLACE: Baltimore Md

(13) OCCUPATION: Police Officer

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Lena Morris

(15) RESIDENCE: 211 E. Lombard St.

(16) COLOR | (17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Baltimore Md

(19) OCCUPATION: -

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

(23) Signature: Dr. Lena Plummer (Physician or Midwife) 2211 E. Lombard St

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 1 8 0 0 0 2 8 1 4

RECEIVED FOR RECORD

(24) Given name added from a supplemental report ____, 19

Filed APR -5 1910, 19

JAS. BOSLEY M.D. BOARD OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. A55336

CITY OF BALTIMORE. (No. 1426 Allen St.; Ward)

(2) FULL NAME OF CHILD Marguerite Hamett Dick — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
F.			Yes.	Mar. 13, 1910

	FATHER	MOTHER
(8) FULL NAME	Jno. Dick.	(14) FULL MAIDEN NAME Marguerite Boldy.
(9) RESIDENCE	1426 Allen	(15) RESIDENCE 1426 Allen.
(10) COLOR	W	(16) COLOR W.
(11) AGE AT LAST BIRTHDAY (Years)	20	(17) AGE AT LAST BIRTHDAY (Years) 17
(12) BIRTHPLACE	Chester Pa.	(18) BIRTHPLACE Rhode Island. Con.
(13) OCCUPATION	Enamel Burner	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7:30 A.M., on the date above stated.

(23) Signature Chas B. Fowler M.D. (Physician or Midwife)

Address 1514 Webster St.

(24) Given name added from a supplemental report ____, 19 ____

Filed ____ 19 ____

Registrar

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 8 1 5

RECEIVED FOR RECORD APR -5 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55337

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 638 Pabay St; St.; Ward) — Registered No. B.

(2) FULL NAME OF CHILD: Baby Edmonds

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			No	3 — 18 — 1910

FATHER		MOTHER	
(8) FULL NAME	—	(14) FULL MAIDEN NAME	Gladis Edmonds
(9) RESIDENCE	—	(15) RESIDENCE	638 Pabay St
(10) COLOR	—	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	—	(17) AGE AT LAST BIRTHDAY (Years)	29
(12) BIRTHPLACE	—	(18) BIRTHPLACE	New York, N.Y.
(13) OCCUPATION	—	(19) OCCUPATION	H. W.
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P. M., on the date above stated.

(23) Signature: R. J. McMillan

(Physician or Midwife) 622 N Lombard St

Address: 4-3 1910

Filed: 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 2 8 1 6

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55338

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. _____ St.; _____ Ward)

(2) FULL NAME OF CHILD Martha Florence Lindroos. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
female.	(To be answered only in event of plural births)	4.		March, 27, 1910. (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: Herman Lindroos.	(14) FULL MAIDEN NAME: Anna Palmgren.
(9) RESIDENCE: 215 S. Castle St.	(15) RESIDENCE: 215 S. Castle St.
(10) COLOR	(11) AGE AT LAST BIRTHDAY: 45. (Years)
(16) COLOR	(17) AGE AT LAST BIRTHDAY: 36. (Years)
(12) BIRTHPLACE: Finnland (Europe)	(18) BIRTHPLACE: Finnland (Europe)
(13) OCCUPATION: Ing-builder.	(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth 4.

(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 215 S. Castle St M., the date above stated.

(23) Signature Mrs K. Kley. Midwife (Physician or Midwife)

Address 2224 E. Lombard St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 2 8 1 7

(24) Given name added from a supplemental report _____, 19

Filed APR -5 1910, 19

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55339

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Thelma Lucile Jarey. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
female.	(To be answered only in event of plural births)	1		March 24 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME: Hilbert Jarey.

(9) RESIDENCE: 2134. E. Federal St.

(10) COLOR: ____ (11) AGE AT LAST BIRTHDAY: 24. (Years)

(12) BIRTHPLACE: Illinois.

(13) OCCUPATION: Metal-worker.

(20) Number of children born to this mother, including present birth: 1.

MOTHER

(14) FULL MAIDEN NAME: Wilhelmine Jansch

(15) RESIDENCE: 2134. E. Federal St.

(16) COLOR: ____ (17) AGE AT LAST BIRTHDAY: 24. (Years)

(18) BIRTHPLACE: Balto Md.

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2134. E. Federal St., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature Mrs K. Kley. Midwife (Physician or Midwife)

0 0 0 0 2 8 1 8

(24) Given name added from a supplemental report ____, 19

Address 2224 E. Lombard St.

Filed Aug 5 1910, 19

Registrar

JAS. BOSLEY, M.D. COMM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55340

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Mary Kunigunde Minderlein (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		5.		March 10 1910

FATHER	MOTHER
(8) FULL NAME: Conrad Minderlein	(14) FULL MAIDEN NAME: Veronica Usch.
(9) RESIDENCE: 230 S. Washington St.	(15) RESIDENCE: 230 S. Washington St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 36 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 36 (Years)
(12) BIRTHPLACE: Balto Md.	(18) BIRTHPLACE: Balto Md.
(13) OCCUPATION: Officer.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: 5.	(21) Number of children of this mother now living: 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 230 S. Washington St., the date above stated.

(23) Signature: Mrs K. Kley. (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Address 2224 E. Lombard St.

Filed AUG -5 1910, 19

Registrar

JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55341

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Martha Kajacz Kowska — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		1.		5 March 1910.

FATHER	MOTHER
(8) FULL NAME: George Kajacz kowska	(14) FULL MAIDEN NAME: Cecilia Pawlak.
(9) RESIDENCE: 523 S. Lakewood Ave.	(15) RESIDENCE: 523. S. Lakewood Ave
(10) ~~COLOR~~	(16) ~~COLOR~~
(11) AGE AT LAST BIRTHDAY: 24. (Years)	(17) AGE AT LAST BIRTHDAY: 19. (Years)
(12) BIRTHPLACE: Germany. (Polen)	(18) BIRTHPLACE: Germany Polen
(13) OCCUPATION: Tailor.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: 1.	(21) Number of children of this mother now living: 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 523 S Lakewood Ave. on the date above stated.

(23) Signature Mrs K. Kley. (Physician or Midwife) Midwife

Address 2224 E. Lombard St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

A 1 0 0 0 0 2 8 2 0

(24) Given name added from a supplemental report ____, 19

Filed APR -5 1910 19 .

Registrar

Registrar

JAS. BOOLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55342

(1) PLACE OF BIRTH — Registered No. B 110

CITY OF BALTIMORE. (No. 429 E Madison St. ; 10 Ward)

(2) FULL NAME OF CHILD — Evelyn Carter Kennedy (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 1st, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Herbert Kennedy	Delma Carter
(9) RESIDENCE / (15) RESIDENCE	429 E Madison St	429 E. Madison St
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	30	27
(12) BIRTHPLACE / (18) BIRTHPLACE	Md	Md
(13) OCCUPATION / (19) OCCUPATION	Laborer	~~Laborer~~
(20) Number of children born to this mother, including present birth	2	
(21) Number of children of this mother now living		2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a M., on the date above stated.

(23) Signature L. A. Richardson M.D. (Physician or Midwife) 112 W. 20th St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1910 00 028 21

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Address

RECORDED

APR 5 1910

Filed ____, 19 ____

J. S. BOSLEY, M.D.
COMM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A553[illegible]

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2741 Huntington Ave St.; 12 Ward)

(2) FULL NAME OF CHILD — Virginia Elizabeth Hardesty — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 3rd 1910

FATHER		MOTHER	
(8) FULL NAME	Richard W. Hardesty	(14) FULL MAIDEN NAME	Virginia E. Beard
(9) RESIDENCE	2741 Huntington Ave	(15) RESIDENCE	2741 Huntington Ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	32
(12) BIRTHPLACE	Md	(18) BIRTHPLACE	Md
(13) OCCUPATION	Flagman P.R.R.	(19) OCCUPATION	—
(20) Number of children born to this mother, including present birth	Four	(21) Number of children of this mother now living	Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6:15 a. M., on the date above stated.

(23) Signature L. A. Richardson M.D. 112 W. 2[illegible] (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

I 0 0 0 2 8 2 2

(24) Given name added from a supplemental report ____, 19

Address ____

Filed ____, 19 .

JAS. EDSLEY, M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55344

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 19 Maryland Ave. Hosp St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD Roger Alvin Clapp

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	Dec. 17 1919.

	FATHER	MOTHER
(8) FULL NAME	Clyde A. Clapp	(14) FULL MAIDEN NAME Lilian Dickerson
(9) RESIDENCE	942 Cathedral St.	(15) RESIDENCE 942 Cathedral St.
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	29.	(17) AGE AT LAST BIRTHDAY (Years) 28
(12) BIRTHPLACE	Ohio	(18) BIRTHPLACE Ohio.
(13) OCCUPATION	Physician	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 10a M., on the date above stated.

(23) Signature J. N. B. E. Seyer M.D.

(17) (Physician or Midwife)

Address 1529 Park Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

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DEPARTMENT OF HEALTH
DEC -5 1919
J. J. SEEY M.D.
COMMISSIONER OF HEALTH

Filed ____, 19 .

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55345

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 76, Pennsylvania Ave St.; 21st Ward)

(2) FULL NAME OF CHILD Jo Anne — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 14, 1912

FATHER

(8) FULL NAME: Thomas Patterson Jr.

(9) RESIDENCE: 767 Pennsylvania Ave

(10) COLOR

(11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: Baltimore Md

(13) OCCUPATION: Porter

(20) Number of children born to this mother, including present birth: 5

MOTHER

(14) FULL MAIDEN NAME: Anna E. Patterson

(15) RESIDENCE: 767 Pennsylvania Ave

(16) COLOR

(17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: Baltimore Md

(19) OCCUPATION: - -

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

(23) Signature: Mary Julia Flavan, M.D. (Physician or Midwife)

Address: 76 W. Pennsylvania Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Filed ____, 19

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Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 455346

CITY OF BALTIMORE. (No. 925, N. Lombard St. St.; 16 Ward)

(2) FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male			Yes	Feb 15, 19

FATHER

(9) FULL NAME: William F. Clark

(9) RESIDENCE: 925 N. Lombard St.

(10) COLOR: — (11) AGE AT LAST BIRTHDAY: 22 (Years)

(12) BIRTHPLACE: Balto. Md.

(13) OCCUPATION: Bridgeman

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Mary E. Bowles

(15) RESIDENCE: 925 N. Lombard St.

(16) COLOR: — (17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Balto. Md.

(19) OCCUPATION: —

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., the date above stated.

(23) Signature: Mrs Julia Plaine — 0 0 0 0 2 8 2 5 — 925 N. Lombard St. (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Address ____

Filed MAR -5 1910, 19 ____ S. BOGLEY M.D. COM'R OF HEALTH Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 155347

CITY OF BALTIMORE. (No. 1508 N Durham St.; Ward)

(2) FULL NAME OF CHILD Joseph Mynier — If child is not yet named, make supplemental report, as directed

(3) Sex of Child: Male | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth March 5, 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Frank Mynier	(14) FULL MAIDEN NAME Cary Bauman
(9) RESIDENCE Baltimore	(15) RESIDENCE Baltimore
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 25 (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Germany	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Tayler	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 P M., on the date above stated.

(23) Signature John T Avery M.D. (Physician or Midwife)

Address 1825 E. Broadway

Filed APR 5 1910, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 0 2 8 2 5

(24) Given name added from a supplemental report ____, 19

Registrar

RECORD

JAS. BOGLEY M.D. COMR OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Over

A55348

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1032 Malden St. St.; Ward)

(2) FULL NAME OF CHILD Junkard (Baby) Benny — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2	Yes	March 18 1910

FATHER	MOTHER
(8) FULL NAME John H. Benny	(14) FULL MAIDEN NAME Mamie Reinhart
(9) RESIDENCE 1032 Malden St.	(15) RESIDENCE 1032 Malden St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Furniture varnisher.	(19) OCCUPATION Housekeeper.
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature R. L. McMillan (Physician or Midwife)

Address 1132 N. Longwood St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

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JAS. BOSLEY, M.D. COMR OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55349

CITY OF BALTIMORE. (No. 1532 N Washington St. St.; Ward)

(2) FULL NAME OF CHILD Louis Beyer. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				March 30th 1910

FATHER		MOTHER	
(8) FULL NAME	Geo. H Beyer	(14) FULL MAIDEN NAME	Marie M. Schubert
(9) RESIDENCE	1532 N. Washington St	(15) RESIDENCE	1400 Monument ave
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	23.
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Brewery Worker	(19) OCCUPATION	House Work
(20) Number of children born to this mother, including present birth	One.	(21) Number of children of this mother now living	One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1532 N. Washington St, Md. on the date above stated.

(23) Signature Mrs. E. Gardner Midwife (Physician or Midwife)

Address 202 S. Wolf St.

Filed April 5 1910

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 55350

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 1103 N Stricker St.; Ward)

(2) FULL NAME OF CHILD — William Frederick Massorski (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(8) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	✓	✓	yes	3, 26, 1910

FATHER	MOTHER
(8) FULL NAME: William F. Massorski	(14) FULL MAIDEN NAME: Mary Tarlton
(9) RESIDENCE: 1103 N. Stricker st.	(15) RESIDENCE: 1103 Stricker st
(10) COLOR: W	(16) COLOR: W
(11) AGE AT LAST BIRTHDAY: 35 (Years)	(17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: Germany	(18) BIRTHPLACE: Balto. city
(13) OCCUPATION: Laborer	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: ✓	(21) Number of children of this mother now living: ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3/26/10 - 6 a. M., on the date above stated.

(23) Signature: Claude Stonesifer (Physician or Midwife)

Address: 1617 Fulton ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that has neither breathed nor shown other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Filed APR -5 1910, 19

Registrar

J. S. BOGLEY M.D. COM'R OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE ~~AMENDED~~ 10/31/13 A55351

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 14, Gold at, St.: 15 Ward)

(2) FULL NAME OF CHILD STANLEY ~~Edwards~~ Crawford

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	✓	1	yes	3, 11, 19 10

FATHER

(8) FULL NAME: Alfred Crawford

(9) RESIDENCE: 1721 W. Lanvale st

(10) COLOR: white (11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Balto. city

(13) OCCUPATION: Painter

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Mamie Eunice

(15) RESIDENCE: 1721 W. Lanvale st

(16) COLOR: white (17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Washington D.C.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3/11/10 — 4.55 a/M., the date above stated.

(23) Signature: Blanche Stanciphe (Physician or Midwife)

Address: 1617 Fulton ave

(24) Given name added from a supplemental report ____, 19 ____

Filed 4/5, 19 10

Registrar

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* When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55352

CITY OF BALTIMORE. (No. 1300 Hull St Baltimore City St., 24 Ward)

(2) FULL NAME OF CHILD not yet decided August Ernest Otterbein (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Boy		2		April 1, 1910

FATHER	MOTHER
(8) FULL NAME George F. Otterbein	(14) FULL MAIDEN NAME Marie Jonske
(9) RESIDENCE 1300 Hull St	(15) RESIDENCE 1300 Hull St.
(10) COLOR white (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Germany
(13) OCCUPATION Saloon Keeper	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Johanna Jonske (Physician or Midwife)

Address 1300 Hull St

Filed April 4, 1910 Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

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RECORD
BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55353

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 611 Aisquith St.; Ward)

(2) FULL NAME OF CHILD Fishel Freedenburg — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	February 24 1910

FATHER		MOTHER	
(8) FULL NAME	Isaac Freedenburg	(14) FULL MAIDEN NAME	Pearl Schapiro
(9) RESIDENCE	611 Aisquith St	(15) RESIDENCE	611 Aisquith St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	29
(12) BIRTHPLACE	London England	(18) BIRTHPLACE	London England
(13) OCCUPATION	Letter Carrier	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	Four	(21) Number of children of this mother now living	Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P M., the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(23) Signature Alfred A Braudrick M.D. (Physician or Midwife)

0 1 8 0 0 0 2 8 3 2

(24) Given name added from a supplemental report....., 19

Address 222 S Patterson Park Ave

Filed 19

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APR -5 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 222 W. Lombard St. Registered No. B. A55354

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Henry Isban

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Mar. 22 1910

FATHER	MOTHER
(8) FULL NAME Henry Isban	(14) FULL MAIDEN NAME Jennie Gelbeine
(9) RESIDENCE 222 Green St	(15) RESIDENCE 224 Green
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 22 (Years)	(17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Tailor	(19) OCCUPATION H. W.
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature James L. Hughes (Physician or Midwife)

Address 6 22 E. Lombard St

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report , 19

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Filed APR 5 1910, 19

RECORDED

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55355

(1) PLACE OF BIRTH 622 W. Lombard St — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Charley Pridchos — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) ~~Twin, triplet,~~ or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 31 1910

FATHER	MOTHER
(8) FULL NAME: Antonio Pridchos	(14) FULL MAIDEN NAME: Annie Mosnick
(9) RESIDENCE: 908 S Paca St	(15) RESIDENCE: 908 S Paca St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 44 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 34 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION: H.W.
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature James A Hughes (Physician or Midwife)

Address 622 W Lombard St

Filed APR -5 1910, 19 . Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 . Registrar

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RECORD

JAS. BOSLEY M.D. COMR OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55356

(1) PLACE OF BIRTH 2222 W. Lombard St — Registered No. 8.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Jul Crecelis — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	May 27 1910

FATHER	MOTHER
(8) FULL NAME: Jul Crecelis	(14) FULL MAIDEN NAME: Celia Morlena
(9) RESIDENCE: 2383 Bank St	(15) RESIDENCE: 2383 Bank St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 26 (Years)	(17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Sailor	(19) OCCUPATION: H W
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ~~ALIVE~~ at ____ M., on the date above stated.

(23) Signature: Ernest Hughes (Physician or Midwife)

Address: 2222 W Lombard St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed MAR -5 1910, 19 ____

CHAS BOSLEY M.D. COM'R OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55357

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE, (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Frank Kurzinski. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural birth)	11.		March 16 1910.

FATHER	MOTHER
(8) FULL NAME: Louis Kurzinski.	(14) FULL MAIDEN NAME: Maggie Stromer.
(9) RESIDENCE: 2114 Canary Court.	(15) RESIDENCE: 2114 Canary Court.
(10) COLOR	(16) COLOR
(11) AGE AT LAST BIRTHDAY 38. (Years)	(17) AGE AT LAST BIRTHDAY 35. (Years)
(12) BIRTHPLACE: Germany.	(18) BIRTHPLACE: Balto Md.
(13) OCCUPATION: Laborer.	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth 11.	(21) Number of children of this mother now living 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2114 Canary Court M., on the date above stated.

(23) Signature Mrs. K. Kley. Midwife (Physician or Midwife)

Address 2224 E. Lombard St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Filed A R -5 1910, 19 .

Registrar

JAS. H. DOSLEY, M.D. COMR OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55358

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Heinrich William Koerner. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		4.		March 15 1910.

FATHER	MOTHER
(8) FULL NAME Heinrich Koerner.	(14) FULL MAIDEN NAME Minna Schramm.
(9) RESIDENCE 2531. Foster Ave.	(15) RESIDENCE 2531. Foster Ave.
(10) COLOR	(16) COLOR
(11) AGE AT LAST BIRTHDAY 44. (Years)	(17) AGE AT LAST BIRTHDAY 39. (Years)
(12) BIRTHPLACE Balto Md.	(18) BIRTHPLACE Germany.
(13) OCCUPATION Clerk.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 4.	(21) Number of children of this mother now living 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2531. Foster Ave M., on the date above stated.

(23) Signature Mrs K. Key. M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0002837

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 2224. E. Lombard St.

Filed APR -5 1910 19

JAS BOSLEY M.D. COMM OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55359

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Vernon James McFaul. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		5.		10 March 1910.

FATHER	MOTHER
(8) FULL NAME: Alexander McFaul.	(14) FULL MAIDEN NAME: Marguerite Brann.
(9) RESIDENCE: 302 S. Castle St.	(15) RESIDENCE: 302 S. Castle St.
(10) COLOR	(16) COLOR
(11) AGE AT LAST BIRTHDAY 41. (Years)	(17) AGE AT LAST BIRTHDAY 27. (Years)
(12) BIRTHPLACE: Balto Md.	(18) BIRTHPLACE: Balto Md.
(13) OCCUPATION: Ship - Carpenter.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth 5.	(21) Number of children of this mother now living 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 302 S. Castle St. M., on the date above stated.

(23) Signature Mrs K. Kley. Midwife (Physician or Midwife)

Address 2224 E. Lombard St.

Filed APR -5 1910, 19 .

Registrar

M.S. BUSLEY, M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., shall make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

C L U 0 0 0 2 8 3 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55360

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Edward Rohleder. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				March 4 1910.

FATHER	MOTHER
(8) FULL NAME: Henry Rohleder	(14) FULL MAIDEN NAME: Lilian Barschess.
(9) RESIDENCE: 2121. Fairmount Ave	(15) RESIDENCE: Fairmount Ave.
(10) COLOR	(16) COLOR
(11) AGE AT LAST BIRTHDAY (Years): 28	(17) AGE AT LAST BIRTHDAY (Years): 23.
(12) BIRTHPLACE: Balto Md.	(18) BIRTHPLACE: Balto Md.
(13) OCCUPATION: Carpenter.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: 3.	(21) Number of children of this mother now living: 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2121 Fairmount Ave M., on the date above stated.

(23) Signature: Mrs K. Kley. Midwife (Physician or Midwife)

Address: 2294. E. Lombard St

Filed: APR 5 1910. 19 ____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows any other evidence of life after birth.

10 0002839

(24) Given name added from a supplemental report ____, 19 ____ Registrar

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APR 5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55361

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 950 Harlem ave St.; Ward)

(2) FULL NAME OF CHILD — John Crawford Doughtery. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	3 16 1910

FATHER

(8) FULL NAME: Abel J. Doughty

(9) RESIDENCE: 950 Harlem ave

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: Accomack Co Va

(13) OCCUPATION: Clerk Show House

MOTHER

(14) FULL MAIDEN NAME: Florence E Draper

(15) RESIDENCE: 950 Harlem ave

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 a.m. on the date above stated.

(23) Signature: L. A. Burlington M.D. (Physician or Midwife)

Address: 105 E Fort ave

Filed APR -3 1910 19

JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Registrar

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55362

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 426 S Patterson Pk Ave St.; 1 Ward)

(2) FULL NAME OF CHILD Calvert Bell — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male		1st	yes	April (Month) 3 (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME: Mabrey B Bell	(14) FULL MAIDEN NAME: Lillian Keena
(9) RESIDENCE: 426 S Patterson Pk Ave	(15) RESIDENCE: 426 N Patterson Pk Ave
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 35 (Years)	(17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: N Yp
(13) OCCUPATION: Dentist-	(19) OCCUPATION: Wife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.20 M., on the date above stated.

(23) Signature J T Speckenall M D

Physician (Physician or Midwife)

Address 2112 E Baltimore St-

Filed APR -5 1910 19

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55363

1) PLACE OF BIRTH #540 wilson st Baltimore Md — Registered No. B.

CITY OF BALTIMORE. (No. 540 wilson St St.; Ward)

2) FULL NAME OF CHILD Julia Smith — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	(To be answered only in event of plural births)			April 12th 1910

FATHER	MOTHER
(8) FULL NAME: Owen Smith	(14) FULL MAIDEN NAME: Julia washington
(9) RESIDENCE: #540 wilson St city	(15) RESIDENCE: 540 wilson St city
(10) COLOR: Colored — (11) AGE AT LAST BIRTHDAY: 30 (Years)	(16) COLOR: Colored — (17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: #540 wilson St city	(18) BIRTHPLACE: Baltimor Maryland
(13) OCCUPATION: Teamster	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living: All living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 540 wilson Street M., to the date above stated.

(23) Signature Mary Ann Mason

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 8 4 9 2 — 2 walnut St Baltimore Md (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address

Filed April 13, 1910

Registrar

Registrar

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APR 15 1910
JAS. BOSLEY
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55364

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
Male		4		13 . 19

FATHER		MOTHER	
(8) FULL NAME	William Jones	(14) FULL MAIDEN NAME	Maggie Golder
(9) RESIDENCE	899 Leadenhall st	(15) RESIDENCE	899 Leadenhall st
(10) COLOR	Colored	(16) COLOR	Colored
(11) AGE AT LAST BIRTHDAY (Years)	28 Yrs	(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	899 Leadenhall st	(18) BIRTHPLACE	Calvert Co md
(13) OCCUPATION	Labor	(19) OCCUPATION	Washing
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at Mary Mahl M. on the date above stated.

(23) Signature Maggie Jones (Physician or Midwife)

Address 805 W Hughes st

Filed APR 15 1919 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 8 4 3

(24) Given name added from a supplemental report Maggie Jones, 19

Registrar

899 Leadenhall st

JAS. BOSLEY, M.D. COMR OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 455365

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 1417 Woward St.; Ward)

(2) FULL NAME OF CHILD — Ruth Milka

If child is not yet named, make supplemental report, as directed.

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl	1			March 30 1910

FATHER		MOTHER	
(8) FULL NAME	John Milka	(14) FULL MAIDEN NAME	Ruby Leonard
(9) RESIDENCE	1417 Woward St	(15) RESIDENCE	1417 Woward St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	20
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Labor Worker	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8. 20 M., on the date above stated.

(23) Signature Anna Dooo (Physician or Midwife)

Address 1317 James St

Filed , 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 10 0002844

(24) Given name added from a supplemental report , 19

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RECEIVED FOR RECORD APR 15 1910 H.S. BOGLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55366

CITY OF BALTIMORE. (No. 1314 Milton Ave St.; Ward)

(2) FULL NAME OF CHILD Rosie Rodgers { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	1.	3		March 26 1910

FATHER

(8) FULL NAME: William Rodgers

(9) RESIDENCE: 1314 Milton Ave

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: — (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Motorman

(20) Number of children born to this mother, including present birth 3.

MOTHER

(14) FULL MAIDEN NAME: Minnie Fragesser

(15) RESIDENCE: 1314 Milton Ave

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: House-work

(21) Number of children of this mother now living 3

RECEIVED FOR RECORD APR 15 1910 M.,
BAGLEY M.D.
COMMISSIONER OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ... on the date above stated.

(23) Signature Mrs M. Hamlick (Physician or Midwife)

Address 1925 E. Eager St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 2 8 4 5

(24) Given name added from a supplemental report ..., 19 ...

Registrar

Filed ..., 19 ...

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55367

CITY OF BALTIMORE. (No. 1623 Barnes St. St.; Ward)

(2) FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	/	1.		4, 5 1910

FATHER	MOTHER
(8) FULL NAME: Frank Sluka	(14) FULL MAIDEN NAME: Sophia Gindra
(9) RESIDENCE: 1623 Barnes St	(15) RESIDENCE: 1623 Barnes St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years):	(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years):
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Labor	(19) OCCUPATION: Horse W. [illegible]
(20) Number of children born to this mother, including present birth: 7	(21) Number of children of this mother now living: 7

FILED FOR RECORD
MAY 5 1910
S. BOSLEY M.D.
REG. OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Mrs. Hamlit (Physician or Midwife) 925 E. Eager St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C T U 0 0 2 8 4 6

(24) Given name added from a supplemental report ____, 19 — Address

Filed ____, 19 . — Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 55368

CITY OF BALTIMORE. (No. 820 Bluchers Ave St.; Ward)

(2) FULL NAME OF CHILD — ? — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F			yes	2 24, 1910

	FATHER	MOTHER
(8) FULL NAME	Chas J. Moon	(14) FULL MAIDEN NAME Mary A. Lanahan
(9) RESIDENCE	820 Bluchers Ave	(15) RESIDENCE 820 Bluchers Ave
(10) COLOR	W	(16) COLOR W
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years) 26
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE Balto England
(13) OCCUPATION	Pipeman B.C.F.D	(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.30 M., on the date above stated.

(23) Signature Geo L Duncklee M.D. (Physician or Midwife)

Address 721 N Gilmor St

Filed , 19 . Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

T 0 0 0 2 8 4 7

(24) Given name added from a supplemental report , 19 Registrar

RECEIVED FOR RECORD APR 15 1910 S. BOSLEY M.D. REGISTRAR OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

aww

Registered No. B. A55369

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 234 Mount St. ; Ward)

(2) FULL NAME OF CHILD James (Gilin) Gillin

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Boy	1			April 7 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Joseph Gillin (Josef Gilin)	(14) FULL MAIDEN NAME Anna Schmidt
(9) RESIDENCE 234 Mount St	(15) RESIDENCE 234 Mount St
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 31 (Years)	(17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Tener	(19) OCCUPATION House Work
(20) Number of children born to this mother, including present birth 1.	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 10 40 M., on the date above stated.

(23) Signature

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 8 4 8 Anna Dosol (Physician or Midwife)

(24) Given name added from a supplemental report , 19

Address 132 S James St

Filed , 19 .

RECEIVED FOR RECORD APR 15 1910 J. S. BOSLEY Registrar BD. OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE.

Registered No. B. A55370

(No. 202 Six Highlandtown St.; Ward)

(2) FULL NAME OF CHILD — Michael Hnberik

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Boy.	/			March 26 1910

FATHER

(8) FULL NAME — Michael Hnberik

(9) RESIDENCE — 202 Six St Highland

(10) COLOR — White

(11) AGE AT LAST BIRTHDAY — 30 (Years)

(12) BIRTHPLACE — Hungary

(13) OCCUPATION — Plough Smith

(20) Number of children born to this mother, including present birth — 3

MOTHER

(14) FULL MAIDEN NAME — Margaretha Wiesner

(15) RESIDENCE — 202 Six St Highland to

(16) COLOR — White

(17) AGE AT LAST BIRTHDAY — 30 (Years)

(18) BIRTHPLACE — Hungary

(19) OCCUPATION — House Work

(21) Number of children of this mother now living — 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 30 M., on the date above stated.

(23) Signature — Anna Dosoc (Physician or Midwife)

Address — James St 1325

Filed _____, 19 .

_____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

_____ Registrar

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U 0 0 2 8 4 9

RECEIVED FOR RECORD APR 15 1910 JOHN S. BOSLEY Registrar REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55371

CITY OF BALTIMORE. (No. Port St 700 St.; Ward)

(2) FULL NAME OF CHILD Milton Joseph Chlumsky [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	"	1		4 / 1 / 1910

FATHER	MOTHER
(8) FULL NAME: Joseph Chlumsky	(14) FULL MAIDEN NAME: Agnes Chlumsky
(9) RESIDENCE: 700 Port St	(15) RESIDENCE: 700 Port St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY (Years):	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY (Years):
(12) BIRTHPLACE: Europe	(18) BIRTHPLACE: Europe
(13) OCCUPATION: Tailor	(19) OCCUPATION: House Wife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

RECEIVED FOR RECORD
APR 15 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at [illegible] on the date above stated.

(23) Signature Mrs. M. Hamlik (Physician or Midwife)

Address 700 Port St

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 8 5 0

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 815 Bradford St. Registered No. B. A55372

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Chas. Furka (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male	—	3		6	23	19 10

FATHER

(8) FULL NAME Frank Furka

(9) RESIDENCE 815 Bradford St

(10) COLOR White (11) AGE AT LAST BIRTHDAY — (Years)

(12) BIRTHPLACE Europe

(13) OCCUPATION Labor

(20) Number of children born to this mother, including present birth 3

MOTHER

(14) FULL MAIDEN NAME Sophia Butnaek

(15) RESIDENCE 815 Bradford St

(16) COLOR White (17) AGE AT LAST BIRTHDAY — (Years)

(18) BIRTHPLACE Europe

(19) OCCUPATION House-Work

(21) Number of children of this mother now living 2

RECEIVED FOR RECORD APR 15 1910 REGISTRAR OF VITAL STATISTICS BALTIMORE MD.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Mrs. M. Hamm M.D. (Physician or Midwife) 1925 E. Eager St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 10 0 0 0 2 8 5

(24) Given name added from a supplemental report ____, 19 ____

Address ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 455373

CITY OF BALTIMORE. (No. Barnes St 1605 St.; Ward)

(2) FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	1.	3		3, 20 1910

FATHER	MOTHER
(8) FULL NAME: Andrew Schott	(14) FULL MAIDEN NAME: Florencie Knapp
(9) RESIDENCE: 1605 Barnes St	(15) RESIDENCE: 1605 Barnes St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years):	(17) AGE AT LAST BIRTHDAY (Years):
(12) BIRTHPLACE: Balto.	(18) BIRTHPLACE: Balto.
(13) OCCUPATION: Paper hanger	(19) OCCUPATION: Housework.
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

RECEIVED FOR RECORD
APR 15 1910
H. BOSLEY M.D.
COMMISSIONER OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at on the date above stated.

(23) Signature Mrs. M. Lamplie (Physician or Midwife) 1926 E. Lager St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 2 8 5 2

(24) Given name added from a supplemental report, 19 — Address

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55374

CITY OF BALTIMORE. (No. 742 N. Eutaw St.; Ward)

(2) FULL NAME OF CHILD Cornelius Mulligan (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		One	Yes	Feb 16, 1910

FATHER

(8) FULL NAME	James J Mulligan
(9) RESIDENCE	742 N. Eutaw St. City
(10) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	29
(12) BIRTHPLACE	Newburgh, N.Y.
(13) OCCUPATION	Physician
(20) Number of children born to this mother, including present birth	1

MOTHER

(14) FULL MAIDEN NAME	Theresa C. Crowe
(15) RESIDENCE	742 N. Eutaw St. City
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	20
(18) BIRTHPLACE	Baltimore, Md.
(19) OCCUPATION	House-wife.
(21) Number of children of this mother now living	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.30 P. M., on the date above stated.

(23) Signature John L. Duane M.D. (Physician or Midwife)

Address 721 N. Eutaw St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

FILED FOR RECORD
APR 15 1910
WM. S. BOGLEY M.D.
REGISTRAR OF HEALTH

RETURN OF A BIRTH.

A55375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Name of child, Vernon George Alt
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth April 8 1910
5. Place of Birth, (Street and number) 702 Ridgley Street
6. Full name of Mother, Grace Rosalie ~~Boydalt~~
7. Mother's Maiden Name, Grace Rosalie Boyd
8. Mother's Birthplace, Baltimore City
9. Full name of Father, George Alt
10. Father's Occupation, Hat Presser
11. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Kell

Address, 901 Russell Street

Remarks,

19100002854

RECORD
MAY 13 1910
BOARD OF HEALTH

date and place of birth, and the said schedule shall be delivered, duly signed by the person giving the information, to the Registrar of the district in which the birth occurred, within ten days after the birth. In the case of a child born in a hospital, or other institution, the Superintendent or other officer in charge shall cause the said schedule to be filled out and delivered as aforesaid. In the case of a child born elsewhere than in a hospital or other institution, the duty of filling out and delivering the said schedule shall devolve upon the physician or midwife in attendance upon the mother, and in the absence of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner required by this section. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1234.

RETURN OF A BIRTH. A55376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE CORRECTED 6-2-3-55

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4 th child

1. Name of child, Lawrence William Fowler
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth 1910 - Ap March 18 2
5. Place of Birth, (Street and number) 1110 Burgundy Alley
6. Full name of Mother, Sallie May Fowler
7. Mother's Maiden Name, Sallie may Lewis
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Alfred milton Fowler
10. Father's Occupation, Glass Blower
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Bell

Address, 911 Russell Street

Remarks,

1 9 1 0 0 0 0 2 8 5 5

RECEIVED FOR RECORD JAN 15 1910 REGISTRAR M.D. BOARD OF HEALTH

date and place of birth; and the said schools shall be delivered, duly filled out, to the parent, guardian or other person having charge of such child, at the time of such child's admission to school. The Principal of the school shall require the production of a certificate between the first and third day of each and every month, by the Physician or Midwife in attendance upon any child born during the preceding month, stating the name, sex, color, parentage, date and place of birth of such child, and the name and residence of the physician or midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent in attendance upon the mother, immediately thereafter to report the birth of any child born during the preceding month to the Commissioner of Health, in the manner and within the period above required, and any such person or parent shall be liable to a penalty of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55377

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 7 South Durham St.; 2 Ward)

(2) FULL NAME OF CHILD Florence Mills (Annie) — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 2 1910

FATHER	MOTHER
(8) FULL NAME Samuel William Mills	(14) FULL MAIDEN NAME Fanny Banks
(9) RESIDENCE 7 South Durham St	(15) RESIDENCE 7 South Durham St
(10) COLOR Black (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Cuba	(18) BIRTHPLACE Linkwood Dorchester Co Md
(13) OCCUPATION Laborer in Fertilizer Factory	(19) OCCUPATION Laundress
(20) Number of children born to this mother, including present birth Nine	(21) Number of children of this mother now living Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.05 P M., on the date above stated.

(23) Signature Alfred A Bendick M.D. (Physician or Midwife)

Address 22 S. Patterson Park Av

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 _____ Registrar

Registrar

(READ THE REVERSE SIDE)

10 000285
BIRTH RECORD
APR 27 1910
BOARD OF HEALTH

RETURN OF A BIRTH. A55378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the householder or owner of the premises where such child was born to notify the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Helen Mallonee
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Mar. 29th 1910
6. Place of Birth, (Street and number) 1710 N. Fulton Ave
6. Full name of Mother, Bell B. Mallonee
7. Mother's Maiden Name, Bell Burns
8. Mother's Birthplace, Md.
9. Full name of Father, Frank Mallonee
10. Father's Occupation, Clerk
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G. W. Livezey Jr. M.D.

Address,

Remarks,

RECEIVED FOR RECORD
APR 11 1910
WM. BOLLEY M.D.
HEALTH OFFICER

1910002857

GIVEN NAME ADDED - 10/21/71

RETURN OF A BIRTH. A55379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person who shall have charge, nurse or assist the mother, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovarable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of Child,* JEANNE CARLYN KUSELLE
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Oct. 8th 1910
6. *Place of Birth, (Street and number)* Queen Maternity
6. *Full name of Mother,* Carrie Kuselle
7. *Mother's Maiden Name,* Carrie Newmeyer
8. *Mother's Birthplace,* Md
9. *Full name of Father,* Abraham Kuselle
10. *Father's Occupation,* Insurance Agt.
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J. M. Litsinger M.D.

Address, 1275 E. North Ave

Remarks,

RECEIVED FOR RECORD OCT 12 1910 JAS. BOSLEY M.D. COMP. OF HEALTH

1910002858

CERTIFICATE CORRECTED 6-19-57

RETURN OF A BIRTH. A55380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Franklin Leonard Guildener
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Mar. 28th 1940
6. Place of Birth, (Street and number) E 1926 W. Fayette St
6. Full name of Mother, Blanche Gertrude Guildener
7. Mother's Maiden Name, Blanche Leonard
8. Mother's Birthplace, Md
9. Full name of Father, Benj. F. Guildener Jr.
10. Father's Occupation, Merchant
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, G. N. Libonati M.D.

Address, 1272 Park Ave

Remarks,

RECORDED FOR RECORD
APR 11 1940
J. S. SOSLEY M.D.
BOARD OF HEALTH

1910000 2859

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the mother herself or the nurse of such child shall have power to make the return required, and in default of such return for the space of five days after the birth, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Name of Child, Samuel Kelly Darling
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Aug. 14th 1910
5. Place of Birth, (Street and number) 2211 Linwood Ave
6. Full name of Mother, Mable O. Darling
7. Mother's Maiden Name, Mable O'Kelly
8. Mother's Birthplace, Md.
9. Full name of Father, Samuel Darling
10. Father's Occupation, Merchant
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Young M.D.

Address, 1372 North Ave

Remarks,

1910 0002860

RECEIVED FOR RECORD
SEP 1 1910
JOS. BRADLEY, M.D.
BD OF HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH West End Maternity — Registered No. B. A55382

CITY OF BALTIMORE. (No. 8 St.: Ward)

(2) FULL NAME OF CHILD Not named. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st		May 28 1900

FATHER		MOTHER	
(8) FULL NAME	Joe Richlin	(14) FULL MAIDEN NAME	Mary Kleiman
(9) RESIDENCE	Balto Md	(15) RESIDENCE	1609 E Lombard
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Clerk	(19) OCCUPATION	Factory work
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P. M., on the date above stated.

(23) Signature W. P. Lemmill MD. (Physician or Midwife)

Address: West End Maternity

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0002861

(24) Given name added from a supplemental report ____, 19

Filed ____ 19 ____ WM. S. BOSLEY, M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH West End Maternity Registered No. B. A55383

CITY OF BALTIMORE (No. St.; Ward)

(2) FULL NAME OF CHILD Not Named (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1		May 24 1910

FATHER		MOTHER	
(8) FULL NAME	Mr Jessie Bowen	(14) FULL MAIDEN NAME	Miss Leila Robinson
(9) RESIDENCE	Calvert Co Md.	(15) RESIDENCE	Calvert Co Md
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30 yrs	(17) AGE AT LAST BIRTHDAY (Years)	31.
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE	Calvert Co Md
(13) OCCUPATION	Clerk	(19) OCCUPATION	—
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature J. P. Mc Cannell M.D.

(Physician or Midwife)

Address West End Maternity

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0002862

RECEIVED FOR REGISTRATION APR 15 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report, 19

Filed 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH West End Maternity — Registered No. B. A55384

CITY OF BALTIMORE. (No. 120 N. Calhoun St.; Free Ward)

(2) FULL NAME OF CHILD Not named — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male and Female		7	Yes	April 5 1910

FATHER

(8) FULL NAME: Mr. Evans D. Brown

(9) RESIDENCE: 104 S. Carlton St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 41 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Laborer

MOTHER

(14) FULL MAIDEN NAME: Mr Georgia A. Neal

(15) RESIDENCE: 104 S. Carlton St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 36 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 7

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P. M., on the date above stated.

(23) Signature: T A Maymond (Physician or Midwife)

Address: 1 Franklin Pl

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 8 6 3

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

RECEIVED FOR RECORD APR 15 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55385

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2502 Maryland ave St. 12th Ward)

(2) FULL NAME OF CHILD Allison Van Dyke Johns — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	April 12, 1910

(To be answered only in event of plural births)

(Month) (Day) (Year)

FATHER

(8) FULL NAME: Henry V.D. Johns

(9) RESIDENCE: 2502 Maryland ave

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 44 (Years)

(12) BIRTHPLACE: St. Georges Dplawar

(13) OCCUPATION: Cigar Salesman

MOTHER

(14) FULL MAIDEN NAME: Amos. A. Allison

(15) RESIDENCE: 2502 Maryland ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 39 (Years)

(18) BIRTHPLACE: Franklin Co Pa

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: one

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.35 a. M., on the date above stated.

(23) Signature: Joseph B Summers MD (Physician or Midwife)

Address: 219 E. Preston St

Filed APR 16 1910, 19 .

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

U 0002864

* When there was no attending physician or midwife, then the father, householder, etc., should make the returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455386

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 163 Friendsbury Pl. St.; Ward)

(2) FULL NAME OF CHILD Richardson

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st.	yes	Apr. 15, 1910

FATHER	MOTHER
(8) FULL NAME Robt. R. Richardson	(14) FULL MAIDEN NAME Caroline L. Pyeritz
(9) RESIDENCE 163 Friendsbury pl	(15) RESIDENCE 163 Friendsbury Pl.
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 32 (Years)	(17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Printer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.30 a. M., on the date above stated.

(23) Signature Wm. M. Pannebaker, M.D.

002865 (Physician or Midwife)

Address 1209 Madison ave

Filed APR 16 1910, 19 . Registrar

J. S. BOSLEY M.D. COMR OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A55387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Melvin Anthony Kilmeyer
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth April 10 1910
5. Place of Birth, (Street and number) 1920 Lemmon St.
6. Full name of Mother, Edith P. Kilmeyer
7. Mother's Maiden Name, Edith P. Randall
8. Mother's Birthplace, Balto. Md.
9. Full name of Father, Anthony Kilmeyer
10. Father's Occupation, Driver for Fat + Lard dealer
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Geo. L. M. Kieffer

Address, Morrell Park Balto Co Md

Remarks,

19100002866

RECEIVED FOR RECORD
APR 15 1910
H. S. BOSLEY M.D.
BOARD OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the person making the return, to the Registrar of the District in which the birth occurred, within ten days after the date of such birth. The Registrar shall issue a certificate between the first and third day of each and every month to the effect of the omission of the delivery of the said schedule, and the person to whom such certificate is issued shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, to the manner and within the period above provided, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 6/21/1

RETURN OF A BIRTH. A55388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, IRENE [redacted] Walker
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) colored
4. Date of Birth March 16, 1910
5. Place of Birth, (Street and number) 312 Myrtle ave
6. Full name of Mother, Nadeen Jones
7. Mother's Maiden Name, " "
8. Mother's Birthplace, Green and Lombard
9. Full name of Father, James Walker
10. Father's Occupation, work in coal yard
11. Father's Birthplace, Maryland

Name of Medicol Attendant, or other person who makes this Return, Hemerette Holland

Address, 828 Pierce St

Remarks, born ans

1910000028 67

RECEIVED FOR RECORD APR 16 1910 A. C. CRIGLER, M.D. COMMISSIONER OF HEALTH

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall become the duty of the person or parents of such child to report its birth to the Commissioner of midwifery, or should no other person be in attendance, then it shall be the duty of the nearest practitioner or midwife in attendance upon the mother, immediately after the birth, to report it. If no physician or midwife be in attendance upon the mother, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Name of child, Mable Henretta Taylor
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth 16 of March
5. Place of Birth, (Street and number) Baltimore 706 Pierce St
6. Full name of Mother, Anna Gzilla Taylor
7. Mother's Maiden Name, Louisa Johnston
8. Mother's Birthplace, West Rury md
9. Full name of Father, Thomas Taylor
10. Father's Occupation, House Painting
11. Father's Birthplace, Essex Co Virginia

Name of Medical Attendant, or other person who makes this Return, Henretta Tolliday

Address, 823 Pierce St

Remarks,

1 9 1 0 0 0 0 2 8 6 8

RECEIVED FOR RECORD APR 16 1910 REGISTRY OF VITAL STATISTICS BALTIMORE, MD.

date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the said duty to report such birth shall devolve upon the nurse, parent, householder or other person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55390

CITY OF BALTIMORE. (No. 11 St.; Ward)

(2) FULL NAME OF CHILD Mary Elizabeth Pinchard (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female | (4) Twin, triplet, or other? (To be answered only in event of plural births) | (5) Number in order of birth 4 | (6) Legitimate? yes | (7) Date of Birth March 7 (Month) (Day) 1918 (Year)

FATHER	MOTHER
(8) FULL NAME Henery Pinchard	(14) FULL MAIDEN NAME Annie Abert
(9) RESIDENCE 1102 Putterman	(15) RESIDENCE 1102 Putterman
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE City	(18) BIRTHPLACE City
(13) OCCUPATION Machinest	(19) OCCUPATION House Wife
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7.30 A.M., on the date above stated.

(23) Signature Ed. C. Peterson Jnr. (Physician or Midwife)

Address 1108 N. Eden St.

Filed March 12, 1918.

Registrar

JAS. BOGLEY, M.D.
COMR OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0002869

(24) Given name added from a supplemental report , 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55391

CITY OF BALTIMORE. (No. 1626 N Bond St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
female		1st	yes	March 30 1910

FATHER

(8) FULL NAME: Milton Carnell Davenport

(9) RESIDENCE: N Bond St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: North Carolina

(13) OCCUPATION: 3 and Asst Engineer

(20) Number of children born to this mother, including present birth: 1st

MOTHER

(14) FULL MAIDEN NAME: Viola Mary Davenport

(15) RESIDENCE: 1626 N Bond

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 20 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.25 a M., on the data above stated.

(23) Signature: Wm J. Watson (Physician or Midwife)

Address: 1010 St Paul St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 2 8 7 0

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

RECEIVED APR 16 1910 JAS. BOSLEY, M.D. COMM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of Child, Mabel Jenette Faithful
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Feby 1st 1910
6. Place of Birth, (Street and number) 18 2d Madison Ave
6. Full name of Mother, Mabel Faithful
7. Mother's Maiden Name, Mabel Medaolf
8. Mother's Birthplace, Salt Lake City
9. Full name of Father, Charles Wesley Faithful
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return Thomas J. Talbott M.D.

Address, 642 W. North Ave

Remarks,

19100002871

RECEIVED FOR RECORD APR 16 1910 JAS. BOSLEY, M.D. BOARD OF HEALTH

All births occurring in this city must be reported by the practitioner in the form of a certificate between the first and third days of each month, and by the owner or Commissioner of Health, in the case of a child born without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter; it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of Child, Dally Elizabeth Gladding.
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White.
4. Date of Birth, Mch 20th 1910
6. Place of Birth, (Street and number) 2923 Parkwood Ave.
6. Full name of Mother, Dally Elizabeth Gladding
7. Mother's Maiden Name, Dally Elizabeth Akers.
8. Mother's Birthplace, Virginia
9. Full name of Father, Harry McKew Gladding
10. Father's Occupation, Fruit & Produce Broker
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RECEIVED FOR ... COPD ... 16 1910 ... J.S. SOSLEY M.D. ... OF HEALTH

191000028 72

Each certificate of birth signed by the practitioner in this form of a certificate between the first and third days of each month, and by the other Commissioners of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner herein required, and any person who shall neglect or refuse to make such report, as herein required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Name of Child, Amelia Jackson
2. Sex, (state whether ~~male~~ or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, April 2nd 1910
6. Place of Birth, (Street and number) 2330 Stanton St
6. Full name of Mother, Amelia Jackson
7. Mother's Maiden Name, Amelia Jackson
8. Mother's Birthplace, Baltimore
9. Full name of Father, David Jackson
10. Father's Occupation, "
11. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, A M McCurry

Address, # 1505 Penna ave City

Remarks,

1 9 1 0 0 0 0 2 8 7 3

RECEIVED FOR RECORD APR 18 1910 JAS. BOSLEY M.D. COMR OF HEALTH

been conferred) its sex, color, the (all name and occupation of the parents of such child, and the place of birth of each parent, and to report the same to the Commissioner of Health, in the manner and within the period above required, and such person so neglecting or refusing shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* coldred
4. *Date of Birth,* April. 12 1910
6. *Place of Birth, (Street and number)* Balto md 1610 Jefferson st
6. *Full name of Mother,* Mrs Alice Waters
7. *Mother's Maiden Name,* Miss Alice Watkins
8. *Mother's Birthplace,* Balto md
9. *Full name of Father,* Daniel waters
10. *Father's Occupation,* Larbor
11. *Father's Birthplace,* Somerset county md

Name of Medical Attendant, or other person who makes this Return, Maria Wright

Address, 716 Spring st

Remarks,

1910000028 74

RECEIVED FOR RECORD
APR 18 1910
WM. WOOLLEY, M.D.
COMR OF HEALTH

And whoever shall be delayed more than ten days after the birth of any child in the city of Baltimore, shall, for every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th child

1. Name of child, Mary Catheline Bruce
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth First of April 1910
5. Place of Birth, (Street and number) Balto MD 905 Ayon St
6. Full name of Mother, Louisa Catherine Bruce
7. Mother's Maiden Name, Louisa " Schramm
8. Mother's Birthplace, Baltimore MD
9. Full name of Father, John Madison Bruce
10. Father's Occupation, Driver
11. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Hadley M.D

Address, 1221 W. Cross St

Remarks,

1 9 1 0 0 0 0 2 8 7 5

RECEIVED FOR RECORD
APR 28 1910
HEALTH DEPT OF HEALTH

Every physician or midwife in attendance upon the birth of any child shall report the birth to the Commissioner of Health, in the manner and within the time prescribed by the Board of Health, and any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Name of child, Marguerite Melvina Schultz
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Apr. 8 - 1910
5. Place of Birth, (Street and number) 2927 W. Balto St.
6. Full name of Mother, Frances Josephine Schultz
7. Mother's Maiden Name, Frances Josephine Sherwood
8. Mother's Birthplace, Erie Co. Pa.
9. Full name of Father, Peter Matthews Schultz
10. Father's Occupation, Foreman Paperbox Factory
11. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, G. A. Thiede M.D.

Address, 1530 W. Lanvale St.

Remarks,

RECEIVED FOR RECORD MAR 18 1910 BALTIMORE MD REGISTRAR OF HEALTH

1 9 1 0 0 0 0 2 8 7 6

Every child born within the City of Baltimore, whether white or colored, its sex, color, the full name and occupation of its parents, the date and place of birth of the said child shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, to the office of Commissioner of Health, within twenty-four hours after every birth to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, [illegible] of Health, in the manner and within the time above specified, to report its birth to the Commissioner of Health. Any person who shall neglect or refuse to make such report as is hereinafter required shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 &c

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 5 March 1910
5. *Place of Birth, (Street and number)* 227 S Washington St
6. *Full name of Mother,* Annie Sullavan
7. *Mother's Maiden Name,* Annie Flinn
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Patrick Sullavan
10. *Father's Occupation,* Laber
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

19100002877

RECEIVED FOR RECORD
APR 18 1910
H. BOSLEY M.D.
BOARD OF HEALTH

of each child of any mother shall have been registered, the full name and occupation of the parent, the date and place of birth, and the said schedule shall be delivered, duly filled out, to the mother, father or other person in charge of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the father or mother of such child, or in case of the absence or inability of the father or mother, it shall become the duty of the person or persons in charge of such child, to report the birth as directed by this section to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A55399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 de

1. *Name of child,*
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 8 februari 1910
5. *Place of Birth, (Street and number)* 1809 Hanlan av
6. *Full name of Mother,* Line Despo
7. *Mother's Maiden Name,* Line Despo
8. *Mother's Birthplace,* Battimor Md.
9. *Full name of Father,* Jay Despo
10. *Father's Occupation* Labr
11. *Father's Birthplace,* Battimor Md

Name of Medical Attendant, or other person who makes this return, Ellen Smith

Address, 504 S Washington St

Remarks,

1910002878

RECEIVED FOR RECORD
APR 12 1910
J. H. BOSLEY, M.D.
HEALTH OFFICER

If any midwife, nurse or person registered, fail to write the full name and occupation of its parent at the time and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the said schedule shall not be delivered as aforesaid, the person required by law to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A55400

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
APR 18 1910
S.S. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of child, [redacted]
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth April 26 - 1910
5. Place of Birth, (Street and number) 1605 N. Appleton St.
6. Full name of Mother, Odelia A. Boyd
7. Mother's Maiden Name, Odelia A. Julier
8. Mother's Birthplace, Maryland
9. Full name of Father, Wm A. T. Boyd
10. Father's Occupation, Shipping Clk
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Gastheide M.D.

Address, 1520 N. Lanvale St

Remarks,

19100002879

If each child, if any shall have been confer red at birth, color, the full name and occupation of the parents, the date of birth of the child, and the number of children born to the mother, and the number now living, shall be recorded in a book to be kept for that purpose by the Registrar of Vital Statistics, and a certificate thereof shall be made and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the mother within ten days after the birth of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Name of child,* Josephine Tranaglí
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 19, 1910
5. *Place of Birth, (Street and number)* 846 Fawn st
6. *Full name of Mother,* Maria Tranaglí
7. *Mother's Maiden Name,* Maria Piccirilli
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Anthonio Tranaglí
10. *Father's Occupation,* Peasant
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna

Address, 405 Colvin st Midwife

Remarks,

1910000002880

of each child, (if any child has been confirmed), its sex, color, the full name and occupation of its parents, the date of birth, and the name and residence of the officiating minister, and shall deliver a certificate of the same to the person procuring the same. Every midwife or other person who shall neglect or refuse to make the return required by this section, or shall refuse to give the certificate required, shall forfeit and pay for each offense a fine of not less than ten dollars nor more than fifty dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 D

1. *Name of child,* Concetta Diguardo
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 18, 1910
5. *Place of Birth, (Street and number)* 242 Chestnut st.
6. *Full name of Mother,* Eacuva Diguardo
7. *Mother's Maiden Name,* Eacuva Dibalme
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Louis Diguardo
10. *Father's Occupation,* Peasant
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna,

Address, 242 Chestnut st

Remarks, Midwife

RECEIVED
APR 18 1910
BALTIMORE MD
BOARD OF HEALTH

1 9 1 0 0 0 0 2 8 8 1

of each child. If any child shall have been concealed, its sex, color, the full name and occupation of its parents, the date and place of birth, and such other facts as may be required, duly signed by the practitioner in the form of a certificate between the first and third day of the month next following the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such mother or nurse of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and every person who shall neglect or refuse hereafter full to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55403

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD Jennie Amdur

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
White		2		March 21, 1910

FATHER

(8) FULL NAME: Abe Amdur

(9) RESIDENCE: 115 S. Exeter St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 34 (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Tailor

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME: Kadie Jacolsky

(15) RESIDENCE: 115 S. Exeter St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 30 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION:

(21) Number of children of this mother now living

RECEIVED FOR RECORD
APR 13 1910
H. BOSLEY, M.D.
COMMR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: miss Ada Huss (Physician or Midwife)

Address: 115 E. Fayette St.

0 0 0 2 8 8 2

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55404

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. , St. ; Ward)

(2) FULL NAME OF CHILD — Ethnie Choen — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		2		April 5, 1910

FATHER		MOTHER	
(8) FULL NAME	Simon Choen	(14) FULL MAIDEN NAME	Jennie Shnieder
(9) RESIDENCE	1422½ E. Fayette St	(15) RESIDENCE	1422½ E. Fayette St.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	25
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	26
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Clerk Tank	(19) OCCUPATION	

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE FOR RECORD
APR 18 1910
GOSLEY M.D.
BOARD OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature miss A. Huss

(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C U 0 0 0 2 8 8 3

Address 1116 E. Fayette St.

(24) Given name added from a supplemental report , 19

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55405

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE, (No. 624 Hanover St.; 22 Ward)

(2) FULL NAME OF CHILD Mary Hanora Mulcahy — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	July 6, 1910

FATHER		MOTHER	
(8) FULL NAME	David D. Mulcahy	(14) FULL MAIDEN NAME	Margaret M. Aubel
(9) RESIDENCE	624 Hanover St.	(15) RESIDENCE	624 Hanover St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	22	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Richmond Va.	(18) BIRTHPLACE	Balto
(13) OCCUPATION	Harness Maker	(19) OCCUPATION	House

RECEIVED FOR RECORD
AUG 18 1910
J. S. BOSLEY M.D.
COMR OF HEALTH

(20) Number of children born to this mother, including present birth 1 — (21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at P.M. 6/10 7.30 on the date above stated.

(23) Signature C. Bald Emig MD

(Physician or Midwife)

0 0 0 2 8 8 4

Address 1614 N. Wolfe Ave

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55406

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 703 Hanover St. St.; 22 Ward)

(2) FULL NAME OF CHILD Mary E. Gaines — If child is not yet named, make supplemental report, as directed

(3) Sex of Child: Female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth: April 9, 1910 (Month, Day, Year)

FATHER

(8) FULL NAME: William Clifton Gaines

(9) RESIDENCE: 703 Hanover St.

(10) COLOR: W. (11) AGE AT LAST BIRTHDAY: 25. (Years)

(12) BIRTHPLACE: Md.

(13) OCCUPATION: Conductor.

MOTHER

(14) FULL MAIDEN NAME: Mary A. Roach Gaines

(15) RESIDENCE: 703 Hanover

(16) COLOR: W. (17) AGE AT LAST BIRTHDAY: 28. (Years)

(18) BIRTHPLACE: Ireland.

(19) OCCUPATION: Home

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living

RECEIVED FOR RECORD
JUL 18 1910
JAS. BOSLEY, M.D.
SUPT. OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at April 9/10. 4 P. M., on the date above stated.

(23) Signature: C. Baldwin M.D.

(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

500002885

Address: 1614 W. Fayette

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 455407

CITY OF BALTIMORE. (No. 2704, W. Lafayette Ave. St.; Ward)

(2) FULL NAME OF CHILD Minnie Gertrude Griffith — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	6th	Yes	June 7, 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: Harry V. Griffith	(14) FULL MAIDEN NAME: Irene C. Weichert
(9) RESIDENCE: 2704 W. Lafayette Ave.	(15) RESIDENCE: 2704 W. Lafayette Ave.
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY (Years): —
	(16) COLOR: White
	(17) AGE AT LAST BIRTHDAY (Years): —
(12) BIRTHPLACE: Balto. Co.	(18) BIRTHPLACE: Balto.
(13) OCCUPATION: Book-keeper	(19) OCCUPATION: House-wife
(20) Number of children born to this mother, including present birth: 6	(21) Number of children of this mother now living: 6

REPORT OF RECORD
JUN 28 1910
A.S. DOSLEY, M.D.
DEPUTY

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9:30 A. M., on the date above stated.

(23) Signature Roscoe C. Metzel, M. D. (Physician or Midwife)

Address 1903 W. North Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

I U 0 0 2 8 8 6

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

Registered No. B. A55408

(2) FULL NAME OF CHILD — Inma Heiland. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	one	9	yes	March 2nd 19 13

FATHER	MOTHER
(8) FULL NAME — Carl [illegible]	(14) FULL MAIDEN NAME — Henrietta Gebrung
(9) RESIDENCE — [illegible]	(15) RESIDENCE — 29 Stafford St.
(10) COLOR — White; (11) AGE AT LAST BIRTHDAY — nauge (Years)	(16) COLOR — White; (17) AGE AT LAST BIRTHDAY — 35 (Years)
(12) BIRTHPLACE — Baltimore	(18) BIRTHPLACE — Baltimore
(13) OCCUPATION — Farmer	(19) OCCUPATION — Housewife.
(20) Number of children born to this mother, including present birth — 9	(21) Number of children of this mother now living — 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P.M. March M., on the date above stated.

(23) Signature — Mary Ladley (Physician or Midwife)

Address — 111 W. Lexington St

Filed — APR 18 1913 — Registrar

(READ THE REVERSE SIDE)

RECORD

JAS. BOSLEY
COMM'R OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ — Registrar

U 0 0 2 8 8 7

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55409

CITY OF BALTIMORE. (No. 1406 Hollins St.; Ward)

(2) FULL NAME OF CHILD Constance Teresa Crandell (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	first	Yes	April 3 1910

FATHER	MOTHER
(8) FULL NAME Samuel Nicholas Crandell	(14) FULL MAIDEN NAME Ida Gies
(9) RESIDENCE 1406 Hollins st	(15) RESIDENCE 1406 Hollins st
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY Not Given (Years)	(17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Clerk	(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth One

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12, 15 P M., on the date above stated.

(23) Signature James Bosley MD

Address 1406 Hollins st

(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0002888

(24) Given name added from a supplemental report ____, 19

Registrar

Filed APR 18 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55410

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Fem		1	Yes	Dec 31 19

FATHER

(8) FULL NAME: Fredrick Dickmansick

(9) RESIDENCE: 214 N Arlington

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 36 (Years)

(12) BIRTHPLACE: Baltimore Md

(13) OCCUPATION: Machinist

MOTHER

(14) FULL MAIDEN NAME: Mary A Connor

(15) RESIDENCE: 214 N Arlington Ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: Ireland

(19) OCCUPATION: None

(20) Number of children born to this mother, including present birth: 5

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 Oclock a.m., on the date above stated.

(23) Signature: Mary A Tedley (Physician or Midwife)

Address: 1116 W Lexington St

Filed APR 28 1910, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 8 8 9

MISCD

JAS BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55411

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Edmondson Ave. Extended St.; Ward)

(2) FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		fifth	yes	April 9, 1910

FATHER	MOTHER
(8) FULL NAME: Christian Etemiller	(14) FULL MAIDEN NAME: Catherine (Etemiller) Creutzer
(9) RESIDENCE: Edmondson Ave. Ext.	(15) RESIDENCE: Edmondson Ave. Ext.
(10) COLOR: white (11) AGE AT LAST BIRTHDAY: 37 (Years)	(16) COLOR: white (17) AGE AT LAST BIRTHDAY: 35 (Years)
(12) BIRTHPLACE: Baltimore, Md	(18) BIRTHPLACE: Baltimore, Md
(13) OCCUPATION: Grocer	(19) OCCUPATION: housewife
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P.M., on the date above stated.

(23) Signature: J. C. Pound (Physician or Midwife)

Address: 1302 W. Lombard St

Filed APR 28 1910

Registrar

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0002890

RECORD

JAS. BOSLEY, M.D.
REGISTRAR

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1009 Concord Place — Registered No. B A55412

CITY OF BALTIMORE. (No. ; St. ; Ward)

(2) FULL NAME OF CHILD Catherine Rooter — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
F	=	2	Yes	April 10, 1910

FATHER

(8) FULL NAME Matthew Rooter

(9) RESIDENCE 1009 Concord Place

(10) COLOR W — (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Waxford Ireland

(13) OCCUPATION Chauffeur

MOTHER

(14) FULL MAIDEN NAME Bridget Curran

(15) RESIDENCE 1009 Concord Place

(16) COLOR W — (17) AGE AT LAST BIRTHDAT 31 (Years)

(18) BIRTHPLACE County Mayo Ireland

(19) OCCUPATION

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 50 P M., on the date above stated.

(23) Signature A Lamello M D, (Physician or Midwife)

Address 2003 McCulloh St.

Filed APR 18 1910, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0002891

(24) Given name added from a supplemental report , 19

Registrar

RECORD

JAS. BOSLEY, M.D. (READ THE REVERSE SIDE)
COM'R OF HEALTH

RETURN OF A BIRTH. A55413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 D

1. *Name of child,* Danto, Angelo, Distefano
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 27 1910
5. *Place of Birth, (Street and number)* 308 Exeter st.
6. *Full name of Mother,* Jennie Distefano
7. *Mother's Maiden Name,* Jennie Catanese
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Phillip Distefano
10. *Father's Occupation,* Peasant
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Fromus Montagna

Address, 405 Eden st

Remarks, Midwife

1910000 2892

CERTIFICATION RECORD

APR 30 1910

BOARD OF HEALTH

of each child; if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person filling it, to the parent of such child. The said schedule shall be delivered, duly signed by the person filling it, to the parent of such child, or to the person in charge of the house in which such child was born, within the first and third day of each and every month to the office of Examiner of Midwifery, or should no other person be in attendance at the birth of such child, then the midwife present shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Name of child,* Joseph Riggi
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 21 1910
5. *Place of Birth, (Street and number)* 122 Little Gulf st
6. *Full name of Mother,* Lomunata Riggi
7. *Mother's Maiden Name,* Lomunata Baffeti
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* John Riggi
10. *Father's Occupation,* Peasant
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna

Address, 410 Colvin st

RECEIVED
APR 18 1910

Remarks,

1910000 2893

of each child(if any shall have been contrary to law, the full name and occupation of its parents, the date and place of birth; and the said obstetric shall be delivered to the person registering the birth with. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child, within ten days thereafter, to make a certificate between the first and third day of each and every month to the Commissioner of Health, in the manner and within the period above required, and any such person or parents of such child(if any shall have been contrary to law, the full name and occupation of its parents, the date and place of birth; and the said obstetric shall be delivered to the person registering the birth with. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child, within ten days thereafter, to make a certificate between the first and third day of each and every month to the Commissioner of Health, in the manner and within the period above required, and any such person or parents of such child who shall become the duty of the person or parents of such child, within ten days thereafter, to make a certificate between the first and third day of each and every month to the Commissioner of Health, in the manner and within the period above required, and any such person or parents of such child who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of the healing art, then it shall be the duty of the father or mother of such child, or the householder of the house in which it is born, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the Provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) First Child

1. Name of child, John Henry Ports
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth 13 of June 1910
5. Place of Birth, (Street and number) Balto / 869 Reinheart St.
6. Full name of Mother, Gertrude M Ports
7. Mother's Maiden Name, Gertrude M Hicks
8. Mother's Birthplace, Balto Co Md
9. Full name of Father, John J Ports
10. Father's Occupation, Labor
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Miss Lizzie Hines

Address, 1221 N Fulton Av

Remarks,

1910002894

RECEIVED FOR RECORD JUN 15 1910 REGISTRY MD BOARD OF HEALTH

CERTIFICATE CORRECTED 11-29-51

RETURN OF A BIRTH. A55416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of each child; if any shall have been counterfeited as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid, or who shall make a false report, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 L

1. *Name of child,* HERMAN John BETZ
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 8 April 1910
5. *Place of Birth, (Street and number)* 1817 Hanover St
6. *Full name of Mother,* Mary ~~Bates~~ BETZ
7. *Mother's Maiden Name,* Mary Trautner
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* John ~~Bates~~ BETZ
10. *Father's Occupation,* Baker
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 564 S Washington St

Remarks,

RECEIVED FOR RECORD APR 28 1910 BOWLEY MD REGISTRATION

1910000002895

of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, in case there be such officer in the city, and if there be no such officer, then to the City Register or midwifer, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall have failed to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 31 March 1910
5. *Place of Birth, (Street and number)* 1929 Aliceanna St
6. *Full name of Mother,* Welse Welsen
7. *Mother's Maiden Name,* Welse Branren
8. *Mother's Birthplace,* Baltimor Md
9. *Full name of Father,* Walter Welsen
10. *Father's Occupation,* Laber
11. *Father's Birthplace,* Baltimor Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

RECEIVED
APR 8 1910
REGISTRY MD
BOARD OF HEALTH

1910002896

RETURN OF A BIRTH. A55413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 lc

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 5 March 1910
5. *Place of Birth, (Street and number)* 1821 Marrilan av
6. *Full name of Mother,* Mary Trivett
7. *Mother's Maiden Name,* Mary Baker
8. *Mother's Birthplace,* Baltimor md
9. *Full name of Father,* Jas Trivett
10. *Father's Occupation,* Laber
11. *Father's Birthplace,* Baltimor Md

Name of Medical Attendant, or other person who makes this Return, Ellen C Smith

Address, 504 S Washington St

Remarks,

1910000028 97

RECEIVED FOR RECORD
APR 18 1910
JAS. BOYLEY M.D.
COMMR. OF HEALTH

of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein before set forth, to the Commissioner of Health, or to such person as he may appoint for the purpose, within ten days after the birth of each child. And every midwife, or other person not a physician or practitioner of medicine, who shall be in attendance upon the mother at the birth of any child shall, within ten days after the birth of such child, report its birth to the Commissioner of Health, in the manner and form as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 8

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth 23 March 1910
5. Place of Birth, (Street and number) 1504 Fem St
6. Full name of Mother, Fries Yaes
7. Mother's Maiden Name, Fries Yaesinske
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Yan Yaes
10. Father's Occupation, Marine
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

1 9 1 0 U U 0 0 2 8 9 8

RECEIVED FOR RECORD APR 28 1910 W. R. BOSLEY M.D. REGISTER

Every midwife and physician (or other) who shall have (each conferred) at sex, color, the full name and occupation of (or return to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of each birth at which he or she may be present or in attendance, in the form of such birth; and the said schedule shall be delivered, duly signed, to the office of Commissioner of Health, in the manner and within the period of time prescribed by the rules and regulations of the Board of Health. It shall be the duty of the person or parents of such child to report birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period of time prescribed by the rules and regulations of the Board of Health. And any person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 3 April 1910
5. *Place of Birth, (Street and number)* 2406 Fortieth
6. *Full name of Mother,* Anna Martinson
7. *Mother's Maiden Name,* Anna Anderson
8. *Mother's Birthplace,* Norwegian
9. *Full name of Father,* Andro Martinson
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Norwidgian

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 507 S Washington St

Remarks,

RECEIVED
APR 18 1910
HOSLEY M.D.
HEALTH OFFICER

19100002899

of such child; if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In all cases where such child shall die without having been visited by a physician or practitioner of medicine or midwifery, or should no other person be in attendance upon the birth, the parent or parents of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 to

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 1 March 910
5. *Place of Birth, (Street and number)* 231 S Ann St
6. *Full name of Mother,* Louise Iplett
7. *Mother's Maiden Name,* Louise Lelz
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Henry Iplett
10. *Father's Occupation,* Laber
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 564 S Washington St

Remarks,

19100002900

RECORD
APR 18 1910
BALTIMORE MD

of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form or a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 9 March 1910
5. *Place of Birth, (Street and number)* 2414 Bedford St
6. *Full name of Mother,* Burte Amesbak
7. *Mother's Maiden Name,* Burte Jones
8. *Mother's Birthplace,* Baltimor Md
9. *Full name of Father,* Gordr Amesbak
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Baltimor Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

19100002901

of each child, if any shall have been conferred; sex, color, the full name and occupation of the father, the date and place of birth; and the said schedule shall be delivered, duly signed by the person filling the same, to the Registrar of the district, within the first and third day of each and every month to the office of Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or should no other person shall occur without the attendance of a physician or practitioner of midwifery, or should no other person shall neglect or refuse to report the same as aforesaid, he, she or they shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable.

APR 18 1910

DR. J. H. BAILEY M.D.

RETURN OF A BIRTH. A55423

GIVEN NAME ADDED 11-9-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Name of child* Charles Jelleff Carr ~~not yet named.~~
2. *Sex, (state whether male or female)* Male.
3. *Race or color, (if not of the White Race)* White.
4. *Date of Birth* March 27, 1910.
5. *Place of Birth, (Street and number)* 409 Milton Ave.
6. *Full name of Mother,* Pearle M. Carr
7. *Mother's Maiden Name,* " " Jelleff.
8. *Mother's Birthplace,* Pa.
9. *Full name of Father,* Joshua B. Carr.
10. *Father's Occupation,* Book Keeper.
11. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Alfred Wandtke M.D.

Address, 921 Cathedral St.

Remarks,

1 9 1 0 U 0 0 2 9 0 2

PHOTOGRAPHED FOR RECORD

BALTIMORE MD

the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been omitted), sex, color, the full name and occupation of the parents, the date of birth, and the street and number of the residence where the birth occurred. Every physician or midwife who shall neglect to make such return within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3D

1. Name of child, Vincent Rambello
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth April 4 1910
5. Place of Birth, (Street and number) 1133 McElderry at
6. Full name of Mother, Josephine Rambello
7. Mother's Maiden Name, Josephine Lipsini
8. Mother's Birthplace, Italy
9. Full name of Father, Guiseppe Rambello
10. Father's Occupation, Peasant
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna

Address, 405 Colvin st

Remarks, Midwife.

1910000 2903

If or if each child of the mother, the name, sex, color, the full name and occupation of the parents, the date of birth of each child, the street and number of the place where born, and the name of the physician or midwife in attendance at the birth, shall be entered in the form of a certificate between the first and third day of each month next following the birth, by the physician or midwife in attendance at the birth, or by the person who shall make the return of such birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the father or mother of such child, or the householder in whose house such birth shall occur, or the person who shall make the return of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A55425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 D

1. *Name of child,* Vincent Fertitta
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 30 1912
5. *Place of Birth, (Street and number)* 420 Sharp
6. *Full name of Mother,* Josephine Fertitta
7. *Mother's Maiden Name,* Josepine Dipietra
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Vincent Fertitta
10. *Father's Occupation,* Fruit store
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Franas Montagna

Address, 105 Colvin st

Remarks, Midwife.

EXAMINED
RECORDED
APR 18 1912
BOARD OF HEALTH

19100002904

of each child, (if any shall have been conferred), name, color, the full name and occupation of its parents, the date and place of birth, and the said return shall be signed by the attendant or person in charge of the mother at the time of birth, and delivered within ten days thereafter at the office of the Registrar of Vital Statistics, Board of Health, City Hall. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the parent of such child to make such return as is required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Name of child,* Anthonio Dipaula
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 30 1910
5. *Place of Birth, (Street and number)* 1562 Fremonto ave.
6. *Full name of Mother,* Lena Dipaula
7. *Mother's Maiden Name,* Lena Dipaula
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Frank Dipaula
10. *Father's Occupation,* Lunch room
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Frances Montagna

Address, 46 S Calvin st

Remarks, V Midwife

1910002905

ENTERED FOR RECORD

BOARD OF HEALTH

of each child, if any shall have been conferred upon it, and the full name and occupation of its parents; the name and residence of the physician, midwife or other person who shall have attended at the birth; the form of a certificate between the first and third day of each and every month to the office of Vital Statistics thereafter it shall become the duty of the person or parents of such child, the Mother, immediately thereafter it shall become the duty of the person or parents of such child, the Mother, immediately thereafter it shall become the duty of the person or parents of such child, the Mother, immediately

RETURN OF A BIRTH. A55427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 D

1. *Name of child,* Charle Maranto
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 29 1910
5. *Place of Birth, (Street and number)* 502 Calvert st
6. *Full name of Mother,* Tresa Maranto
7. *Mother's Maiden Name,* Tresa Difatta
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Joseph Maranto
10. *Father's Occupation,* Fruit store
11. *Father's Birthplace,* Italy

Name of Medical Attendant, of other person who makes this Return. Frances Montagna

Address, 406 Calvin st

Remarks, Widwife

APR 18 1910
RECEIVED
BOARD OF HEALTH

19100002905

Every midwife, physician or other person who shall be in attendance upon the birth of any child, shall, within the period of ten days after the birth of such child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, to the parent or person having charge of the child at the time of the first visit of the midwife, physician or practitioner to the house, or to the nearest relative or friend of the mother in attendance upon the mother, immediately thereafter. If there is no midwife, physician or practitioner in attendance, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time above required, and any person who shall violate any provision of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 3-23-53

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55428

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. Thomas Bukovitzky, St.; Ward)

(2) FULL NAME OF CHILD: Wibby Bokaveskie (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		6		March 25, 1910

	FATHER	MOTHER
(8) FULL NAME	Mhick Bukovitzky Bokaveskie	(14) FULL MAIDEN NAME Jore Bock
(9) RESIDENCE	30 N. Carline St.	(15) RESIDENCE 30 n. Carline St.
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years) 35
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION	Plomber	(19) OCCUPATION

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

RECEIVED FOR RECORD MAR 28 1910 OSLEY, M.D. OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Miss Ada Kis

(Physician or Midwife)

Address 1116 E. Fayette St.

0 0 0 2 9 0 7

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55429

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD — Abraem Goldberg — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1		March 29, 1910

FATHER	MOTHER
(8) FULL NAME: Sem Goldberg	(14) FULL MAIDEN NAME: Fennie Grizner
(9) RESIDENCE: 909 E. Lobard St	(15) RESIDENCE: 909 E. Lobard St.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 14 (Years)	(17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Preser	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

RECEIVED FOR RECORD APR 18 1910 ROSLEY M.D. COMMR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature miss Ada Kuss (Physician or Midwife)

Address 1116 E. Fayette St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 2 9 0 8

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55430

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Alferd Lewis

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) March (Day) 23, 19 (Year) 10
Male		6		

FATHER

(8) FULL NAME Abruem Lewis

(9) RESIDENCE 918 E. Bal. St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Saloon Kiper

MOTHER

(14) FULL MAIDEN NAME Goldie Lewis

(15) RESIDENCE 918 E. Bal. St

(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE America

(19) OCCUPATION

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

FILED FOR RECORD MAR 18 1910 BOSLEY M.D. REGISTRAR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Miss Ada Huss (Physician or Midwife)

{* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.}

U 0 0 0 2 9 0 9

(24) Given name added from a supplemental report ____, 19

Address 1116 E. Fayette St

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED

10/7/74 A55431

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2855 Prospect St.; Ward)

(2) FULL NAME OF CHILD Edwin William Brushmiller — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 13 1910

FATHER

(8) FULL NAME: Wm. Jos. Brushmiller

(9) RESIDENCE: 2855 Prospect St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Boiler maker

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Ella F. Seipp

(15) RESIDENCE: 2855 Prospect St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: Housework

(21) Number of children of this mother now living: 3

FILED FOR RECORD APR 18 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 P. M., on the date above stated.

(23) Signature: Chas. C. Conser (Physician or Midwife)

Address: 1113 E. Fulton Ave

Filed 4/18, 19 10

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0002910

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 55432

CITY OF BALTIMORE. (No. 2432 E. Fayette St. St.; Ward)

(2) FULL NAME OF CHILD Jacob Charles Anderson — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	Dec. (Month) 21 (Day) 1907 (Year)

(To be answered only in event of plural birth)

FATHER	MOTHER
(8) FULL NAME Chas. Louis Anderson	(14) FULL MAIDEN NAME Emma Sauer
(9) RESIDENCE 2432 E. Fayette St.	(15) RESIDENCE 2432 E. Fayette St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Balto.	(18) BIRTHPLACE N. J. City
(13) OCCUPATION Meter Worker	(19) OCCUPATION H. W.

RECEIVED FOR RECORD APR 18 1910 J. E. BOSLEY, M.D. COMR OF HEALTH

(20) Number of children born to this mother, including present birth 1st. (21) Number of children of this mother now living 1st.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 P. M., on the date above stated.

(23) Signature Rascoe C. Metzel, M. D. (Physician or Midwife)

Address 1903 W. North Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0002911

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55433

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1804 N. Monroe St. St.; Ward)

(2) FULL NAME OF CHILD Eugene Abbott Sprow — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	(To be answered only in event of plural births)		Yes	Dec. (Month) 29 (Day), 1909 (Year)

FATHER	MOTHER
(8) FULL NAME Geo. Bradley Sprow	(14) FULL MAIDEN NAME Estella Blanche Gemmo
(9) RESIDENCE 1804 N. Monroe St.	(15) RESIDENCE 1804 N. Monroe St.
(10) COLOR W. (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR W. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE W. Va.	(18) BIRTHPLACE Flemington, Pa.
(13) OCCUPATION Clerk	(19) OCCUPATION H. W.
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 A. M., on the date above stated.

(23) Signature Roscoe C. Metzel, M.D. (Physician or Midwife)

Address 1903 N. North Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0002912

(24) Given name added from a supplemental report ____, 19

Filed APR 28 1910, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55434

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2529 St. Paul St.; Ward)

(2) FULL NAME OF CHILD Joseph Fallon Jones

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	April 7th, 1910

FATHER

(8) FULL NAME Charles Hampson Jones

(9) RESIDENCE 2529 St. Paul St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 51 (Years)

(12) BIRTHPLACE Baltimore Md.

(13) OCCUPATION Physician

MOTHER

(14) FULL MAIDEN NAME Emma Lee Colvin

(15) RESIDENCE 2529 St. Paul St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Somerset County Maryland

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth three

(21) Number of children of this mother now living three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at twelve-forty a.m., on the date above stated.

(23) Signature C. Hampson Jones M.D. (Physician or Midwife)

Address 2529 St. Paul St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 9 1 3

(24) Given name added from a supplemental report ✓, 19 ✓

✓

Registrar

Filed APR 18 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55435

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Gardenville, Balto Co. Md.; Ward)

(2) FULL NAME OF CHILD William Robert Woods

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
M.	(To be answered only in event of plural births)		yes	april 6, 1910. (Month) (Day) (Year)

FATHER

(8) FULL NAME: Robert Henry Woods

(9) RESIDENCE: Gardenville Balto., Co.

(10) COLOR: W. (11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Rising Sun, Delaware

(13) OCCUPATION: Barber

MOTHER

(14) FULL MAIDEN NAME: Grace E. Beall

(15) RESIDENCE: Gardenville

(16) COLOR: W (17) AGE AT LAST BIRTHDAY: 15 (Years)

(18) BIRTHPLACE: Forest Hill, Md.

(19) OCCUPATION: Housework

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 9.15 P. M., on the date above stated.

(23) Signature: S. Lee Magruder M.D. Physician (Physician or Midwife)

Address: 1205 E. Preston St.

*When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 9 1 4

(24) Given name added from a supplemental report ____, 19 ____

Filed APR 28 1910, 19 .

Registrar

Registrar

JAS. BOSLEY M.D. BOARD OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455436

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 746 N. 34th St. ; St.; Ward)

(2) FULL NAME OF CHILD Virginia Nicholl Kheekley — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) April (Day) 2, (Year) 1910

FATHER

(8) FULL NAME Joseph Kheekley

(9) RESIDENCE 746 N. 34th St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Balto Co.

(13) OCCUPATION R.R. Conductor

MOTHER

(14) FULL MAIDEN NAME Bertie Nicholl

(15) RESIDENCE 746 N. 34th St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Balto Co.

(19) OCCUPATION House wife

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4-30 P. M., on the date above stated.

(23) Signature H. L. Fair Physician (Physician or Midwife)

Address 12 E. 25th St.

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 9 1 5

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

RECEIVED FOR RECORD APR 29 1910 U.S. BUREAU OF PUBLIC HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55437

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 1002 Mc Cullok St. St.; Ward)

(2) FULL NAME OF CHILD Hazel Blanch Bennington — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April (Day) 10 (Year) 1910
	(To be answered only in event of plural births)			

FATHER	MOTHER
(8) FULL NAME Lorenzo Bennington	(14) FULL MAIDEN NAME Elia Young
(9) RESIDENCE 1002 Mc Cullok St.	(15) RESIDENCE 1002 Mc Cullok St
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 45 (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Harford Co:	(18) BIRTHPLACE Frederick Md
(13) OCCUPATION Dairy Man	(19) OCCUPATION Modeste

(20) Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 a. M., on the date above stated.

(23) Signature H. L. Fair

Physician (Physician or Midwife)

Address 12 E. 25th St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor showed other evidence of life after birth.

U 000291

(24) Given name added from a supplemental report ____, 19

Filed APR 19 1910, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55438

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2123 W. Lexington St.; Ward)

(2) FULL NAME OF CHILD: Mildred Louise Johnston

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		V	Yes	April 12 1910

FATHER

(8) FULL NAME: Fred R. W. Johnston

(9) RESIDENCE: 2123 W. Lexington St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 40 (Years)

(12) BIRTHPLACE: Balto. Md.

(13) OCCUPATION: Fireman (City Dept.)

(20) Number of children born to this mother, including present birth: 5

MOTHER

(14) FULL MAIDEN NAME: Clara Belle Martin

(15) RESIDENCE: 2123 W Lexington St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 38 (Years)

(18) BIRTHPLACE: Balto. Md.

(19) OCCUPATION: Home Wife

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.55 a. M., on the date above stated.

(23) Signature: J. Wm. Funck M.D. (Physician or Midwife)

Address: DR. J. WM. FUNCK, 101 N. FULTON AVENUE, BALTIMORE.

Filed APR 19 1910, 19 . Registrar

(24) Given name added from a supplemental report ____, 19 . Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathed nor showed other evidence of life after birth.

B 0 0 0 2 9 1 7

CHAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55439

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1716, N. Fulton Avenue St.; Ward)

(2) FULL NAME OF CHILD John Murray Burgoon (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male			Yes	March	12,	1910

FATHER

(8) FULL NAME John Murray Burgoon

(9) RESIDENCE 1716 N. Fulton Avenue

(10) COLOR White (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Carroll County, Md.

(13) OCCUPATION Plumber

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Edith Parker

(15) RESIDENCE 1716 N. Fulton Avenue

(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Dorchester County, Md.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P. M., on the date above stated.

(23) Signature John D. Quinn

(Physician or Midwife)

Address 1321 N. Fulton Avenue

Filed APR 19 1910, 19

S. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Registrar

0 0 0 2 9 1 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 36440

CITY OF BALTIMORE. (No. 3617 Falls Road St.; Ward)

(2) FULL NAME OF CHILD Wm Clyde Seitz — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
	(To be answered only in event of plural births)			April (Month) 5 (Day) 1910 (Year)

FATHER		MOTHER	
(8) FULL NAME	Clarence Seitz	(14) FULL MAIDEN NAME	Bertha I Holland
(9) RESIDENCE	3617 Falls Road	(15) RESIDENCE	3617 Falls Road
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	27 (Years)	(17) AGE AT LAST BIRTHDAY	18 (Years)
(12) BIRTHPLACE	Penna	(18) BIRTHPLACE	Balto Co.
(13) OCCUPATION	Laborer	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 a. M., on the date above stated.

(23) Signature J. L. Fair Physician (Physician or Midwife)

Address 12 E. 25th St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 9 1 9

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed APR 19 1910, 19 ____ Registrar

JAS. BOYD, M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

~~CERTIFICATE AMENDED~~ 12/26/73

Registered No. B. A55441

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 123 Harrison St.; Ward)

(2) FULL NAME OF CHILD — FRANK Epstein (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	MAR. 15 1910

FATHER	MOTHER
(8) FULL NAME: ~~Louis~~ MORRIS Epstein	(14) FULL MAIDEN NAME: Rose Greenberg
(9) RESIDENCE: 123 Harrison St	(15) RESIDENCE: 123 Harrison St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 26 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Cigar Maker	(19) OCCUPATION: Housework.
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Baltimore Md on the date above stated.

(23) Signature: Mrs C Zeigo (Physician or Midwife) Midwife

Address: 427 N High St

Filed Apr 19 th, 1910

Registrar

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 455442

CITY OF BALTIMORE. (No. 1610 East Pratt St.; Ward)

(2) FULL NAME OF CHILD — dont know (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	Apr 4th 1910

FATHER

(8) FULL NAME: Hiram Flax

(9) RESIDENCE: 1610 East Pratt St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 40 (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Artist

MOTHER

(14) FULL MAIDEN NAME: Sarah Goldstein

(15) RESIDENCE: 1610 East Pratt

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 36 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: Housework

(20) Number of children born to this mother, including present birth: 6

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Baltimore Md. on the date above stated.

(23) Signature: Mrs L Feige, Midwife (Physician or Midwife)

Address: 427 E High St.

Filed: April 18th, 1910

Registrar

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

5 10 0 0 0 2 9 2 1

APR 2 1910

JAS. BUCHANAN, M.D.
COMR OF HEALTH

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 5443

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Jefferson Edward
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth April 12 1910
5. Place of Birth, (Street and number) 75 Darby St
6. Full name of Mother, Mary A Schaffenberger
7. Mother's Maiden Name, Mary A. Isenhood
8. Mother's Birthplace, Baltimore City
9. Full name of Father, Frank L Schaffenberger
10. Father's Occupation, Paper Hanger
11. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who made this Return, Mrs Margaret Wheat

Address, 87 Darby St

Remarks, Hampden.

1 9 1 0 0 0 0 2 9 2 2

EDITOR RECORD 1910

J. J. BOSLEY M.D. BOARD OF HEALTH

Every child born within the City of Baltimore shall be registered within ten days after its birth, and the parent or parents, or in default of them, the occupier of the house in which the child is born, shall give information of the birth to the Commissioner of Health, in the manner and with the particulars required, and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B 55444

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 3017 Cedar Ave St.; Ward)

(2) FULL NAME OF CHILD Olive May Snouffer
If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April, (Day) 1, (Year) 1910

FATHER	MOTHER
(8) FULL NAME Stanley Snouffer	(14) FULL MAIDEN NAME Cora Reynolds
(9) RESIDENCE 3017 Cedar Ave	(15) RESIDENCE 3017 Cedar Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Howard Co.	(18) BIRTHPLACE City
(13) OCCUPATION Laborer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 a. M., on the date above stated.

(23) Signature H. L. Fair Physician
0 0 0 2 9 2 3 (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19__

Address 12 E. 25th St.

Filed ____, 19__

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 55445

CITY OF BALTIMORE. (No. 413 Colvin St.; 5 Ward)

(2) FULL NAME OF CHILD Geneva Eleanora Moore — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F	—	5	yes	Apr. 8 1910

FATHER		MOTHER	
(8) FULL NAME	Howard A. Moore	(14) FULL MAIDEN NAME	Margaret C. Heaps
(9) RESIDENCE	413 Colvin	(15) RESIDENCE	413 Colvin st
(10) COLOR	W	(16) COLOR	W
(11) AGE AT LAST BIRTHDAY (Years)	37	(17) AGE AT LAST BIRTHDAY (Years)	37
(12) BIRTHPLACE	City	(18) BIRTHPLACE	Pa
(13) OCCUPATION	Clerk	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.45 P. M., on the date above stated.

(23) Signature M. K. Gott

Physician or Midwife

RECEIVED FOR REGISTRATION APR 29 1910 JAS. BOSLEY, M.D. COMMISSIONER OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 0 2 9 2 4

(24) Given name added from a supplemental report ____, 19 ____

Address 1202 E. Monument St

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55446

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD: Baby Bittner (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female		3	Yes	April 19, 1910

FATHER		MOTHER	
(8) FULL NAME	Albert Bittner	(14) FULL MAIDEN NAME	Matilde Bittner
(9) RESIDENCE	2114 Vine St	(15) RESIDENCE	2114 Vine St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	30
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	34
(12) BIRTHPLACE	Germany	(18) BIRTHPLACE	Germany
(13) OCCUPATION	Baker	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 P. M., on the date above stated.

(23) Signature Harold Kelly MD
2027 N Patterson Pk (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 0 2 9 2 5

(24) Given name added from a supplemental report ____, 19 ____ Address ____

Filed ____, 19 ____ ____ Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
APR 19 1910
REGISTRAR OF BIRTHS

CERTIFICATE AMENDED
6/4/76 C# 496

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A55447

(1) PLACE OF BIRTH MTB — Registered No. B

CITY OF BALTIMORE. (No. 939 N. Mount St.; Ward)

(2) FULL NAME OF CHILD Mildred Elizabeth Coale — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 16, 1910.

FATHER	MOTHER
(8) FULL NAME Lee Hamilton Coale.	(14) FULL MAIDEN NAME Florence Elizabeth Shipp
(9) RESIDENCE 939 N. Mount St.	(15) RESIDENCE 939 N. Mount St.
(10) COLOR White — (11) AGE AT LAST BIRTHDAY 31 (Years)	(16) COLOR White — (17) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Balto, Md.	(18) BIRTHPLACE Balto, Md.
(13) OCCUPATION Moving Picture Operator	(19) OCCUPATION
(20) Number of children born to this mother, including present birth Fourth	(21) Number of children of this mother now living Three.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.35 P. M. on the date above stated.

(23) Signature G. Labriste Ewell M.D. (Physician or Midwife)

Address 905 N. Gilmor St.

* When there was no attending physician or midwife, then the father, householder, etc., should report this form. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 002926

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

RECEIVED FOR RECORD 19 1910

WM. S. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55448

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 413 Colvin St.; 5 Ward)

(2) FULL NAME OF CHILD Nelson C. Moore — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	—	4	yes	Feb 22 1908

FATHER	MOTHER
(8) FULL NAME Howard A. Moore	(14) FULL MAIDEN NAME Margaret C. Heaps
(9) RESIDENCE 413 Colvin st.	(15) RESIDENCE 413 Colvin
(10) COLOR W (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR W (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE City	(18) BIRTHPLACE Pa.
(13) OCCUPATION Clerk	(19) OCCUPATION housewife
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 A. M., on the date above stated.

(23) Signature M L. Gill

*When there was no attending physician or midwife, then the father, householder, etc., shall make this Certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 U 0022927

(Physician or Midwife)

1902 E Monument

Address

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

RECEIVED FOR RECORD APR 29 1910 JOS. BOSLEY M.D. REGISTRAR OF

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55449

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2631 W. Franklin St.; Ward)

(2) FULL NAME OF CHILD William Chapman

If child is not yet named, make supplemental report, as directed

(3) Sex of Child Male | (4) Twin, triplet, or other? | (5) Number in order of birth 2nd | (6) Legitimate? Yes | (7) Date of Birth March 28, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Sheldon Chapman

(9) RESIDENCE 2631 W. Franklin St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY about 30 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION B. & O. Detective

MOTHER

(14) FULL MAIDEN NAME Maud May Moran

(15) RESIDENCE 2631 W. Franklin St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY about 30 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Housekeeper

(20) Number of children born to this mother, including present birth Two

(21) Number of children of this mother now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:45 P. M., on the date above stated.

(23) Signature John Hood, M.D. (Physician or Midwife)

Address 630 N. Gilmor St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0022928

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD. APR 30 1910 [illegible] Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 455450

CITY OF BALTIMORE. (No. 48 S. Fulton Ave. ~~Str.~~ Ward)

(2) FULL NAME OF CHILD: Dorsey Mentzel Ward — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		7th	yes	March 23, 1918

FATHER		MOTHER	
(8) FULL NAME	Dedrick C. W. Ward	(14) FULL MAIDEN NAME	Phoebe C. Klinefelter
(9) RESIDENCE	48 S. Fulton Ave.	(15) RESIDENCE	48 S. Fulton Ave.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	40	(17) AGE AT LAST BIRTHDAY (Years)	38
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Shrewsbury, Pa.
(13) OCCUPATION	Merchant	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Two o'clk a. M., on the date above stated.

(23) Signature John Hood M.D. (Physician or Midwife)

Address 730 N. Gilmor St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

10 0 0 2 9 2 9

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

APR 30 1918
BOSLEY M.D.
OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55451

CERTIFICATE AMENDED 7/3/73

(1) PLACE OF BIRTH CITY OF BALTIMORE. (No. 6 Registered No. B. St.; Ward)

(2) FULL NAME OF CHILD ~~Baby Feelemyer~~ RICHARD GARLAND FEELEMYER

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Yes	Nov 23 1910

FATHER	MOTHER
(8) FULL NAME ~~Claude Feelemyer~~	(14) FULL MAIDEN NAME Carrie Green
(9) RESIDENCE Hayward Gr near Pimlico Road	(15) RESIDENCE Hayward Gr near Pimlico Road
(10) COLOR Mulatto (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR Mulatto (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Md	(18) BIRTHPLACE Md
(13) OCCUPATION Manager Collector	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12. P. M., on the date above stated.

(23) Signature Howard Kahn MD (Physician or Midwife)

1027 St Paul

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 U 0 0 2 9 3 0

(24) Given name added from a supplemental report ____, 19

Address

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 29 1910 JAS. BOSLEY, M.D. COMM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55452

CITY OF BALTIMORE, (No. St.; Ward)

(2) FULL NAME OF CHILD Herman Carl Bobby Wade

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		1st	Yes	Nov 11 1910

FATHER	MOTHER
(8) FULL NAME Wilbur Chas Wade	(14) FULL MAIDEN NAME Squires Francis Wade
(9) RESIDENCE 14 N Mount	(15) RESIDENCE 14 N. Mount
(10) COLOR White (11) AGE AT LAST BIRTHDAT 23 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAT 22 (Years)
(12) BIRTHPLACE Md	(18) BIRTHPLACE Md
(13) OCCUPATION Paperhanger	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 4.35a. M., on the date above stated.

(23) Signature Howard Kelly M.D.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 9 3 1 0 2 7 (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address

Filed ____, 19 .

Registrar

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RECORD
APR 29 1910
HAS. BOSLEY, M.D.
COMR OF HEALTH
Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55453

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No.) St. ; Ward)

(2) FULL NAME OF CHILD Baby Beath

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	single	3	Yes	Feb 16 1910

FATHER		MOTHER	
(8) FULL NAME	Chas Beath	(14) FULL MAIDEN NAME	Mamie Sloan ~~Beath~~
(9) RESIDENCE	312 S Paca St	(15) RESIDENCE	312 S Paca St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	32
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	29
(12) BIRTHPLACE	Md	(18) BIRTHPLACE	Md
(13) OCCUPATION	Butcher	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 P. M., on the date above stated.

(23) Signature Harwood Kahn Md.
(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 9 3 2 0 2 7 9 9 Pratt St

(24) Given name added from a supplemental report , 19

Address

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
MAR 19 1910
BOARD OF HEALTH

GIVEN NAME ABSED 5-13-55

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55454

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD (Baby) Lahn, Milton — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		8	Yes	Apr 2, 19 10

FATHER		MOTHER	
(8) FULL NAME	Abe Lahn	(14) FULL MAIDEN NAME	Becker Miller
(9) RESIDENCE	2704 West	(15) RESIDENCE	2704 West
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	39	(17) AGE AT LAST BIRTHDAY (Years)	37
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Shoemaker	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	8	(21) Number of children of this mother now living	8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.30 A. M., on the date above stated.

(23) Signature Howard Kahn M D

(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECORD

APR 29 1910

CHAS. SOSLEY M.D.

Registrar

(24) Given name added from a supplemental report ____, 19

Address ____

Filed ____, 19 ____

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55455

GIVEN NAME ADDED 7-23-53

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 36 E. Williamson St.; Ward)

(2) FULL NAME OF CHILD Thomas Edward Schenkel

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes.	Apr. 17. 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Chas. Edw. Schenkel	(14) FULL MAIDEN NAME Amelia Wilhelmena Brening
(9) RESIDENCE 36 E. Williamson St.	(15) RESIDENCE 36 E. Williamson St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Balto, Md.	(18) BIRTHPLACE Balto, Md.
(13) OCCUPATION Freight Handler	(19) OCCUPATION
(20) Number of children born to this mother, including present birth One.	(21) Number of children of this mother now living One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 a. M., on the date above stated.

(23) Signature G. Pollok Ewalt M.D.

(Physician or Midwife)

Address 925 N. Edmondson Av.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

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RECEIVED FOR RECORD APR 19 1910

J. BOSLEY M.D. BOARD OF HEALTH

RETURN OF A BIRTH. A55456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
APR 20 1910
J.S. BOSLEY M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 last

1. *Nome of child,* No Name
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* colored
4. *Date of Birth* April 18th 1910
5. *Place of Birth, (Street and number)* 2000 Druid Hill Ave
6. *Full name of Mother,* Mary Agnes Coyne
7. *Mother's Maiden Name,* Mary Agnes Judd
8. *Mother's Birthplace,* Baltimore Queen Anne County Md
9. *Full name of Father,* Harvey Coyne
10. *Father's Occupation,* Janitor
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Emerson

Address, 912 N Eutaw St

Remarks,

19100002935

the Commissioner of Health. This schedule shall consist of [illegible] and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been conferred; its sex, color, the full name and occupation of the father, and the maiden name of the mother, and the place of birth of each, in the form of questions and answers as above; and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of such child, it shall be the duty of the mother of such child, within the period above required, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 455457

CITY OF BALTIMORE. (No. 827 N Montford Ave St.; 7th Ward)

(2) FULL NAME OF CHILD Baby — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	1	Yes	April 19 1910

FATHER	MOTHER
(8) FULL NAME Joseph E Connor	(14) FULL MAIDEN NAME Nettie Hinkel
(9) RESIDENCE 827 N Montford Ave	(15) RESIDENCE 827 N Montford Ave,
(10) COLOR White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Baltimore, Md	(18) BIRTHPLACE Baltimore Md
(13) OCCUPATION Shirt-cutter	(19) OCCUPATION House-work
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 827 N. Montford Ave M., on the date above stated.

(23) Signature Louis Vogel, M D per mwb (Physician or Midwife)

Address 1616 E. Monument St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECORD FOR 1910 100002936

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 455458

CITY OF BALTIMORE. (No. 2224 York Road ~~St.~~; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Twin	2	Yes	Mar. 24, 1910

FATHER	MOTHER
(8) FULL NAME: David Rosenkan	(14) FULL MAIDEN NAME: Nora Rosenkan
(9) RESIDENCE: 2226 York Road	(15) RESIDENCE: 2226 York Road
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 30 (Years)	(17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Shoemaker	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 6	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2226 York Road on the date above stated.

(23) Signature: Yetta Feldman

Address: 135 N Exeter St

(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 U 00 2937

(24) Given name added from a supplemental report April 19, 1910

Registrar

Address: A R 29 1910

Filed: JAS. BOOLEY, M.D. REGISTRAR OF MEALTH, 19

City

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55459

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 223 Asquith St.; Ward) — Registered No. B

(2) FULL NAME OF CHILD — Mary Padrofsky — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 11 1910

FATHER		MOTHER	
(8) FULL NAME	Jake Padrofsky	(14) FULL MAIDEN NAME	Jennie Levy
(9) RESIDENCE	223 Asquith St.	(15) RESIDENCE	Asquith St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Tailor	(19) OCCUPATION	Housekeeper

(20) Number of children born to this mother, including present birth — 2 — (21) Number of children of this mother now living — 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature — Yetta Feldman (Physician or Midwife)

Address — 135 N. Exeter St.

Filed — RECEIVED FOR RECORD APR 20 1910 — 19 . — City — Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make the report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55460

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 412 N. Exeter St.; Ward)

(2) FULL NAME OF CHILD Violet Caplan — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Mar 29 1910

FATHER

(8) FULL NAME: Same Caplan

(9) RESIDENCE: 412 N. Exeter St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years):

(12) BIRTHPLACE: Ro America

(13) OCCUPATION: Tailor

MOTHER

(14) FULL MAIDEN NAME: Jennie Caplan

(15) RESIDENCE: 412 N. Exeter St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years):

(18) BIRTHPLACE: Russia

(19) OCCUPATION: Housekeeper

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Yetta Feldman

(Physician or Midwife)

Address 173 So. N. Exeter St.

* When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Filed APR 20 1910 , 19 .

Registrar

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RECORD

J. S. BOGLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55461

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1020 E. Baltimore St.; Ward)

(2) FULL NAME OF CHILD — Clara Feller

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	June 2, 1910

FATHER

(8) FULL NAME: Jake Feller

(9) RESIDENCE: 1020 E. Baltimore

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Tailor

MOTHER

(14) FULL MAIDEN NAME: Fannie Conrad

(15) RESIDENCE: 1020 Baltimore

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: Housekeeper

(20) Number of children born to this mother, including present birth: 5

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: Yetta Feldman (Physician or Midwife)

Address: 1036 N. Exeter St.

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

* When there was an attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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REGISTERED
APR 30 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455462

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1020 E Baltimore St.; Ward)

(2) FULL NAME OF CHILD — Annie Rosenberg (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 11, 1910

FATHER	MOTHER
(8) FULL NAME: Henry Rosenberg	(14) FULL MAIDEN NAME: Lyie Legil
(9) RESIDENCE: 1020 E. Baltimore St	(15) RESIDENCE: 1020 E. Baltimore
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 37 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tobacco Store	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: Yetta Feldman (Physician or Midwife)

Address: 232 N. Exeter St City

Filed ____, 19 . Registrar

(24) Given name added from a supplemental report Apr. 18, 1910

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD APR 21 1910 BOSLEY M.D. BOARD OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A55463

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 522 E. Fort Ave St.; 24 Ward)

(2) FULL NAME OF CHILD Norma Elizabeth Anthony — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 7th 1960

FATHER		MOTHER	
(8) FULL NAME	Jack Anthony	(14) FULL MAIDEN NAME	Margaret Williams
(9) RESIDENCE	522 E. Fort Ave	(15) RESIDENCE	522 E. Fort Ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	28
(12) BIRTHPLACE	England	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Carpenter	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth 4

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 ☐ A. ☐ M., on the date above stated.

(23) Signature Emmie N Brown M.D. (Physician or Midwife)

Address 870 Park Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED NOV 30 1960 BOARD OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55464

CITY OF BALTIMORE. (No. 312, James St St.; 21st Ward)

(2) FULL NAME OF CHILD No name

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female			Yes	Feb 2nd 19

FATHER	MOTHER
(8) FULL NAME: Jane Fürstner	(14) FULL MAIDEN NAME: Lina Fischer
(9) RESIDENCE: 312 James St	(15) RESIDENCE: 312 James St
(10) COLOR: White; (11) AGE AT LAST BIRTHDAY: 32 (Years)	(16) COLOR: White; (17) AGE AT LAST BIRTHDAY: 36 (Years)
(12) BIRTHPLACE: Germany	(18) BIRTHPLACE: Germany
(13) OCCUPATION: Baker	(19) OCCUPATION: -
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 4:30 P M., on the date above stated.

(23) Signature Julia Hamm M.D.

(Physician or Midwife) 312 E James St

* When there was no attending physician or midwife, then the father, householder etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 1910 000 2943

RECEIVED
APR 20 1910
JAS. BOOSLEY M.D.
COMR OF HEALTH

(24) Given name added from a supplemental report, 19

Address

Filed , 19

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55465

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 637, Hanburg St.; St.; Ward)

(2) FULL NAME OF CHILD Fe male — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	March 5, 19 10

FATHER	MOTHER
(8) FULL NAME: Frances Mitchell	(14) FULL MAIDEN NAME: Dora Felsinger
(9) RESIDENCE: 637 Hanburg St.	(15) RESIDENCE: 637 Hanburg St.
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 25 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: Philadelphia Pa.	(18) BIRTHPLACE: Baltimore Md
(13) OCCUPATION: Painter	(19) OCCUPATION: -
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9:45 a.m., on the date above stated.

(23) Signature: Ida Lena Shaner (Physician or Midwife) 637 Hanburg St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0000 2944

RECEIVED FOR RECORD APR 20 1910 JAS. BOSLEY M.D. CMR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Address ____

Filed ____, 19 ____

Registrar — Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55466

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1170, Sargeant St. St.; 21 Ward)

(2) FULL NAME OF CHILD Anna M. Streb — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				March 8, 1912

FATHER	MOTHER
(8) FULL NAME: Daniel Streb	(14) FULL MAIDEN NAME: Marie M. Clark Streb
(9) RESIDENCE: 1170 Sargeant St	(15) RESIDENCE: 1170 Sargeant St.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 26 (Years)	(17) AGE AT LAST BIRTHDAY: 21 (Years)
(12) BIRTHPLACE: Balto Md	(18) BIRTHPLACE: Balto Md
(13) OCCUPATION: Clerk	(19) OCCUPATION: - -
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 P.M. M., on the date above stated.

(23) Signature: Martin Glaum — Physician or Midwife — 2 E. Lexington St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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CORD

(24) Given name added from a supplemental report ____, 19 ____ — Address A-2 20 1912

Filed ____, 19 ____ — J. S. BOSLEY M.D. COMR OF HEALTH

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 55467

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2[illegible], Pulaski St; St.; [illegible] Ward)

(2) FULL NAME OF CHILD Jorge Rosa

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	February 2, 19 2

FATHER

(8) FULL NAME: Jorge Rosa

(9) RESIDENCE: 242 Pulaski St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Porto Rico

(13) OCCUPATION: Stonecutter

MOTHER

(14) FULL MAIDEN NAME: Blasqua Fraticelli

(15) RESIDENCE: 242 Pulaski St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Porto Rico

(19) OCCUPATION: -

(20) Number of children born to this mother, including present birth: 11

(21) Number of children of this mother now living: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 10 P.M., on the date above stated.

(23) Signature: Wm Talia Plumer

237 N. Green St. (Physician or Midwife)

* *When there was no attending Physician or Midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

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VITAL STATISTICS RECORD

(24) Given name added from a supplemental report_____, 19____

Address A-R 20 1910

Filed _____, 19____

JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55468

RECEIVED FOR RECORD
APR 20 1910
JAS. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child, Edward George Hartman
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth April 12th 1910 - 4.45 A.M.
5. Place of Birth, (Street and number) 518 N Payson St.
6. Full name of Mother, Florence Magdelena Hartman
7. Mother's Maiden Name, " " Paul
8. Mother's Birthplace, Balto. Md.
9. Full name of Father, Edward Hartman
10. Father's Occupation, Signalman P.R.R.
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Thos. A. Schaefer M.D.

Address, 2500 E. Balto St.

Remarks,

19100002947

the Commissioner of Health. This schedule shall contain the name of the child, if any, and the full name of the parents, if living, and if not living, the name of the deceased parent. In case the child is born dead, or dies before the name can be ascertained

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455469

(1) PLACE OF BIRTH 2226 ½ Registered No. B

CITY OF BALTIMORE. (No. 2226 York Road; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Twin	First	Yes	Mar. 24 1910

FATHER	MOTHER
(8) FULL NAME David Rosenkaw	(14) FULL MAIDEN NAME Lena Rosenkaw
(9) RESIDENCE 2226 York Road	(15) RESIDENCE 2226 York Road
(10) COLOR White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Shoemaker	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth 6	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2226 York Road on the date above stated.

(23) Signature Yetta Feldman

(Physician or Midwife)

Address 1305 N. Exeter St. City.

Filed _____, 19 .

Registrar

(24) Given name added from a supplemental report April 18, 1910

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55470

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 261 N. Exeter St.; Ward)

(2) FULL NAME OF CHILD Bennie Wolf — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		(To be answered only in event of plural birth)	Yes	August 13, 1910

FATHER	MOTHER
(8) FULL NAME: Sie Wolf	(14) FULL MAIDEN NAME: Beckie Splaro
(9) RESIDENCE: 261 N. Exeter St.	(15) RESIDENCE: 261 N. Exeter St.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 28 (Years)	(17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Yetta Feldman (Physician or Midwife)

Address 261 N. Exeter St.

Filed Aug 23 1910, 19 . City

Registrar

(READ THE REVERSE SIDE)

JAS. BOSLEY M.D. COM'R OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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VISITOR RECORD

(24) Given name added from a supplemental report , 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55471

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 129 N. High St.; Ward)

(2) FULL NAME OF CHILD Max Feinstein — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 9 1910

FATHER	MOTHER
(8) FULL NAME: Morris Feinstein	(14) FULL MAIDEN NAME: Jennie Arnol
(9) RESIDENCE: 129 N. High St	(15) RESIDENCE: 129 N High St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 35	(17) AGE AT LAST BIRTHDAY (Years): 33
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 7	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Yetta Feldman (Physician or Midwife)

Address 1 [illegible] M. Exeter St. City

Filed APR 21 1910, 19 . Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19 . Registrar

(OVER) (READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE AMENDED 3/3/72

Registered No. B 155472

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Elgin Ave St.; Ward)

(2) FULL NAME OF CHILD Wesley Walter Keen Parks

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	April 7, 1970

FATHER

(8) FULL NAME: Walter A. Parks

(9) RESIDENCE: Elgin ave

(10) COLOR: white (11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Trucker

MOTHER

(14) FULL MAIDEN NAME: Daisy Hiesy

(15) RESIDENCE: Elgin Ave

(16) COLOR: white (17) AGE AT LAST BIRTHDAY: 33 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 3

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 a. M., on the date above stated.

(23) Signature: J. B. Joyce M.D.

1516 North Ave (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

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CERTIFIED FOR RECORD APR 29 1910

(24) Given name added from a supplemental report ____, 19

Address ROSLEY M.D. REGISTRAR OF HEALTH

Filed 4/20, 1910

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55473

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 3004 Harlem av St.; Ward)

(2) FULL NAME OF CHILD Arthur Fraser — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		5th	yes	March 20, 1910

FATHER	MOTHER
(8) FULL NAME: William A Fraser	(14) FULL MAIDEN NAME: Sarah Catherine Buckler
(9) RESIDENCE: 3004 Harlem ave	(15) RESIDENCE: 3004 Harlem av
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 35	(17) AGE AT LAST BIRTHDAY (Years): 39 yrs
(12) BIRTHPLACE: Baltimore	(19) BIRTHPLACE: Calvert Co. Md.
(13) OCCUPATION: Laborer	(19) OCCUPATION: Home wife
(20) Number of children born to this mother, including present birth: 6	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 P. M., on the date above stated.

(23) Signature: J B Joyce M.D.

Address: 1205 N North ave (Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Filed APR 20 1910 JAS. BOSLEY M.D. COM'R OF HEALTH 19

Registrar — Registrar

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* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

C 0 0 0 2 9 5 2 RECORDED

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55474

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1717, Bank St — St.; 2nd Ward)

(2) FULL NAME OF CHILD No Name — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 31, 1910

FATHER	MOTHER
(8) FULL NAME: Edward Chamberlain	(14) FULL MAIDEN NAME: Gertrude Weber
(9) RESIDENCE: 1717 Bank St	(15) RESIDENCE: 1717 Bank St
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY (Years): 23
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY (Years):
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Carpenter	(19) OCCUPATION: -
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11:50 P M., on the date above stated.

(23) Signature: [illegible] (Physician or Midwife) — 2 E. Fayette St

RECEIVED FOR RECORD APR 20 1910 JAS. BOSLEY M.D. REG'R OF HEALTH

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* When there was no attending Physician or Midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Address ____

Filed ____, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

CERTIFICATE CORRECTED 6-30-39

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455475.

CERTIFICATE CORRECTED 7-23-63

(1) PLACE OF BIRTH CITY OF BALTIMORE. (No. 24, [illegible] St.; 23 Ward) ed No. B

(2) FULL NAME OF CHILD Albert [illegible] Trumpler (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	March 4 1910

FATHER	MOTHER
(8) FULL NAME Albertus L Trumpler	(14) FULL MAIDEN NAME Annie Marie Welk
(9) RESIDENCE 1246 Sharp St	(15) RESIDENCE 1246 Sharp St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Baltimore Md.	(16) BIRTHPLACE Germantown Pa.
(13) OCCUPATION Fireman	(19) OCCUPATION -
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11:55 A.M., on the date above stated.

(23) Signature [illegible] (Physician or Midwife) 1327 E. Eager St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD

APR 20 1910

JAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Address ____

Filed ____, 19 ____.

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 55476

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 924, 1a Frankeau St St.; Ward)

(2) FULL NAME OF CHILD [illegible] { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Data of Birth (Month) (Day) (Year)
Male			yes	Feb 21 1910

FATHER

(8) FULL NAME: Charles H. Fowler

(9) RESIDENCE: 924 N. Frankeau St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 24

(12) BIRTHPLACE: Balto Md

(13) OCCUPATION: Clerk

MOTHER

(14) FULL MAIDEN NAME: Anna Elizabeth Teale

(15) RESIDENCE: 924 N. Frankeau St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 23

(18) BIRTHPLACE: Balto Md

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at [illegible] M., on the date above stated.

(23) Signature: Mrs Lulia Stone

(Physician or Midwife)

924 N. Frankeau St.

{ *When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report_____, 19____

Address

Filed APR 20 1910 19____

J. S. BOSLEY, M.D. COM'R OF HEALTH

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55477

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 178, N. Fulton Ave. St.; 22 Ward)

Registered No. B

(2) FULL NAME OF CHILD Rosanna

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
Male			yes	December 8, 19 10

FATHER

(8) FULL NAME: William Tolson

(9) RESIDENCE: 178 N. Fulton Ave.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 40 (Years)

(12) BIRTHPLACE: Kingston N.C.

(13) OCCUPATION: Laborer

(20) Number of children born to this mother, including present birth: 7

MOTHER

(14) FULL MAIDEN NAME: Mary Gerhardt

(15) RESIDENCE: 178 N. Fulton Ave.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 32 (Years)

(18) BIRTHPLACE: Kingston N.C.

(19) OCCUPATION: -

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6:35 P.M., on the date above stated.

(23) Signature: Nora Julia Flanner

(Physician or Midwife)

Address: 20 E. Eager St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD APR 20 1910 JAS. BOGLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55478

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 137, Columbia Ave. St.; 21st Ward)

(2) FULL NAME OF CHILD — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 7, 1910

FATHER	MOTHER
(8) FULL NAME: John E. Miller	(14) FULL MAIDEN NAME: Margaret Jennicke
(9) RESIDENCE: 137 Columbia Ave	(15) RESIDENCE: 137 Columbia Ave
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 32 (Years)	(17) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: Manchester Md	(18) BIRTHPLACE: Baltimore Md
(13) OCCUPATION: Car repairing B&O	(19) OCCUPATION: -
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

numer of sons, not still living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7.20 A.M., on the date above stated.

(23) Signature: Walter Lilla Plummer (Physician or Midwife) — Address: 1715 Eutaw St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 0 0 0 2 9 5 7

RECEIVED FOR RECORD
APR 21 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19__

Filed ____, 19__ — Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455479

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 100, Ridgely St.; Ward)

(2) FULL NAME OF CHILD Luther Edward Keen — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	March 5, 1910

FATHER

(8) FULL NAME: Adolph Keen

(9) RESIDENCE: 100 Ridgely St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 34

(12) BIRTHPLACE: Baltimore Md

(13) OCCUPATION: Tinsmith

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME: Lillian Keller

(15) RESIDENCE: 100 Ridgely St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 28

(18) BIRTHPLACE: Baltimore Md

(19) OCCUPATION: None

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5:50 P.M., on the date above stated.

(23) Signature: Wm Luther Glenn

(Physician or Midwife)

Address: 1 E. Lexington St. Balto

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MED FOR RECORD U 0 0 2 2 9 5 8 1910 AS. BOSLEY M.D. HEALTH OF BALTO

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 55480

CITY OF BALTIMORE. (No. 1153 Calhoun St.; Ward)

(2) FULL NAME OF CHILD James Edward Holland — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
		(To be answered only in event of plural births)		Apr. (Month) 4 (Day), 1910 (Year)

FATHER	MOTHER
(8) FULL NAME Vincent D Holland	(14) FULL MAIDEN NAME Mary Hawkins
(9) RESIDENCE 1153 Calhoun St	(15) RESIDENCE 1153 Calhoun St
(10) COLOR ed	(16) COLOR Colored
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Day Laborer.	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11:30 A. M., on the date above stated.

(23) Signature J. W Olsen, (Physician or Midwife)

Address Bayview Hospital

Filed APR 30, 1910, 19

JAS. BOSLEY, M.D. REGISTRAR OF VITAL STATISTICS

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55481

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 729 W. Lombard, St.; 4½ Ward)

(2) FULL NAME OF CHILD Josephina Jagunish.

If child is not yet named, make supplemental report, as directed

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth Second (To be answered only in event of plural birth) | (6) Legitimate? Yes. | (7) Date of Birth April (Month) 7 (Day), 1910 (Year)

FATHER

(8) FULL NAME Joseph Jagunish.

(9) RESIDENCE 729 W. Lombard St.

(10) COLOR White | (11) AGE AT LAST BIRTHDAY 30 Yrs. (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Tailor.

MOTHER

(14) FULL MAIDEN NAME Annie Skepsa.

(15) RESIDENCE 729 W. Lombard St.

(16) COLOR White | (17) AGE AT LAST BIRTHDAY 23. (Years)

(18) BIRTHPLACE Russia.

(19) OCCUPATION House Keeper.

(20) Number of children born to this mother, including present birth Two (2) (21) Number of children of this mother now living Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE*~~

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4. P. M., on the date above stated.

(23) Signature L. H. Ephraim, M.D.

(Physician ~~or Midwife~~)

Address 218 S. Exeter St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 2 9 6 0

(24) Given name added from a supplemental report_____, 19____

Registrar

Filed APR 21 1910, 19____

RECORD

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55482

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1203 Jakson St.; 5th Ward)

(2) FULL NAME OF CHILD: Goulda Osowitz.

If child is not yet named, make supplemental report, as directed

(3) Sex of Child: Female | (4) Twin, triplet, or other? | (5) Number in order of birth: Second | (6) Legitimate? Yes. | (7) Date of Birth: April 9 (Month) (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: Samuel Osowitz.	(14) FULL MAIDEN NAME: Mary Prisman.
(9) RESIDENCE: 1203 Jakson St.	(15) RESIDENCE: 1203 Jakson St.
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 28 (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 26. (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia.
(13) OCCUPATION: Pants Maker	(19) OCCUPATION: House Keeper

(20) Number of children born to this mother, including present birth: Two (2) (21) Number of children of this mother now living: Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3. A. M., on the date above stated.

(23) Signature: L. H. Ephraim M. D.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 2 9 6 1 (Physician ~~Midwife~~)

(24) Given name added from a supplemental report ____, 19

Address: 218 S. Exeter St.

Filed APR 31 1910, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

JAS. BOSLEY M.D. BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55483

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Md. Homeopathic Hospital St.; Ward)

(2) FULL NAME OF CHILD Anna Pack

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			no.	March 24, 1910

FATHER	MOTHER
(8) FULL NAME Julius Norman	(14) FULL MAIDEN NAME Anna Pack
(9) RESIDENCE 1017 Calhoun St	(15) RESIDENCE 1140 Stockton St
(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Unknown	(18) BIRTHPLACE Annulundel Co.
(13) OCCUPATION Laborer	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Md. Hom. Hosp. 3.00 A.M., on the date above stated.

(23) Signature George F. Whitaker M.D.

(Physician or Midwife)

Address Md. Homeopathic Hospital

Filed APR 21 1910, 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 9 6 2

(24) Given name added from a supplemental report , 19

Registrar

RECORD

JAS. BOGLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55484

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1032 Calhoun St.; Ward)

(2) FULL NAME OF CHILD Lillian Gladys Stewart (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 11, 1910

FATHER		MOTHER	
(8) FULL NAME	William Stewart	(14) FULL MAIDEN NAME	Corrine Saunders
(9) RESIDENCE	1032 Calhoun St.	(15) RESIDENCE	1032 Calhoun St
(10) COLOR	Colored	(16) COLOR	Colored
(11) AGE AT LAST BIRTHDAY (Years)	21	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Porter	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A. M., on the date above stated.

(23) Signature G. H. Johnson (Physician or Midwife)

Address Maryland Homoeopathic Hospital.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0002963

(24) Given name added from a supplemental report ____, 19

Filed APR 21 1910, 19

JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55485

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Md. Homeopathic Hospital St.; Ward)

(2) FULL NAME OF CHILD Julia Morris

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			Yes	March 24, 1910

FATHER

(8) FULL NAME William Morris

(9) RESIDENCE Philadelphia

(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Brooklyn N. Y.

(13) OCCUPATION Cigar Maker

(20) Number of children born to this mother, including present birth 3

MOTHER

(14) FULL MAIDEN NAME Birdie Morris

(15) RESIDENCE 1834 Patterson ave.

(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Mill Rex Va

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living 2

Name of child, if any, to be entered on supplemental report

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Md. Hom. Hosp. 8.15 P.M., on the date above stated.

(23) Signature George F. Whittaker M.D. (Physician or Midwife)

Address Md. Homeopathic Hosp.

Filed APR 21 1910, 19

JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 2 9 6 4

(24) Given name added from a supplemental report , 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55486

CITY OF BALTIMORE. (No. 647, N. Mulberry St.; Ward)

(2) FULL NAME OF CHILD — { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	April 9th 1910

	FATHER	MOTHER
(8) FULL NAME	John Morell.	(14) FULL MAIDEN NAME Bell Thomas.
(9) RESIDENCE	647 N. Mulberry St.	(15) RESIDENCE 647 N. Mulberry St.
(10) COLOR	Colored.	(16) COLOR Colored
(11) AGE AT LAST BIRTHDAY (Years)	28	(17) AGE AT LAST BIRTHDAY (Years) 25
(12) BIRTHPLACE	Richland Co. Va.	(18) BIRTHPLACE Balto. Md.
(13) OCCUPATION	Laborer.	(19) OCCUPATION Laundress.

(20) Number of children born to this mother, including present birth 3 rd. (21) Number of children of this mother now living 3

number of each, in order of birth, under

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P. M., on the date above stated.

(23) Signature Geo. H. Lauenbach M.D. (Physician or Midwife)

Address 638 Hollins St.

Filed APR 3 1910, 19.

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

T 0 U 0 0 2 9 6 5

(24) Given name added from a supplemental report , 19

Registrar

55987

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Name of child, Jacob Grodnitzky
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth April 10th
5. Place of Birth, (Street and number) 115 S. High st.
6. Full name of Mother, Sarah Grodnitzky
7. Mother's Maiden Name, Sarah Constantinopoudsky
8. Mother's Birthplace, Russia
9. Full name of Father, Meyer Grodnitzky
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. M. J. Baylin M.D.

Address, 212 Aisquith st

Remarks,

19100002966

MEDICAL RECORD
BALTIMORE MD

City of Baltimore, Board of Health. Physicians and others are required to enter the same on blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name, sex, color, date and place of birth, and the full name, age, occupation and birthplace of the parents of the child; and shall have been conferred by the practitioner in the form of a certificate delivered to the person required by this section to report its birth to the Commissioner of Health. If any child shall die before a certificate of birth shall have been procured, the undertaker or other person who shall bury or assist in burying the body of such child shall report the facts required by this section to be reported by the attendant upon a birth, and shall set forth in such report the date of death and every month to the office of Commissioner of Health. If any child shall occur without the attendance of a physician, midwife or other person, it shall be the duty of the person in charge of the house in which such birth occurs, or in which the mother of such child may be at the time of her confinement, to report its birth to the Commissioner of Health. If any midwife or other person be in attendance upon the birth of any child, and shall neglect or refuse to report the facts required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED - 8/16/68

Registered No. B. A55488

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 816 N Fremont Ave. St.; Ward)

(2) FULL NAME OF CHILD LEAH REBECCA HOFFMAN

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Fem			Yes	April 24 1910

FATHER

(8) FULL NAME Edmund H. Hoffman

(9) RESIDENCE 816 N Fremont Ave

(10) COLOR Wh (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Salesman

MOTHER

(14) FULL MAIDEN NAME Georgia Louise Angelmaier

(15) RESIDENCE 816 N Fremont Ave

(16) COLOR Wh (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Balto

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 A. M., on the date above stated.

(23) Signature J. Norwood Lewis (Physician or Midwife)

Address 919 W Fayette St

Filed APR 23 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(24) Given name added from a supplemental report, 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

U 0 0 2 9 6 7

RECORD

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55489

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1105 E. Pratt St.; Ward)

(2) FULL NAME OF CHILD Annie Rashinsky

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F	—	—	yes	Nov. 19th 1910

FATHER		MOTHER	
(8) FULL NAME	Morris Rashinsky	(14) FULL MAIDEN NAME	Rose Klaff
(9) RESIDENCE	1105 E. Pratt St.	(15) RESIDENCE	1105 E Pratt St
(10) COLOR	W	(16) COLOR	W
(11) AGE AT LAST BIRTHDAY (Years)	—	(17) AGE AT LAST BIRTHDAY (Years)	—
(12) BIRTHPLACE	Poland	(18) BIRTHPLACE	Balto. Md
(13) OCCUPATION	Junk Dealer	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	3d	(21) Number of children of this mother now living	3

number of each, as of 1st of Jan. 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 a. M., on the date above stated.

(23) Signature A. F. Rhein Physician (Physician or Midwife)

Address 2108 E Bond St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 2 9 6 8

(24) Given name added from a supplemental report ____, 19

Registrar

Filed Jan 23 1910, 19

Registrar

RECEIVED RECORD JAS. BOSLEY M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55490

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 111, N. Hover St.; Ward)

(2) FULL NAME OF CHILD Helen Agnes Frosler

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	Married	April 10th 1910

FATHER	MOTHER
(8) FULL NAME Charlie Frosler	(14) FULL MAIDEN NAME Frosler Mary Biers
(9) RESIDENCE 111 N. Hover St	(15) RESIDENCE 111 N. Hover St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 20 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Laborer	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 P. M., on the date above stated.

(23) Signature Mrs. H. Knox (Physician or Midwife)

Address 1111 N. Washington St

Filed April 22nd, 1910.

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED BY REGISTRAR OF BIRTHS APR 23 1910 BOARD OF HEALTH

9 10 U 0 0 2 9 8 6 9

(24) Given name added from a supplemental report ____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55491

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 134, W. Grove St.; Ward)

(2) FULL NAME OF CHILD — Ernstina Bubel (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	Married	April, 9th, 1910

FATHER	MOTHER
(8) FULL NAME: Frank Bubel	(14) FULL MAIDEN NAME: Fannie Bubel
(9) RESIDENCE: 134 W. Grove St	(15) RESIDENCE: 134 W. Grove St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 24 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 20 (Years)
(12) BIRTHPLACE: Germany	(18) BIRTHPLACE: Germany
(13) OCCUPATION: Laborer	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 3 A. M., on the date above stated.

(23) Signature: Mrs H Knox, Midwife (Physician or Midwife)

Address: 243 W. Washington St.

RECEIVED FOR RECORD APR 22 1910 JAS. BOGLEY M.D. COMMISSIONER OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10002970

(24) Given name added from a supplemental report ____, 19

Filed April 22nd, 1910.

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55492

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1904, Bank St.; Ward)

(2) FULL NAME OF CHILD Anna Seifert { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		3rd	Married	April 8th, 1910

FATHER	MOTHER
(8) FULL NAME: William Seifert	(14) FULL MAIDEN NAME: Julia Norton
(9) RESIDENCE: 1904 Bank St	(15) RESIDENCE: 1904 Bank St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 25 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Machinist	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 2 P. M., on the date above stated.

(23) Signature Theo L. Kline (Physician or Midwife)

Address 2013 W. Washington St.

Filed April 22nd, 1910.

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

RECEIVED FOR RECORD APR 23 1910 THOS. BOSLEY MD REGISTRAR OF HEALTH

1 0 0 0 2 9 7 1

(24) Given name added from a supplemental report_____, 19

Registrar

(READ THE REVERSE SIDE)

Form 1236.

A55493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Name of child,*	Florence Seyfer
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	th 18th day of March
5. *Place of Birth, (Street and number)*	No 33 W. West St
6. *Full name of Mother,*	Margerit Seyfer
7. *Mother's Maiden Name,*	Morgerat Mc. Neal
8. *Mother's Birthplace,*	Baltimore Md
9. *Full name of Father,*	William Seyfer
10. *Father's Occupation,*	Plumber
11. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	H. M. Auer
Address,	107 Weber St
Remarks,	

RECEIVED FOR RECORD
APR 23 1910
J. S. BOSLEY M.D.
COMM'R OF HEALTH

1910002972

a True and correct Register of such birth as far as within the knowledge or belief of the informant, and the Physician or Midwife in attendance shall certify the cause of death, the time during the month, and shall set forth as far as may be ascertained the full name, date and place of birth; and the said return shall be delivered, duly signed by the practitioner or informant, to the Commissioner of Health within ten days after the birth to which it relates shall have occurred. If a certificate between the first and third day of every month to the office of Commissioner of Health, of any birth of any child shall occur without the presence of a physician or midwife, or should the parent or parents of such child fail to report it's birth to the Commissioner of Health in the manner and within the period above required, the person or persons who shall become the duty of the person or persons to be in attendance upon the mother. Physician or Practitioner

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55494

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2026 E. Pratt St.; Ward)

(2) FULL NAME OF CHILD Stanley Leonard Dennison (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Mar. 8, 1910

FATHER	MOTHER
(8) FULL NAME: Michael Herbert Dennison	(14) FULL MAIDEN NAME: Rose Mathes
(9) RESIDENCE: 2026 E. Pratt St	(15) RESIDENCE: 2026 E. Pratt St
(10) COLOR: W (11) AGE AT LAST BIRTHDAY: — (Years)	(16) COLOR: W (17) AGE AT LAST BIRTHDAY: — (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Book-keeper	(19) OCCUPATION: Home wife
(20) Number of children born to this mother, including present birth: 2nd	(21) Number of children of this mother now living: 2

number of each, in order of birth, state

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 : 40 P. M., on the date above stated.

(23) Signature: A. F. Theis, Physician (Physician or Midwife)

Address: 218 N. Bond St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

10 U 0 0 2 9 7 3

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

RECEIVED FOR RECORD APR 23 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55495

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 235 St.; Ward)

(2) FULL NAME OF CHILD Herman James Schindler

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Married	April 16th 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Hugo Schindler	Marie Schindler
(9) RESIDENCE / (15) RESIDENCE	235 N. Chester St	235 N. Chester St
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	23	19
(12) BIRTHPLACE	Baltimore	Baltimore
(13) OCCUPATION	Machinist	Housekeeper
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A.M., on the date above stated.

(23) Signature Mrs H. Kron

(Physician or Midwife) Midwife

Address 233 N. Washington St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 U 0002974

(24) Given name added from a supplemental report ____, 19__

Filed April 22nd, 1910

Registrar

RECEIVED FOR RECORD APR 22 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55496

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2020, E. Preston St.; Ward)

(2) FULL NAME OF CHILD Leo George Rosenberger — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Married	April 11th, 1910

FATHER	MOTHER
(8) FULL NAME: John Rosenberger	(14) FULL MAIDEN NAME: Anna Rosenberger
(9) RESIDENCE: 2020 E. Preston St	(15) RESIDENCE: 2020 E. Preston St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 25 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Laborer	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 2 A. M., on the date above stated.

RECEIVED FOR RECORD APR 23 1910 BOARD OF HEALTH

(23) Signature: Mrs Henrietta Knorr, Midwife (Physician or Midwife)

Address 1208 W. Washington St

Filed April 22nd, 19 10

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

9 1 0 0 0 2 9 7 5

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55497

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 27 Ashburton St St.: 20 Ward)

(2) FULL NAME OF CHILD Sabath Domingo Guarraio. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male				Apr 16, 1910

number of each, in order of birth, stated

FATHER		MOTHER	
(8) FULL NAME	Antonio Guarraio	(14) FULL MAIDEN NAME	Sofie M Guarraio
(9) RESIDENCE	27 Ashburton St	(15) RESIDENCE	27 Ashburton St
(10) COLOR	white	(11) AGE AT LAST BIRTHDAY (Years)	34
(16) COLOR	white	(17) AGE AT LAST BIRTHDAY (Years)	37
(12) BIRTHPLACE	~~Carroll Md~~ Italie	(18) BIRTHPLACE	Italie
(13) OCCUPATION	Stone mason	(19) OCCUPATION	none
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 27 Ashburton St M., on the date above stated.

(23) Signature Elizabeth Weeks

*When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

U 0 0 2 9 7 5 midwife (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Address 62 Arbor Lane

Filed April 19, 1910

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55498

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1311 Talbot St.; 20th Ward)

(2) FULL NAME OF CHILD Charles Prudence Jessop (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) Nov. (Day) 17 (Year) 1920
Male.				

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Dominick B. Jessop	(14) FULL MAIDEN NAME Irene V. Lippin
(9) RESIDENCE 36 Stafford St.	(15) RESIDENCE 130 Stafford St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Baltimore Co. Md.	(18) BIRTHPLACE Agusta Co, Va.
(13) OCCUPATION Straw Digger	(19) OCCUPATION None.
(20) Number of children born to this mother, including present birth 7	(21) Number of children of this mother now living 7.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 130 Stafford St. M., on the date above stated.

(23) Signature Elizabeth Weeks

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 00297 midwife. (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Address 62 Lohr Lane.

Filed April 17, 1920

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55499

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1451, Richerson St.; 24, Ward)

(2) FULL NAME OF CHILD Margarethe Emilie Goersch — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
female	sin	11.	O.K	April 3. 19 10

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	William G. Goersch	Anna Mayer
(9) RESIDENCE / (15) RESIDENCE	1451 Richerson st	1451 Richerson st
(10) COLOR / (16) COLOR	white	white
(11) AGE AT LAST BIRTHDAT (Years) / (17) AGE AT LAST BIRTHDAT (Years)	28	19.
(12) BIRTHPLACE / (18) BIRTHPLACE	Germany	England.
(13) OCCUPATION / (19) OCCUPATION	Laborer	Wife

(20) Number of children born to this mother, including present birth 1 — (21) Number of children of this mother now living 1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1451 Richerson St., on the date above stated.

(23) Signature Katie Mehrer

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 2 9 7 8 — Midwife (Physician or Midwife)

RECORD

(24) Given name added from a supplemental report ____, 19 ____

Address 1913 31 Hill St.

Filed APR 12 1910 JAS. BOSLEY, M.D. COMMISSIONER OF HEALTH, 19 .

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 455500

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1335 Garrett Ave. St.; 24 Ward)

(2) FULL NAME OF CHILD Mary Jakobowski

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	Twin	9	O.K.	March, 27, 1910

number of each, in order of birth, stated

FATHER		MOTHER	
(8) FULL NAME	John Jakobowski.	(14) FULL MAIDEN NAME	Alinore Preus ~~Alinore Jakobowski~~
(9) RESIDENCE	1335 Garrett Ave	(15) RESIDENCE	1335 Garrett Ave.
(10) COLOR	white.	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	37.	(17) AGE AT LAST BIRTHDAY (Years)	28.
(12) BIRTHPLACE	Germany	(18) BIRTHPLACE	Germany.
(13) OCCUPATION	Laborer	(19) OCCUPATION	Wife

(20) Number of children born to this mother, including present birth 6

(21) Number of children of this mother now living 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1335 Garrett Ave. M. on the date above stated.

(23) Signature Ruth Mohsen

Midwife (Physician or Midwife)

Address 1831 Hull St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C U O 2 9 7 9

(24) Given name added from a supplemental report_____, 19____

Registrar

Filed _____, 19____

Registrar

(READ THE REVERSE SIDE)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-55501

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 234 N. Eutaw Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 234 N. Eutaw Street (If rural give location)

3. Full name of child MARIE AGNES DOYLE

4. Date of birth April 15, 1910 (Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth 2:00 A.M.

FATHER OF CHILD

9. Full Name Augustine A. Doyle
10. Color or race W 11. Age at time of this birth 39 yrs.
12. Birthplace Baltimore, Maryland (City, town, or county) (State or foreign country)
13. Usual occupation Clerk
14. Industry or business City of Baltimore

MOTHER OF CHILD

15. Full Maiden Name Mary A. Rosney
16. Color or race W 17. Age at time of this birth 36 yrs.
18. Birthplace Philadelphia, Pennsylvania (City, town, or county) (State or foreign country)
19. Usual occupation Homemaker
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 1
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child who was born alive on the date and hour stated above. The information given above was furnished by Katherine D. Lochte, related to this child as Sister

24. Date rec'd by local registrar April 19 10

25. Signed Dr. James Bosley (Registrar)

(Signed) ..... M. D. (Midwife)
Physician (or midwife) who attended this birth
or ..... State
(Person in charge of Institution) Registrar

26. Given name added ..... by Registrar per .....

Address ..... Date

RETURN OF A BIRTH 55502

To the Office of Registrar of Vital Statistics, Board of Health, .

A 55502

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Name of child, Eloise.
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth February 28 17
5. Place of Birth, (Street and number) 16 St Ashburne Ave
6. Full name of Mother, Annie Hoffman
7. Mother's Maiden Name, " Nilson
8. Mother's Birthplace, Pittsburg
9. Full name of Father, Andrew Hoffman
10. Father's Occupation, Hay-Exporter
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Jefferson Guss

Address, 2844 St Paul

Remarks,

1 9 1 0 0 0 0 2 9 8 1

RECORD

In cases without the State where no physician or midwife is in attendance, the parent or parents shall cause the birth to be registered within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A55503

To the Office of Re... of V...

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of child, Rose Elizabeth Lacrone
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth February 11, 1910
5. Place of Birth, (Street and number) 1330 N B
6. Full name of Mother, Ethel Lacrone
7. Mother's Maiden Name, " "
8. Mother's Birthplace, Alexandria
9. Full name of Father, Louis Lacrone
10. Father's Occupation, News Paper Publisher
11. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. Dr Infirmary

Address, 2844 St

Remarks,

RECEIVED FOR RECORD

19100[illegible]

...ion 7.—And be it further enacted and ordained that every person practicing physic or midwifery within the City of Baltimore, and every undertaker or superintendent of a burial ground within the said City, shall make a return of the births and deaths which may occur in his or her care during the month, and shall set forth as far as the same can be ascertained the full name, age, color, and place of birth, and place of residence of each child, and the full name, age, color, and place of birth, and place of residence of the parents of each child, (if any shall have been ascertained) and the cause of death of each person, and the name and residence of the physician or practitioner in whose case the death occurred, and the name and residence of the person who certified the cause of death; and such return shall be made on the first and third day of each and every month to the office of Commissioners of the Northern District, and shall set forth as far as the same can be ascertained the like information touching every birth and death which may have occurred in his or her care during the period above required, and any such person or persons who shall become the duty of making such return, who shall neglect or refuse to make the same as herein required, shall forfeit all to compound with the Commissioners of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 56504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Katharine Mary.
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 13. 1910.
5. *Place of Birth, (Street and number)* 2106 Cromwell St.
6. *Full name of Mother,* Marjory Dewell.
7. *Mother's Maiden Name,* " Manty.
8. *Mother's Birthplace,* Baltimore.
9. *Full name of Father,* Chas. F. Dewell.
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Jefferis Busk

Address, 2804 St. Paul St.

Remarks,

RECEIVED FOR RECORD APR 22 1910 BOARD OF HEALTH

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The Commissioner of Health. This schedule shall contain a list of the births which have occurred under the care of each physician, midwife, and other person during the month, and shall set forth as far as the same can be ascertained the full name and date and place of birth, and the said schedule shall be delivered, duly signed and sworn to, at the office of the Commissioner of Health, on the second and third day of each and every month; and no certificate of birth shall be received without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the certificate of the parent or parents shall become the duty of the person or parents of such child to report the birth, immediately thereafter to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

RETURN OF A BIRTH. A55506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st
1. *Name of child,*	Katharine A.
2. *Sex, (state whether male or female)*	Female.
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	November 11th 1909.
5. *Place of Birth, (Street and number)*	1925 E. Lafayette Ave
6. *Full name of Mother,*	Mary A. Molloy.
7. *Mother's Maiden Name,*	" " Hopkins.
8. *Mother's Birthplace,*	Baltimore.
9. *Full name of Father,*	Michael E. Molloy
10. *Father's Occupation,*	Engineer
11. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Dr Jeffries Brack
Address,	2844 St Paul St
Remarks,	

a true and correct register of such birth, and shall enter the return on blank schedules to be furnished by the Commissioner of Health. Such schedules shall contain the items of information required by law to be registered, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, or by the midwife, or by the father or mother of such child, within ten days after the birth of such child, and no certificate of burial shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Board of Health. In the absence of both parents, such report shall be made by the person who shall be in charge of the house at the time of the birth. Any person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
NOV 22 1910
H. S. BOSLEY M.D.
COMMISSIONER OF HEALTH

RETURN OF A BIRTH. A55507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Name of child,*	Dorothy May
2. *Sex, (state whether male or female)*	Female.
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	November 13th 1909.
5. *Place of Birth, (Street and number)*	2005 Guilford Ave
6. *Full name of Mother,*	Lillian Flemming
7. *Mother's Maiden Name,*	Coen.
8. *Mother's Birthplace,*	Ireland.
9. *Full name of Father,*	Dominick J. Flemming
10. *Father's Occupation,*	Bar-Tender
11. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return,	Jefferson Buck
Address,	284 S. Paca St.
Remarks,	

RECEIVED
NOV 22 1910
JAS. BOSLEY, M.D.
COMMISSIONER OF HEALTH

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A true return for each birth which shall occur in the city aforesaid shall be made on blank schedule to be furnished by the Commissioner of Health. This schedule shall be filled out in full as to the facts required to be set forth as far as the same can be ascertained, the full name of the child (if it have been named) the sex, color, the full name and occupation of the parents, the full name of the physician or midwife in attendance, or other person who makes the return, and the exact hour, day, month and place of birth; and the said schedule shall be delivered, every month to the office of Commissioner of Health. In case there is no physician or midwife in attendance upon the mother at the birth of a child, it shall be the duty of the person or parents of such child, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Angela
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth October 30 1909.
5. Place of Birth, (Street and number) 1316 Ensor St
6. Full name of Mother, Katharine Kearney.
7. Mother's Maiden Name, " Nagle
8. Mother's Birthplace, Baltimore
9. Full name of Father, John Kearney.
10. Father's Occupation, Md. R. R. Employee
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Johns Hopkins Dispensary

Address, 2844 St Paul St

Remarks,

RECEIVED FOR RECORD
FEB 22 1910
BALTIMORE MD

1 9 1 0 0 3 0 2 9 8 6

a true and correct register of such birth and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or their care since the date of the last preceding return, and if no births have occurred during the month he or they shall make a return to that effect. Any midwife who shall have been conferred upon, shall every month at the office of Vitals Statistics of the City of Baltimore, a certificate between the first and third day of each and every month to the office of Vitals Statistics of the City of Baltimore, a certificate between the first and third day of each and every month to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such return or certificate as herein required, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	Dorothy E.
2. *Sex, (state whether male or female)*	Female.
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	October 18th 1909.
5. *Place of Birth, (Street and number)*	1229 E Baltimore St.
6. *Full name of Mother,*	Elizabeth Snowman
7. *Mother's Maiden Name,*	" Vogel.
8. *Mother's Birthplace,*	Baltimore
9. *Full name of Father,*	Frank Snowman
10. *Father's Occupation,*	Driver
11. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Jefferies Buck
Address,	2544 St Paul St
Remarks,	

RECEIVED FOR RECORD OCT 30 1909 REGISTRAR

1 9 1 0 U S 0 2 9 8 7

A true and correct return of such birth shall be made and shall enter the same on blank schedule to be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred under his observation within the month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, and the full name, residence and occupation of the parents of each child, if any shall have been (so forever) (case, color,

RETURN OF A BIRTH. A55510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Gloria Garcia
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White
4. Date of Birth Sept. 12. 1909.
5. Place of Birth, (Street and number) 667 W. Franklin St.
6. Full name of Mother, Lola Garcia
7. Mother's Maiden Name, " Howard -
8. Mother's Birthplace, Baltimore
9. Full name of Father, Esteban Garcia
10. Father's Occupation, Interpreter
11. Father's Birthplace, Porto Rico

Name of Medical Attendant, or other person who makes this Return, Dr. Jerome Buck

Address, 2244 E. Lanvale St.

Remarks, Name added 7/22/36 by mother Lola E. Garcia mother

A SECTION FOR RECORD

FEB 22 1910

JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

I 21 0 0 0 2 9 8 9

a true and correct register of such birth and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge since the last preceding return, and the particulars required by the said schedule in respect of each child, if any shall have been born, shall be entered before the name of the child is registered. If no child shall have been born during the month, a return stating that fact shall be sent. The name and date and place of birth, and the said schedule shall be delivered, duly signed by the person in charge of the house, to the Commissioner of Health at the first and third day of each and every month to the office of Commissioner of Health, in the Baltimore City Hall. Every person required by this section to report the birth of a child, or any person present at the birth, shall, if required by the Commissioner of Health, or by any person authorized by him, furnish a certificate of such birth, and if such birth occurs without the attendance of a physician or practitioner or midwife, or should no other person be present at the birth, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to perform the duties required by this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED

RETURN OF A BIRTH. A55511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of child, DOROTHY ELMER
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Sept. 15 1909.
5. Place of Birth, (Street and number) 1720 Fulton Ave
6. Full name of Mother, A. Rabia Elmer
7. Mother's Maiden Name, " Crouse.
8. Mother's Birthplace, Baltimore
9. Full name of Father, John Elmer
10. Father's Occupation, Reporter
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Jeffries Quack

Address, 2544 St Paul St

Remarks,

A-2 22 1910

BOSLEY MD

1 9 1 0 0 0 0 2 9 8 9

a true and correct register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health, and shall forward the same to the Registrar of Vital Statistics, on the first day of each week during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person in attendance upon the mother, immediately (hereafter it shall become the duty of the person or parties of such child to report its birth to the Commissioner of Health, in case the same be not reported by the attending physician, midwife, or should no other person be

RETURN OF A BIRTH. A55512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Name of child, Margaret Mary.
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White
4. Date of Birth September 6th 1909.
5. Place of Birth, (Street and number) 1535 Ensor St
6. Full name of Mother, Kate Garvey.
7. Mother's Maiden Name, Kate Craig.
8. Mother's Birthplace, Ireland.
9. Full name of Father, Michael Garvey
10. Father's Occupation, Woolman
11. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this return, Dr. Emma Burke

Address, 1544 St Paul St

Remarks,

RECEIVED
SEP 13 1910
EDGLEY M.D.
REGISTRAR

9 1 0 0 0 0 2 9 9 0

Every person having charge of any birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as full and accurate information as may be required of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date of birth, and such other facts as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55513

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 224 N. Calvert St. St.; Ward)

Registered No. B

(2) FULL NAME OF CHILD Fullerton

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2	Yes	Feb 21, 1910

number of each, in order of birth, stated

FATHER

(8) FULL NAME Wm D. Fullerton

(9) RESIDENCE 132 N. Calvert St

(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Little Rock Ark

(13) OCCUPATION Medical Student

MOTHER

(14) FULL MAIDEN NAME Elizabeth C Long

(15) RESIDENCE same

(16) COLOR White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Little Rock Ark

(19) OCCUPATION

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 P. M., on the date above stated.

(23) Signature [illegible] (Physician or Midwife)

Address 224 N. Calvert St

{*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.}

Y 1 0 0 0 0 2 9 9 1

(24) Given name added from a supplemental report ____, 19

Filed APR 22, 1910.

Registrar

JAS BOSLEY M.D. MD
COMMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Name of child,*
2. *Sex, (state whether male or female)* Male -
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 9th 1910 -
5. *Place of Birth, (Street and number)* 1115 Eutaw St
6. *Full name of Mother,* Annie Holden -
7. *Mother's Maiden Name,* " Kelly -
8. *Mother's Birthplace,* Baltimore -
9. *Full name of Father,* James S. Holden -
10. *Father's Occupation,* Policeman
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Jeffries Buck

Address, 2844 St Paul St

Remarks,

FILED FOR RECORD
APR 22 1910
BOSLEY MD

1 9 1 0 0 0 0 0 2 9 9 2

the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred (date, color, the full name and occupation of its parents, the date and place of the marriage of the parents, and the number of children born to the mother, including the present birth), and shall be delivered at the office of the Commissioner of Health on the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or parents, or other person having charge of such child, to report such birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child,
2. Sex, (state whether male or female) Male -
3. Race or color, (if not of the White Race) White
4. Date of Birth January 11th 1910 -
5. Place of Birth, (Street and number) 1618 Argyle Ave
6. Full name of Mother, Margaret Brunnett
7. Mother's Maiden Name, " Brewington -
8. Mother's Birthplace, Baltimore
9. Full name of Father, Wm H. Brunnett
10. Father's Occupation, Stone Cutter
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr Jeffrey Buck

Address, 2844 St Paul St

Remarks,

REGISTRAR RECORD APR 22 1910

19100002993

a true and correct register of such birth, and shall enter the same on blanks to be furnished by the Commissioner of Health, and shall forthwith make out and transmit a list of the births which have occurred under his or her care during the month, and shall set forth in such list all the facts required to be registered in relation to each child, (if any shall have been registered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the form of a certificate, at the end of every month to the officer of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and it shall be the duty of the Commissioner of Health to require all such births to be registered as hereinbefore directed. All such person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	James Murphy.
2. *Sex, (state whether male or female)*	Male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	October 23rd 1909.
5. *Place of Birth, (Street and number)*	932 E Eager St
6. *Full name of Mother,*	Anastatia Murphy
7. *Mother's Maiden Name,*	" Farrell
8. *Mother's Birthplace,*	Baltimore
9. *Full name of Father,*	Wm J. Murphy
10. *Father's Occupation,*	Clk
11. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Jeffries Buck
Address,	1544 St Paul St
Remarks,	

RECEIVED FOR RECORD
NOV 12 1910
BOARD OF HEALTH

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A Child is correct Register of such birth and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and sex of each child born, whether such child was born alive or dead, the color or race, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or other person who is authorized to act as such, the parent or parents of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, as recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Sept. 21-1909.
5. Place of Birth, (Street and number) 1530 N. Wolfe St
6. Full name of Mother, Blanche Crombie
7. Mother's Maiden Name, " O'Donnell -
8. Mother's Birthplace, Baltimore
9. Full name of Father, John A. Crombie -
10. Father's Occupation, Printer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. Jenes Beale

Address, 2844 St Paul St

Remarks,

REGISTRAR'S RECORD
APR 22 1910

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the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the care of such midwife or other person, during the month next preceding the date of the return, and shall set forth as to each child the name, sex, color, date and place of birth, occupation of parents, the number of each child of the mother, and the name and residence of the attending physician, if there be one. And every such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or other person as aforesaid, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Warren Herman Kuntes
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) W
4. Date of Birth July 27th 1909
5. Place of Birth, (Street and number) 1612 N. Eutaw ave
6. Full name of Mother, Minnie Kuntes
7. Mother's Maiden Name, Minnie Mayblatt
8. Mother's Birthplace, Maryland
9. Full name of Father, Bernard Kuntes
10. Father's Occupation, Fruit Grocer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Johns Buck

Address, 2544 St. Paul St

Remarks,

RECEIVED FOR RECORD AUG 30 1910 REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH

1910000 2996

The Commissioner of Health. This schedule shall contain a list of the births which have occurred under the care of the undersigned, and shall set forth as far as the same can be ascertained the full name and date and place of birth; and the said schedule shall be delivered, duly signed by the person in charge of the case, to the Commissioner of Health within ten days after the expiration of the month to which it relates. If any child shall be born in any house without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of the case, then the mother of such child shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born living), the sex, color, full name and residence of the parents, and date and place of birth, and shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance who shall be required by this section to report the same, the parent or parents shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Name of child,*	Bernard A Wuetes
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	August 23 1909
5. *Place of Birth, (Street and number)*	1478 E Eden St
6. *Full name of Mother,*	Barbara Wuetes
7. *Mother's Maiden Name,*	Barbara Nigh
8. *Mother's Birthplace,*	Baltimore
9. *Full name of Father,*	Nick Wuetes
10. *Father's Occupation,*	Gen Laborer
11. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, (or other person who makes this Return.)	Johnson Busse
Address,	2824 St Paul St
Remarks,	

APR 22 1910

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RETURN OF A BIRTH. A55520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The Commissioner of Health. This schedule shall contain a list of the births which have occurred under the charge of the attendant, and shall set forth as far as the same can be ascertained the full name and date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In the manner and within the period above required, and any such person who shall neglect or refuse to make such return or who shall make a false return shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child, Edward Foran McBride
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) W
4. Date of Birth August 17th 1909
5. Place of Birth, (Street and number) 2632 E Baltimore St
6. Full name of Mother, Daisy McBride
7. Mother's Maiden Name, Daisy LaTebore
8. Mother's Birthplace, Baltimore
9. Full name of Father, W J McBride
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Josephine Burke
Address, 2544 St Paul St

Remarks,

RECEIVED FOR RECORD APR 12 1910 BOARD OF HEALTH

1 9 1 0 0 0 0 2 9 9 8

CERTIFICATE AMENDED - 2/1/13

RETURN OF A BIRTH. A55521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of child,* JEAN GRAHAM
2. *Sex, (state whether male or female)* ~~Male~~ FEMALE
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* August 25 1909
5. *Place of Birth, (Street and number)* 1513 E. Lyndhurst Ave
6. *Full name of Mother,* Mary Graham
7. *Mother's Maiden Name,* " Shearer
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Frank A. Graham
10. *Father's Occupation,* Merchant
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Isham Buck

Address, 2844 St. Paul St

Remarks,

RECORDED
APR 22 1910
REGISTRY AND BUREAU OF VITAL STATISTICS

1 9 1 0 0 0 0 2 9 9 9

the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the care of such midwife during the two weeks next preceding the date of the return, and the name, color, and residence of each child, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case a child shall die before the regular return is made, immediately thereafter it shall become the duty of the person or parents of such child to report it birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Folckemmer

1. Name of child, George Stewart Flockemmer
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth September 1st 1909
5. Place of Birth, (Street and number) 1360 W. Lombard (Folckemmer)
6. Full name of Mother, Bertie Flockemmer (Folckemmer)
7. Mother's Maiden Name, " Fullerwood
8. Mother's Birthplace, Baltimore (Folckemmer)
9. Full name of Father, Warner Flockemmer (Folckemmer)
10. Father's Occupation, Brusher
11. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Dr Jefferson Brack

Address, 2866 St Paul St

Remarks,

RECORDED OCT 12 1910 BALTIMORE MD

1 9 1 0 0 0 0 0 3 0 0 0

the Commissioner of Health. This schedule shall contain all the items called for thereon, and shall be made out in duplicate, and one copy thereof shall be delivered, duly signed by the practitioner in the form of a certificate between the Dist. and 10th days of each month to the Registrar of Vital Statistics, in the manner and within the period prescribed by the Board of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or nurse, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person in charge of such child, or of the mother, to report the birth to the Commissioner of Health, in the manner and within the period prescribed. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH.

A55523

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1350 Garrett Ave. St.; 24 Ward)

(2) FULL NAME OF CHILD Stanislaus Kadgsnieva. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	Sin	10.	O.K.	March 28 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Anton Kadgsnieva	(14) FULL MAIDEN NAME Modso Sokolovsky. ~~Modso Kadgsnieva~~
(9) RESIDENCE 1350 Garrett Av.	(15) RESIDENCE 1350 Garrett Av.
(10) COLOR white. (11) AGE AT LAST BIRTHDAY 36. (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY 26. (Years)
(12) BIRTHPLACE Bohimia	(18) BIRTHPLACE Bohimia
(13) OCCUPATION Laborer.	(19) OCCUPATION Wife
(20) Number of children born to this mother, including present birth 6.	(21) Number of children of this mother now living 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1350 Garrett Av. M., on the date above stated.

(23) Signature Kath. Mehren (Physician or Midwife)

Address 1831 Hull st.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 0 0 1
RECORD
MAR 22 1910
BUREAU OF PUBLIC HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55524

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE, (No. 448 E Fort Ave St.; Ward)

(2) FULL NAME OF CHILD Firmin Petty — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single	1	Yes	April 12 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Irvin F Petty	(14) FULL MAIDEN NAME Cora E Hague
(9) RESIDENCE 448 E Fort Ave	(15) RESIDENCE 448 E Fort Ave
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 54 (Years)	(17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Dorchester Co Md	(18) BIRTHPLACE Annapolis City Co Md
(13) OCCUPATION Saw Boot Captain	(19) OCCUPATION Own wife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4, 20 April A. M., on the date above stated.

(23) Signature Ina L Fellenbaum M.D. (Physician or Midwife)

Address 1211 Eutaw Place, Baltimore, Md. U. S. A.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55525

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1505 Lanvale St.; Ward)

(2) FULL NAME OF CHILD Solomon Hyman Goldberg

If child is not yet named, make supplemental report, as directed.

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 10 1910

FATHER	MOTHER
(8) FULL NAME Louis Goldberg	(14) FULL MAIDEN NAME Mollie Bidenbaum
(9) RESIDENCE 1505 Lanvale St	(15) RESIDENCE 1505 Lanvale St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Radam Poland Russia	(18) BIRTHPLACE Radam Poland Russia
(13) OCCUPATION Shoemaker (Cobbler)	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth Five	(21) Number of children of this mother now living Five

Num. of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.05 P. M., on the date above stated.

(23) Signature Alfred A. Bundick (Physician or Midwife) 22 S. Patterson Park Ave

*When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 0 0 3

RECEIVED FOR RECORD

APR 12 1910

H. BOXLEY M.D. Dir HEALTH

(24) Given name added from a supplemental report ____, 19

Address ____

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A55526

CERTIFICATE AMENDED 11-8-28

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Marion Dale Webber ~~Stillborn~~
2. Sex, (state whether male or female) Female.
3. Race or color, (if not of the White Race) White
4. Date of Birth Sept. 11 1909.
5. Place of Birth, (Street and number) 1716 Bayley St
6. Full name of Mother, Elizabeth Webber
7. Mother's Maiden Name, " Bauer
8. Mother's Birthplace, Baltimore
9. Full name of Father, Oscar Webber
10. Father's Occupation, Employee Lumber Room
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Hopkins Hosp

Address, 2544 St Paul St

Remarks,

19100003004

The Commissioner of Health. This schedule shall contain a list of the births which have occurred in each household during the month next preceding the date of such schedule, and shall be signed by the householder or some member of the family. The full name of each child born alive shall be entered in the said schedule in the order of birth, and the said schedule shall be delivered by the householder to the enumerator when called for by him. And every birth occurring after the regular visit of the enumerator and before the next regular visit shall be reported to the Commissioner of Health within ten days after occurrence, by the father or mother of such child, the householder, the physician, midwife, or other person present at the birth, in a certificate to be furnished by the Commissioner of Health. In case the birth of any person be in attendance upon the report its birth to the Commissioner of Health, or the keeping of the person or parents

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55527

Registered Nu. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 215 Edgar Place St.; 6 Ward)

(2) FULL NAME OF CHILD Eda Magnus

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 1910 (Year)
F	—	—	Yes	Feb 20, 1910

FATHER

(8) FULL NAME John C. Magnus

(9) RESIDENCE 215 Edgar Place

(10) COLOR White (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE B.C.

(13) OCCUPATION Boiler

MOTHER

(14) FULL MAIDEN NAME Minnie L. Hofstetter Magnus

(15) RESIDENCE 215 Edgar Place

(16) COLOR White (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE B.C.

(19) OCCUPATION —

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 a M., on the date above stated.

(23) Signature Geo. McPhail

(Physician or Midwife)

Address 6 W. Preston

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 0 0 5 6

(24) Given name added from a supplemental report , 19

Filed APR 25 1910, 19

JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55528

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1305 Valley St.; 10 Ward)

(2) FULL NAME OF CHILD Catherine S. Leuf

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	April 20 1910

FATHER	MOTHER
(8) FULL NAME Charles H. Leuf	(14) FULL MAIDEN NAME Mary E. Rabe
(9) RESIDENCE Penna	(15) RESIDENCE Penna.
(10) COLOR white (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Penna	(18) BIRTHPLACE Md.
(13) OCCUPATION clerk	(19) OCCUPATION housework
(20) Number of children born to this mother, including present birth one	(21) Number of children of this mother now living one

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.05 P.M., on the date above stated.

(23) Signature J. H. Wenzel, M.D. (Physician or Midwife)

Address 1103 Valley St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED APR 25 1910

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

THOS. S. BOGLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55529

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Westend Maternity St.; 18 Ward)

(2) FULL NAME OF CHILD Abraham Harry Stein

If child is not yet named, write Supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			Yes	April 2 1910

FATHER	MOTHER
(8) FULL NAME: Louis Stein	(14) FULL MAIDEN NAME: Annie Jacobson
(9) RESIDENCE: 914 W Baltimore	(15) RESIDENCE: 914 W Baltimore St
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 35 (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 32 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Germany
(13) OCCUPATION: Real Estate	(19) OCCUPATION: House Wife
(20) Number of children born to this mother, including present birth: 7	(21) Number of children of this mother now living: 7

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 A M., on the date above stated.

(23) Signature V Van Williams M.D (Physician or Midwife)

Address 6101 Harford Carrollton Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003007

(24) Given name added from a supplemental report _____, 19

Filed _____, 1910 . _____ Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55530

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1122 N. Carey St St.; Ward)

(2) FULL NAME OF CHILD Charles Steward Croswell (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day) 19 (Year)
Male			Yes	Apr. 26 1910

FATHER	MOTHER
(8) FULL NAME Lindsay F. Croswell	(14) FULL MAIDEN NAME Martha E. Uhler
(9) RESIDENCE 1122 N. Carey St	(15) RESIDENCE 1122 N. Carey St
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 25 (Years)	(17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Balto
(13) OCCUPATION Carpenter	(19) OCCUPATION None.
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 a M., on the date above stated.

(23) Signature Chas. C. Conser M.D. (Physician or Midwife)

Address 1123 N. Fulton Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 0 0 8

RECORD

(24) Given name added from a supplemental report ____, 19

Filed ____ 19

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 55531

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1736 E. Cathedral St.; Ward)

(2) FULL NAME OF CHILD Joseph Lawrence

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 17 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Joseph Lawrence	(14) FULL MAIDEN NAME Margaret Mary Fell
(9) RESIDENCE 7 E. Lafayette Ave	(15) RESIDENCE 17 E. Eutaw St
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Va	(16) COLOR White
(13) OCCUPATION Capt. U.S. Navy	(17) AGE AT LAST BIRTHDAY 30 (Years)
	(18) BIRTHPLACE Balto, Md
	(19) OCCUPATION Home Duties
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 00 P.M., on the date above stated.

(23) Signature William Lee Physician

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0003009 (Physician or Midwife)

RECEIVED FOR RECORD

(24) Given name added from a supplemental report ____, 19

Address 1736 E. Eutaw St

Filed APR 25 1910, 19

Registrar

Registrar

JAS. BOSLEY M.D. BOARD OF HEALTH

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
APR 25 1910
WM. R. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Name of child, Annie
2. Sex, (state whether male or female) female
3. Race or color, (if nat of the White Race) White
4. Date of Birth 18 April 1910.
5. Place of Birth, (Street and number) 20 Hart St
6. Full name of Mather, Ella Annie Brooks
7. Mother's Maiden Name, Ella Annie Green
8. Mother's Birthplace, West Virginia
9. Full name of Father, Guss E. Brooks
10. Father's Occupation, Driver
11. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return. Dr. Mary Cranmer

Address,

Remarks,

1910000030 10

a true and correct report of each birth and shall enter the same on blanks furnished by the Commissioner of Health. This schedule shall contain a list of the full names which have been given to children born during the month, and shall set forth as far as practicable the full name of each child, if any shall have been christened, the sex, color, date and place of birth, and the full name and occupation of the parents. Such form shall also contain a statement that the physician or midwife has explained to the parents of such child the importance of a certificate of the birth of any child and the necessity of obtaining the same, and shall be signed by the physician or midwife, or should no other person be present to report the birth, by one of the parents of such child. Such report shall be made within ten days after the birth, and shall become the duty of and within the period above required, and any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
APR 25 1910
H. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Name of child, Not named
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth April 16. 1910
5. Place of Birth, (Street and number) No Montebello Ave
6. Full name of Mother, Virgie Decker
7. Mother's Maiden Name, Virgie Lynch
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Adolph F. Decker
10. Father's Occupation, Atty at Law
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return Thos. A. Milliman M.D.
Address, No 2449 Greenmount Ave
Remarks,

19100003011

a true and correct Register of such birth, and shall return the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall be delivered, duly signed, to the office of Commissioner of Health, or mailed to him, within ten days after the birth has occurred, and if the same can be ascertained the full name of the child shall be set forth as far as the same can be ascertained. If the child has no name at the time the return is made, the fact shall be stated, and the name reported to the office of Commissioner of Health, if any, shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the office of Commissioner of Health, or mailed to him, within ten days after the birth has occurred. In the event of a certificate between the stated time and birth occurring without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health. If no person should be in attendance upon the mother at the birth of a child, it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the time specified in this section. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been named) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required of attendants upon births by the Board of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the person in attendance, to the Registrar of Vital Statistics, on the first Monday of each month, and a like report shall be rendered on the first Monday of each month thereafter. If the person in attendance upon the mother, immediately thereafter, it shall become the duty of the person required, and such person so neglecting or refusing shall forfeit and pay a sum not less than five nor more than ten dollars.

RETURN OF A BIRTH. 455534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
APR 25 1910
JOHN BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Name of Child,* —
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* April 21st
6. *Place of Birth, (Street and number)* 210 Maryland Ave
6. *Full name of Mother,* Bessie Maguire
7. *Mother's Maiden Name,* The same.
8. *Mother's Birthplace,* Baltimore.
9. *Full name of Father,* Oscar Maguire
10. *Father's Occupation,* Traveling salesman
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Margret A Lambert.

Address, 17 East Hill St.

Remarks, Doing well

1910 003012

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person required to make the return as aforesaid, to the Board of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any such person or parents who shall refuse or neglect so to do, for ten (10) days after full to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JUL 15 1910
BALTIMORE MD.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. *Name of Child,* John Joseph Wright
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* April 20, 1910
6. *Place of Birth, (Street and number)* 831 Forrest Street
6. *Full name of Mother,* Elizabeth Agnes Wright
7. *Mother's Maiden Name,* Elizabeth Agnes Laughran
8. *Mother's Birthplace,* Yonkers, New York
9. *Full name of Father,* John Thomas Wright
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson M.D.

Address, 719 Burren street

Remarks,

1910000030 13

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55536

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 401 Albemarle St.; 3rd Ward)

(2) FULL NAME OF CHILD Pietro Vinci

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3rd	Yes	April 17th 1910

FATHER

(8) FULL NAME George Vinci

(9) RESIDENCE 401 Albemarle St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Argentine Republic

(13) OCCUPATION Stationary Engineer

(20) Number of children born to this mother, including present birth 3

MOTHER

(14) FULL MAIDEN NAME Carmela Sessa

(15) RESIDENCE 401 Albemarle St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Italy

(19) OCCUPATION housewife

(21) Number of children of this mother now living 3

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 a. M., on the date above stated.

(23) Signature Augustine Palmisano
Physician (Physician or Midwife)

Address 316 S. Exeter St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR OCT 1930 JAS. BOSLEY M.D. COMM. OF HEALTH

C 0 0 0 3 0 1 4

(24) Given name added from a supplemental report_____, 19____

Filed _____, 19____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55537

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 2859 Fulton Ave St.; 13th Ward)

Registered No. B.

(2) FULL NAME OF CHILD: Norman Michael Seal

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		9th		April 22th 1910

number of each, in order of birth, stated

FATHER

(8) FULL NAME: Frank A. Seal.

(9) RESIDENCE: 2124 Herbert St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 37 yrs 12 Sept

(12) BIRTHPLACE: Balto Md

(13) OCCUPATION: Sheet Paver

(20) Number of children born to this mother, including present birth: 9th

MOTHER

(14) FULL MAIDEN NAME: Annie F. Hines

(15) RESIDENCE: 2124 Herbert St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 39 yrs Nov 2

(18) BIRTHPLACE: Balto Md

(19) OCCUPATION:

(21) Number of children of this mother now living: 5 Th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2124 Herbert St on the date above stated.

(23) Signature: Mrs. C. Faulstich (Physician or Midwife)

Address: 2859 N. Fulton Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 0 1 5

(24) Given name added from a supplemental report 4-20, 1910

L. M. Registrar

Filed , 1910

RECEIVED APR 26 1910 REGISTRAR OF VITAL STATISTICS

J. H. BOSLEY M.D. COMMISSIONER OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55538

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No.) 2859 N. Fulton Ave. St.; 13th Ward)

(2) FULL NAME OF CHILD — CARL MARTIN — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male	(To be answered only in event of plural births)	2th		April	17th.	1910

FATHER		MOTHER	
(8) FULL NAME	Charles W. Martin	(14) FULL MAIDEN NAME	Emma Dawson
(9) RESIDENCE	2538 Mays Court	(15) RESIDENCE	2538 Mays Court
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	27 yrs. Dec 11 (Years)	(17) AGE AT LAST BIRTHDAY	24 yrs. Dec 13 (Years)
(12) BIRTHPLACE	Balto Md	(18) BIRTHPLACE	Balto Md
(13) OCCUPATION	Barber	(19) OCCUPATION	
(20) Number of children born to this mother, including present birth	2th.	(21) Number of children of this mother now living	2th.

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2538 Mays Court M.C. on the date above stated.

(23) Signature Mrs. C. Faulstich

0 0 0 3 0 1 6 Midwife (Physician or Midwife)

Address 2859 N. Fulton Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report 2/6, 19 15

Filed 4/26, 1910

Registrar

RECEIVED BY REGISTRAR OF RECORDS APR 26 1910

J. S. BOSLEY, M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55539

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 2859 Fulton Ave. St.; 13th Ward)

Registered No. B.

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		6th		April 8th 1910

number of each, in order of birth, stated

FATHER

(8) FULL NAME: James. R. Saulsmyer

(9) RESIDENCE: 2618 Woodbrook Ave

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 38 yrs. Sept 5 (Years)

(12) BIRTHPLACE: Balto Md

(13) OCCUPATION: Gasfitter

(20) Number of children born to this mother, including present birth: 6th

MOTHER

(14) FULL MAIDEN NAME: Laura V. Poole.

(15) RESIDENCE: 2618 Woodbrook Ave

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 32 yrs. Sept 6 (Years)

(18) BIRTHPLACE: Balto Md

(19) OCCUPATION:

(21) Number of children of this mother now living: 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2618 Woodbrook Ave on the date above stated.

(23) Signature: Mrs. C. Faulstich (Physician or Midwife)

Address: 2859 N. Fulton Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 0 1 7

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 10

APR 26 1910 Registrar

M.S. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 654, Raborg St.; Ward)

Registered No. B A55540

(2) FULL NAME OF CHILD — Un named

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Yes	May 4, 1910

FATHER	MOTHER
(8) FULL NAME — Unknown	(14) FULL MAIDEN NAME — Katie Murphy
(9) RESIDENCE — do	(15) RESIDENCE — 654 Raborg St.
(10) COLOR — do	(16) COLOR — White
(11) AGE AT LAST BIRTHDAY — do (Years)	(17) AGE AT LAST BIRTHDAY — 22 (Years)
(12) BIRTHPLACE — Unknown	(18) BIRTHPLACE — Baltimore
(13) OCCUPATION — Unknown	(19) OCCUPATION — None
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living — One

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.45 P M., on the date above stated.

(23) Signature — J. H. Cannon

(Physician or Midwife)

Address — 401 N. Eutaw St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 0 1 8

RECEIVED FOR RECORD MAY 26 1910 J. S. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55541

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1118 N. Carrollton Ave St.; Ward)

(2) FULL NAME OF CHILD Dorsey (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male	X	X	X	April	9	1910

FATHER

(8) FULL NAME Alfred I. Dorsey

(9) RESIDENCE 1118 N. Carrollton

(10) COLOR Col (11) AGE AT LAST BIRTHDAY 25 ? (Years)

(12) BIRTHPLACE Balto

(13) OCCUPATION Saloon

MOTHER

(14) FULL MAIDEN NAME Carrie Parkin Dorsey

(15) RESIDENCE 1118 N. Carrollton

(16) COLOR Col (17) AGE AT LAST BIRTHDAY 24 ? (Years)

(18) BIRTHPLACE Howard Co. Md.

(19) OCCUPATION Housekeeping

(20) Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living 3

Number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.45 A. M., on the date above stated.

(23) Signature L. D. Bobbitt

(Physician or Midwife)

Address 211 W. Lanvale St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 0 1 9

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
APR 26 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55542

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1018 N Bond St — St.; Ward)

(2) FULL NAME OF CHILD Lucille Bowman

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		8th	yes	August 21, 1910

FATHER

(8) FULL NAME: Harrison N Bowman

(9) RESIDENCE: 1018 N Bond St

(10) COLOR: white

(11) AGE AT LAST BIRTHDAY: 38 (Years)

(12) BIRTHPLACE: Balt

(13) OCCUPATION: Collector

MOTHER

(14) FULL MAIDEN NAME: Emma L. Elliott

(15) RESIDENCE: 1018 N Bond St

(16) COLOR: white

(17) AGE AT LAST BIRTHDAY: 38 (Years)

(18) BIRTHPLACE: Balt.

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 8th

(21) Number of children of this mother now living: 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.45 A.M., on the date above stated.

(23) Signature: Isadora Young

1735 N Broadway

(Physician or Midwife)

*When there was an attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 3 0 2 0

(24) Given name added from a supplemental report ____, 19

Address

Filed ____, 19 .

RECEIVED FOR RECORD AUG 26 1910

Registrar

Registrar

(READ THE REVERSE SIDE)

JOSLEY M.D. OF HEALTH

number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55543

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2124 N. Monta Ave St.; Ward)

Registered No. B

(2) FULL NAME OF CHILD Emily Frances Reilly

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate	(7) Date of Birth
Female	(To be answered only in event of plural births)	Second	Yes	5 (Month) 11 (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME James A Reilly	(14) FULL MAIDEN NAME Emily F. O'Meara
(9) RESIDENCE 2124 N Monta Ave	(15) RESIDENCE 2124 N Monta Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Book Keeper	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 2nd	(21) Number of children of this mother now living Two

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a.m. M., on the date above stated.

(23) Signature J. Hammond

(Physician or Midwife)

Address 401 N Fulton Ave

RECEIVED FOR RECORD APR 26 1910 CHARLEY M.D. COMMR. OF HEALTH

* When there was an attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0003021

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55544

GIVEN NAME ADDED 10-5-62

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 1039 N. Broadway St.; Ward)

(2) FULL NAME OF CHILD Pauline Maria

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female			Yes	March 28 (Month) (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	John Horstman	(14) FULL MAIDEN NAME	Pauline Barth
(9) RESIDENCE	1039 N. Broadway	(15) RESIDENCE	1039 N. Broadway
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	32 (Years)	(17) AGE AT LAST BIRTHDAY	28 (Years)
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Traveling Salesman	(19) OCCUPATION	Housework

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Eleven A. M., on the date above stated.

(23) Signature W. C. Sandrock M.D. (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003022

(24) Given name added from a supplemental report, 19

Address 1202 N. Broadway

Filed , 19

Registrar

RECEIVED FOR RECORD APR 26 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55545

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1808, Hahneman Ave St.; Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
female			Yes	April 5, 1910
	(To be answered only in event of plural births)			(Month) (Day) (Year)

number of each, in order of birth, stated

FATHER		MOTHER	
(8) FULL NAME	Charles Keil	(14) FULL MAIDEN NAME	Minnie Stoll
(9) RESIDENCE	1808 Hahneman Ave	(15) RESIDENCE	1808 Hahneman Ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	30 (Years)	(17) AGE AT LAST BIRTHDAY	26 (Years)
(12) BIRTHPLACE	New Jersey	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Laundryman	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 a. M., on the date above stated.

(23) Signature W. C. Sandrock M.D

(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

3 0 0 0 3 0 2 3

(24) Given name added from supplemental report , 19

Address 1242 N. Broadway

Filed , 19 .

RECEIVED FOR RECORD APR 26 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55546

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 622 E. Clement St.; 24 Ward)

(2) FULL NAME OF CHILD Anna Jager — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 23 1910

FATHER		MOTHER	
(8) FULL NAME	Caspar Jager	(14) FULL MAIDEN NAME	Margaret Smith
(9) RESIDENCE	622 E. Clement	(15) RESIDENCE	622 E. Clement
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAT (Years)	21	(17) AGE AT LAST BIRTHDAT (Years)	17
(12) BIRTHPLACE	Atchison, Kas.	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Cabinet-maker	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth One

(21) Number of children of this mother now living One

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 A M., on the date above stated.

(23) Signature Jennie N Browne M.D. (Physician or Midwife)

Address 8-10 Park Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003024

RECEIVED FOR RECORD APR 26 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Baltimore — Registered No. B A55547

CITY OF BALTIMORE. (No. 1443. Reynolds St.; 24 Ward)

(2) FULL NAME OF CHILD Child not named — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	April 24, 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Lester L Sharp	(14) FULL MAIDEN NAME Tricia Malone
(9) RESIDENCE 1443 Reynolds St	(15) RESIDENCE 1443 Reynolds St
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 24 (Years)	(17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Tennessee	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Soldier	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1443 Reynolds St. M.D. on the date above stated.

(23) Signature Mrs Evelina Ryer Midwife (Physician or Midwife)

Address 1475 Garrett Ave

Filed 25th April 1910

JAS. BOSLEY, M.D. COMR OF HEALTH Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 00 03025

(24) Given name added from a supplemental report....., 19

Registrar

RECEIVED FOR RECORD APR 26 1910

(READ THE REVERSE SIDE)

Volume 485 CERTIFICATE AMENDED 1/24/25 [illegible]

RETURN OF A BIRTH A55548

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Twin I

CLARENCE McSANDERS REDD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 & 10

1. Sex, (state whether male or female) Male or Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 19 1910

4. Place of Birth, (Street and Number) 1915 Sapp St

5. Full Name of Mother. Bettie C Redd

6. Mother's Maiden Name, Bettie C Carter

7. Mother's Birthplace, Virginia

8. Full Name of Father. Irby Redd

9. Father's Occupation, Laborer

10. Father's Birthplace. Virginia

Name of Medical Attendant, (Another Person who makes this Return) D G Darley

Address, Lawrence Apt

Remarks, Twins 1910 0 0 0 0 2 6

RECEIVED FOR RECORD APR 26 1910 JAS. BOSLEY M.D. REGR OF HEALTH

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH. A55549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Eleanor Sophia LeCompte
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, April 21st 1910
6. Place of Birth, (Street and number) 2116 Greenmount Ave
6. Full name of Mother, Mrs. Humphrey LeCompte
7. Mother's Maiden Name, Mary S Hall
8. Mother's Birthplace, Baltimore, Md
9. Full name of Father, Humphrey LeCompte
10. Father's Occupation, Bookkeeper
11. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Reginald J. Tonry

Address, 426 E North Ave

Remarks,

RECEIVED FOR RECORD APR 26 1910 REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH BALTIMORE MD

1910 U 23027

The Act requires that the Return of a Birth shall be made within two days after the occurrence thereof, and if the same can be ascertained the full name of each child (if more than one born at a birth) and the month, and shall set forth as follows: the full name and occupation of its parents, if a certificate between the first and said child shall be delivered, duly signed by the proper Commissioner of Health. In case the birth of any child third day of each and every month, to the Commissioner of Health, or to some one of the Registrars of such shall occur without the aid of a physician or practitioner of midwifery, or should no or parents of such child reside in the city, the owner or occupier of the house in which the birth occurs shall be required, and attendance at the birth, immediately thereafter, it shall become the duty of the person above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A55550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

According to Article 23, Section 7.

Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

r, (state whether ~~male~~ or female)

ce or color, (if not of the white race) White

te of Birth, September 8, 1903.

ce of Birth, (Street and Number) 1910 Pulaski street.

ll Name of Mother Emma A. Friedlein

her's Maiden Name Emma A. Haeseloff.

her's Birthplace Baltimore, Md.

ll Name of Father Robert E. Friedlein.

her's Occupation Machinist

her's Birthplace Baltimore, Md.

e of Medical Attendant, or other person who makes this Return. Wm Grubb M.D.

ress 1721 N. Payson st

RECEIVED FOR RECORD
APR 26 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 455551

CITY OF BALTIMORE. (No. 2040. Park Ave St.; Ward)

(2) FULL NAME OF CHILD William Edgar Edmonston — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Apr 16th 1910

	FATHER	MOTHER
(8) FULL NAME	Edgar Dawes Edmonston	(14) FULL MAIDEN NAME Martha Moore Hendrick
(9) RESIDENCE	2040 Park Ave	(15) RESIDENCE 2040 Park Ave
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	33	(17) AGE AT LAST BIRTHDAY (Years) 26
(12) BIRTHPLACE	Washington DC	(18) BIRTHPLACE Clarksville Tenn
(13) OCCUPATION	Electrical Engineer	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth	One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~2040 Park~~ 4 P. M., on the date above stated.

(23) Signature Nathan R. Eccles (Physician or Midwife)

Address 1 W Biddle St

Filed APR 26 1910, 19 .

JAS. BOSLEY M.D. COMM'R OF HEALTH

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR REGISTRATION APR 26 1910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE AMENDED 7-23-13 A55552

(1) PLACE OF BIRTH 2007 Hargrove Alley Registered No. B

CITY OF BALTIMORE. (No. 2,007 Hargrove al. St.; Ward)

(2) FULL NAME OF CHILD SARAH Clara Grant (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	One	1st	Yes	April 9, 1910

FATHER	MOTHER
(8) FULL NAME Robert Grant	(14) FULL MAIDEN NAME Clara Grant
(9) RESIDENCE 2007 Hargrove	(15) RESIDENCE 2007 Hargrove
(10) COLOR Colored, (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Laborer	(19) OCCUPATION Lst. Home
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living One

nom'r of occ., m or er of this, state

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.45 P. M., on the date above stated.

(23) Signature Houghton Bagley M.D. (Physician or Midwife)

Address 224 E. 22nd St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003030

(24) Given name added from a supplemental report , 19

Registrar

Filed APR 26 1910 19

Registrar

RECEIVED RECORD APR 26 1910

JAS. BOOLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55553

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2410 Jefferson St.; Ward)

(2) FULL NAME OF CHILD — Mildred Young — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.	—	—	Yes	Mar. 26, 1910

FATHER

(8) FULL NAME: Geo. Young

(9) RESIDENCE: 2410 Jefferson

(10) COLOR: W. (11) AGE AT LAST BIRTHDAY: 36 (Years)

(12) BIRTHPLACE: New York City

(13) OCCUPATION: Fireman

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Mamie A. Hanna

(15) RESIDENCE: 2410 Jefferson

(16) COLOR: W. (17) AGE AT LAST BIRTHDAY: 33 (Years)

(18) BIRTHPLACE: Md

(19) OCCUPATION: Housework

(21) Number of children of this mother now living: 3

Number of sons, if any, of this birth, and

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P. M., on the date above stated.

(23) Signature: Geo. A. Mullins, Physician (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003031

(24) Given name added from a supplemental report ____, 19

Address: 6 S. Bway

Filed ____, 19 .

RECEIVED FOR RECORD APR 26 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55554

(1) PLACE OF BIRTH — Jean McLane — Registered No. B

CITY OF BALTIMORE. (No. West End Maternity St.; Ward)

(2) FULL NAME OF CHILD — Elizabeth Starr — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female	—	1st	Yes	Apr.	23,	1910

FATHER	MOTHER
(8) FULL NAME: Edw. Jas. Starr	(14) FULL MAIDEN NAME: Elizabeth Virginia Zoller
(9) RESIDENCE: 608 N. Carrollton Av.	(15) RESIDENCE: 608 N. Carrollton Av.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 43 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 32 (Years)
(12) BIRTHPLACE: Balto. Md.	(18) BIRTHPLACE: Balto Md
(13) OCCUPATION: Broker	(19) OCCUPATION: —
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 6 P. M., on the date above stated.

(23) Signature: [illegible] M.D.

(Physician or Midwife)

Address: 1239 Edmondson Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 00 03 32

(24) Given name added from a supplemental report 1/4/1921, 19

Geo N Lyon
Fathers Request
Registrar

Filed , 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55555

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No.) St.; Ward)

If child is not yet named, make supplemental report, as directed

(2) FULL NAME OF CHILD Annie Levin

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				April 16 day of 1910

FATHER

(8) FULL NAME: Jacob Levin

(9) RESIDENCE: 132 S. Eden St

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Tailor

MOTHER

(14) FULL MAIDEN NAME: Janie Rombak

(15) RESIDENCE: 132 S. Eden St

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: None

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: Bessie Harmatz (Physician or Midwife)

Address: 132 S. Eden St

Filed A-R 27 1910, 19 . Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

{ 10003033 }

(OVER)

(HEAD THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A55556

(1) PLACE OF BIRTH — Registered No. B. ____

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Celia Nusbaum — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				April 9 19 10

FATHER		MOTHER	
(8) FULL NAME	Samuel Nusbaum	(14) FULL MAIDEN NAME	Rosa Lepfeld
(9) RESIDENCE	1647 E. Fayette St	(15) RESIDENCE	1647 E. Fayette
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	40	(17) AGE AT LAST BIRTHDAY (Years)	40
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Tailor	(19) OCCUPATION	None
(20) Number of children born to this mother, including present birth	8	(21) Number of children of this mother now living	8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Bessie Harmatz (Physician or Midwife)

Address 1282 S. Eden St

Filed APR 27 1910 19 ____ Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003034

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55557

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Ida Furman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April (Day) 9 1910 (Year)
Female				

FATHER	MOTHER
(8) FULL NAME Moris Furman	(14) FULL MAIDEN NAME Celia Rosovsky ~~Furman~~
(9) RESIDENCE 537 Aisquith St	(15) RESIDENCE 537 Aisquith St
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years) 24	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years) 22
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Tailor	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Bessie Harmatz (Physician or Midwife)

Address 1112 S. Eden St

Filed ____, 19 . ____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

S 10 0 0 0 3 0 3 5

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55558

(1) PLACE OF BIRTH

CITY OF BALTIMORE (No. 1423 Madison St St.; Ward)

(2) FULL NAME OF CHILD Dorothy M Kolschenreiter

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Girl	✓	1st	Yes	9:30 P.M. Apr 22 (Month) (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME Andrew M Kolschenreiter	(14) FULL MAIDEN NAME Teresa M Stengel
(9) RESIDENCE 1423 Madison St	(15) RESIDENCE 1423 Madison St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Balto City	(18) BIRTHPLACE Balto. City
(13) OCCUPATION Clothing fitter	(19) OCCUPATION House work
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1423 Madison St M., on the date above stated.

(23) Signature C. J. Carroll M.D. Physician (Physician or Midwife)

Address 1749 E Balto St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 00030 6

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED RECORD APR 27 1910 JAS. BOSLEY M.D COM'R OF HEALTH

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

(over)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55559

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 20 . South Ann St.; Ward)

(2) FULL NAME OF CHILD Theodore A. (Joachiam) Fried. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				April 15, 1910

FATHER

(8) FULL NAME: David Fried

(9) RESIDENCE: 20 S. Ann St.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 39 (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Tailor

(20) Number of children born to this mother, including present birth: 12th

MOTHER

(14) FULL MAIDEN NAME: Gertrude Fried

(15) RESIDENCE: 20 S. Ann St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 40 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: Housework

(21) Number of children of this mother now living: 11

Num. of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.45 P. M., on the date above stated.

(23) Signature: Lillie Snyder.

0 0 0 3 0 3 7 Midwife (Physician or Midwife)

Address 29 S. Caroline St.

Filed April 26, 19 10 per E. Snyder Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A55560

(1) PLACE OF BIRTH — Registered No. B. ____

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — Janowsky — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	(To be answered only in event of plural births)			April 8 (Month) (Day) 1910 (Year)

FATHER		MOTHER	
(8) FULL NAME	Jakob Janowsky	(14) FULL MAIDEN NAME	Rosa Rotstein
(9) RESIDENCE	233 S. Carolinest	(15) RESIDENCE	233 S. Carolinest
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	30 (Years)	(17) AGE AT LAST BIRTHDAY	26 (Years)
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Painter	(19) OCCUPATION	None

(20) Number of children born to this mother, including present birth 6

(21) Number of children of this mother now living 6

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Bessie Harwas (Physician or Midwife)

Address 732 S. Eden St

Filed ____, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathed nor showed other evidence of life after birth.

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55561

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Sara Maisor — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
	(To be answered only in event of plural births)			April (Month) 12 (Day) 1900 (Year)

FATHER

(8) FULL NAME: Max Maisor

(9) RESIDENCE: 910 S. Hanover St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 33 (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Tailor

(20) Number of children born to this mother, including present birth: 4

MOTHER

(14) FULL MAIDEN NAME: Lina Shath

(15) RESIDENCE: 910 S. Hanover St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: None

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Bessie Hamaf (Physician or Midwife)

Address 910 S. Hanover St.

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 U 0 0 3 0 3 9

J. S. BOCKEY M.D. REGISTRAR (FILE 4TH)

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 455562

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 2137, Hurbut St., 15 Ward)

(2) FULL NAME OF CHILD: Jesse J. Sifer

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	X	3rd	Yes	April 7, 1910

FATHER	MOTHER
(8) FULL NAME: Jesse J. Sifer	(14) FULL MAIDEN NAME: Bertha Broglie
(9) RESIDENCE: 2137 Hurbut st	(15) RESIDENCE: 2137 Hurbut st
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 30 (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: House Painter	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 3rd	(21) Number of children of this mother now living: 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 9.10 a M., on the date above stated.

(23) Signature: Wm Grant M.D.

(Physician or Midwife)

Address: 510 N. Eutaw st

Filed _____, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 5 0 4 0

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55563

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1703, Baker St.; 13 Ward)

(2) FULL NAME OF CHILD Not named

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	———	1st	Yes	April (Month), 6 (Day), 1910 (Year)

FATHER	MOTHER
(8) FULL NAME George B. McAllister	(14) FULL MAIDEN NAME Rosa A. Niemyer
(9) RESIDENCE 1703 Baker st	(15) RESIDENCE 1703 Baker st
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 46 (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Travelling Salesman	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.15 a M., on the date above stated.

(23) Signature Wm Faubrn (Physician or Midwife)

Address 507 McCulloh St

Filed APR 27 1910, 19 .

Registrar

(24) Given name added from a supplemental report ———, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECORDED

JAS. BOGLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55564

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE, (No. 2436 Edmondson Terrace St.; Ward)

(2) FULL NAME OF CHILD Joseph Russell Riley (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		2nd	yes	March 23 1910

FATHER

(8) FULL NAME: Frank L. Riley

(9) RESIDENCE: 2436 Edmondson Terrace

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 41 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Architect

MOTHER

(14) FULL MAIDEN NAME: Mattie E. Donnelly

(15) RESIDENCE: 2436 Edmondson Terrace

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 40 (Years)

(18) BIRTHPLACE: Virginia

(19) OCCUPATION: None

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

Number of each, if twin or other plural births, stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 A. M., on the date above stated.

(23) Signature: L. M. Livingston M.D. (Physician or Midwife)

U 000302

RECEIVED FOR RECORD APR 27 1910 JAS. H. BLEY M.D. COMR OF HEALTH

602 S. Paca

(24) Given name added from a supplemental report _____, 19 ____ Filed _____, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55565

CITY OF BALTIMORE. (No. 20 N. Cary St.; Ward)

(2) FULL NAME OF CHILD Louis DeBrien Davis — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be accepted only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	single	2nd	yes	March 10 1910

FATHER

(8) FULL NAME: Louis D. Davis

(9) RESIDENCE: 20 N Cary St

(10) COLOR: white — (11) AGE AT LAST BIRTHDAY (Years): 30

(12) BIRTHPLACE: Maryland

(13) OCCUPATION: Scale Inspector.

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Hattie V. Lumpkin

(15) RESIDENCE: 20 N Cary St

(16) COLOR: white — (17) AGE AT LAST BIRTHDAY (Years): 30

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: none

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 a M., on the date above stated.

(23) Signature: L. M. Lumpkin M.D. (Physician or ...)

Address: 602 S. Paca St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ..., 19 ...

Registrar

Filed ..., 19 ...

Registrar

(READ THE REVERSE SIDE)

D 0 0 0 3 0 4 3

RECEIVED FOR RECORD APR 27 1910

WM. S. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55566

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 603 Columbia ave Str. Ward)

(2) FULL NAME OF CHILD William M. Parker — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		2nd		Mar. 27 1910

FATHER	MOTHER
(8) FULL NAME: Ernest M Parker	(14) FULL MAIDEN NAME: Ida Bell Evans
(9) RESIDENCE: 603 Columbia ave	(15) RESIDENCE: 603 Columbia ave
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 29 (Years)	(17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Delaware
(13) OCCUPATION: Clerk	(19) OCCUPATION: None

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 a M., on the date above stated.

(23) Signature J. M. Lumpkin M.D. (Physician or Midwife)

Address 602 S. Paca St

*When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003044

RECEIVED FOR REGISTRATION APR 27 1910 S. BOSLEY M.D. REGISTRAR OF HEALTH

(24) Given name added from a supplemental report _____, 19 _____

Filed _____, 19 _____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55567

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1324 Dargan St.; Ward)

(2) FULL NAME OF CHILD Charles Elmer Ewarty. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male		1st	yes	April	6	1910

FATHER

(8) FULL NAME: Charles E Ewarty

(9) RESIDENCE: 1324 Dargan St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Maryland

(13) OCCUPATION: Plane Maker

MOTHER

(14) FULL MAIDEN NAME: Florence H. Abramuntz

(15) RESIDENCE: 1320 Dargan St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 35 (Years)

(18) BIRTHPLACE: Maryland

(19) OCCUPATION: None

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P. M., on the date above stated.

(23) Signature: J. M. Lampshire M.D. (Physician or Midwife)

Address: 600 E. Pratt St.

Filed APR 27 1910, 19

RECEIVED FOR R. 605LEY M.D. COMR OF HEALTH

Registrar

U 0003045

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

NAME CHANGED BY COURT ORDER 5-11-33

(1) PLACE OF BIRTH — Registered No. B. A55568

CITY OF BALTIMORE. (No. 640 Columbia ave St.; Ward)

(2) FULL NAME OF CHILD (Calvin Harris ~~Baughman~~) If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		1st	yes	April 15 1910

FATHER	MOTHER
(8) FULL NAME Howard Harrison Baughman	(14) FULL MAIDEN NAME Lula Frazier
(9) RESIDENCE 640 Columbia ave	(15) RESIDENCE 640 Columbia ave
(10) COLOR white (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Baltimore	(16) BIRTHPLACE Maryland
(13) OCCUPATION Saddle maker	(19) OCCUPATION Trader Housewife

(20) Number of children born to this mother, including present birth one (21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 P. M., on the date above stated.

(23) Signature J M Lampshire M.D. (Physician or Midwife)

Address 602 S. Paca st

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 0 4 6

(24) Given name added from a supplemental report. Filed 9-21-33 APR 27 1910 . 19 .

CERTIFICATE CORRECTED

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55569

(1) PLACE OF BIRTH ~~320~~ Registered No. B

CITY OF BALTIMORE. (No. 320 South Spring St.; — Ward)

(2) FULL NAME OF CHILD Fredrick Haley

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				April 15, 1910

FATHER

(8) FULL NAME Fredrick Haley

(9) RESIDENCE 320 S. Spring St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Germany

(13) OCCUPATION Vinegar Factory

(20) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME Agusty Rahner

(15) RESIDENCE 320 S. Spring St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Baltimore, Md.

(19) OCCUPATION Housework.

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.30 A.M., on the date above stated.

(23) Signature Lillie Snyder. U 0 0 3 0 4 7 Midwife. (Physician or Midwife)

Address 429 S. Caroline St.

Filed April 26, 19 10. Lillie Snyder Registrar

(24) Given name added from a supplemental report , 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Elbert L. Friedlein.
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White
4. Date of Birth Jan 27 1910
5. Place of Birth, (Street and number) 1425 W Brasher St.
6. Full name of Mother, Emma A Friedlein.
7. Mother's Maiden Name, " " Hasslonp
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, Robert E. Friedlein
10. Father's Occupation, Mechanist.
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. C. Shackney.

Address, 1112 731 Cumberland St.

Remarks,

RECEIVED
APR 16 1910
JAS. BOOLEY M.D.
COMR. OF HEALTH

1910 003044

Sec. 5. Manner of return. This return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name or each child (if any shall have been christened), color, the full name and residence of the parents, and the date of birth of each child, and shall be signed by the attendant in the form of a certificate. Between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother at the time of birth, it shall be the duty of the mother and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55571

(1) PLACE OF BIRTH West End Maternity Hospital Registered No. B.

CITY OF BALTIMORE. (No. 112 N Calhoun St.; Fire Ward)

(2) FULL NAME OF CHILD Not named

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) ~~Twin, triplet,~~ or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female			No	April	24	1910

FATHER	MOTHER
(8) FULL NAME Harry Thomas	(14) FULL MAIDEN NAME Lilly Scott
(9) RESIDENCE Canton Md	(15) RESIDENCE 515 Vincent st
(10) COLOR Black	(11) AGE AT LAST BIRTHDAT 18 (Years)
(16) COLOR Black	(17) AGE AT LAST BIRTHDAT 18 (Years)
(12) BIRTHPLACE Catonsville Md.	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Laborer	(19) OCCUPATION Maid

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.00 a M 4/24/1910 M., on the date above stated.

(23) Signature Adam E. Cockrum

(Physician or ~~Midwife~~)

Address Hampden Sq Hosp

Filed APR 29 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 0 4 9

(24) Given name added from a supplemental report_____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55572

(1) PLACE OF BIRTH West End Maternity Hospital Registered No. B.

CITY OF BALTIMORE. (No. 112 N. Calhoun St.; Fire Ward)

(2) FULL NAME OF CHILD Not named

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	No	April 24 1910

FATHER

(8) FULL NAME Joseph Brown

(9) RESIDENCE 771 Stirling st. Baltimore

(10) COLOR Black

(11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE

(13) OCCUPATION Laborer

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME Mary Chews

(15) RESIDENCE Centerville Queen Anne's Co, Md.

(16) COLOR Black

(17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Same as above

(19) OCCUPATION Maid

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.00 P.M. 4/24/1910 M., on the date above stated.

(23) Signature Allen C. Bonham

(Physician or Midwife)

Address Franklin Sq. Hosp.

Filed APR 29 1910 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report_____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55573

(1) PLACE OF BIRTH West End Maternity Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Not named (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	No	April, 7, 1910

FATHER

(8) FULL NAME Mr James Mc Carthy

(9) RESIDENCE Poland Park.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 yrs. (Years)

(12) BIRTHPLACE Indiana

(13) OCCUPATION Lineman.

MOTHER

(14) FULL MAIDEN NAME Miss Lula Brown

(15) RESIDENCE Camden New Jersey

(16) COLOR White (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Camden New Jersey.

(19) OCCUPATION None.

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at West End Maternity M., on the date above stated.

(23) Signature L. L. Fairchild

U 0 0 3 0 5 1

(Physician or ~~Midwife~~)

Address 4 W. S. St.

Filed JAS. BOSLEY M.D. COMR OF HEALTH 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455574

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1420 Houbert St.; 24 Ward)

(2) FULL NAME OF CHILD — Margaretha Hegler — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	single	3.		9 April 1910

FATHER		MOTHER	
(8) FULL NAME	Johon Hegler	(14) FULL MAIDEN NAME	Kath Ivosz
(9) RESIDENCE	1420 Houbert st	(15) RESIDENCE	1420 Houbert st
(10) COLOR	white	(16) COLOR	white
(11) AGE AT LAST BIRTHDAY (Years)	28	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Hungaria	(18) BIRTHPLACE	Hungaria
(13) OCCUPATION	Karbenter	(19) OCCUPATION	no
(20) Number of children born to this mother, including present birth	3.	(21) Number of children of this mother now living	3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 a M., on the date above stated.

(23) Signature

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003052 (Physician or Midwife)

Address H Wambach 1305 Baltimore

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

Serie #3 Feb 1909

CERTIFICATE AMENDED 12-7-76 mcr

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55575

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 1420 Haubert St.; 24 Ward)

Registered No. B.

(2) FULL NAME OF CHILD — Johan Kowatschi

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
~~Male~~ female	single	4		7 April 1910

FATHER	MOTHER
(8) FULL NAME: Anton Kowatschi	(14) FULL MAIDEN NAME: Elisa. Fuskeller
(9) RESIDENCE: 1420 Haubert st.	(15) RESIDENCE: 1420 Haubert st
(10) COLOR: white (11) AGE AT LAST BIRTHDAY: 35 (Years)	(16) COLOR: white (17) AGE AT LAST BIRTHDAY: 37 (Years)
(12) BIRTHPLACE: Hungaria	(18) BIRTHPLACE: Hung.
(13) OCCUPATION: Laborer	(19) OCCUPATION: no
(20) Number of children born to this mother, including present birth: 4.	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 4 a M., on the date above stated.

(23) Signature

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 0 5 3

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address N.W. 1305 Richardson

Filed ____, 19 .

APR 29 1910

JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55576

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1436 Rainold St. ; 24 Ward)

(2) FULL NAME OF CHILD Julie Piczanka (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
girl	twin	4		20 April 19 10

FATHER	MOTHER
(8) FULL NAME: Johan Piczanka	(14) FULL MAIDEN NAME: Franziska Friedel
(9) RESIDENCE: 1436 Rainold st	(15) RESIDENCE: 1436 Rainold st
(10) COLOR: white (11) AGE AT LAST BIRTHDAY: 31 (Years)	(16) COLOR: white (17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: Galizia	(18) BIRTHPLACE: Mähren
(13) OCCUPATION: Laborer	(19) OCCUPATION: no
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 A. M., on the date above stated.

(23) Signature

(Physician or Midwife)

Address 1305 Richardson st

Filed APR 29 1910 M.S. BOSLEY M.D. COM'R OF HEALTH 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

55577

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Joseph Kowaleski St.; Ward)

(2) FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3rd	yes	23 April 1910

FATHER	MOTHER
(8) FULL NAME: James Kowaleski	(14) FULL MAIDEN NAME: Mary Kowaleska
(9) RESIDENCE: 714 Register St	(15) RESIDENCE: 714 Register St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 25 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Rosia Polen	(18) BIRTHPLACE: Rosia Polen
(13) OCCUPATION: Labor	(19) OCCUPATION: house keeper
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 3 o'clock P.M., on the date above stated.

(23) Signature: Mrs Mary Zablorska (Physician or Midwife)

Address: April 23 1910 511 S. Bond St.

Filed: [illegible] BOSLEY M.D. COMR OF HEALTH 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 000 3055

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55578

(1) PLACE OF BIRTH Balto. Md. Registered No. B.

CITY OF BALTIMORE. (No. 1842 S. Bond St. St.; Ward)

(2) FULL NAME OF CHILD Walter Jarnecki

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	one	10	yes	April 21 1910

FATHER		MOTHER	
(8) FULL NAME	Walter Jarnecki	(14) FULL MAIDEN NAME	Polena Dranka
(9) RESIDENCE	842 S. Bond St.	(15) RESIDENCE	842 S. Bond St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	40	(17) AGE AT LAST BIRTHDAY (Years)	38
(12) BIRTHPLACE	Polen.	(18) BIRTHPLACE	Polen
(13) OCCUPATION	Labor	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	10	(21) Number of children of this mother now living	7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Morning 4 A.M., on the date above stated.

(23) Signature Mary Labotka (Physician or Midwife)

Address 842 S. Bond St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 0 5 4

RECORDED APR 22 1918

E. FOSLIY M.D. REGISTRAR

(24) Given name added from a supplemental report, 19 10

Registrar

Filed , 19 1

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55579

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1535 Clemens St.; 24 Ward)

(2) FULL NAME OF CHILD Karl Heinrich Majerczyk [If child is not yet named, write supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Boy	Single			20 April 1910

FATHER	MOTHER
(8) FULL NAME Heinrich Majerczyk	(14) FULL MAIDEN NAME Wilhelmine Braun
(9) RESIDENCE 1535 Clemens St.	(15) RESIDENCE 1535 Clemens St.
(10) COLOR white (11) AGE AT LAST BIRTHDAY 28.95 (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Hung.	(18) BIRTHPLACE Hung.
(13) OCCUPATION Carpenter	(19) OCCUPATION —
(20) Number of children born to this mother, including present birth 6	(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 a. M., on the date above stated.

(23) Signature

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 0 5 7

(Physician or Midwife)

Address 1 N W 1365 Richmond Ave

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

APR 29 1910

Registrar

Registrar

(READ THE REVERSE SIDE)

WM. BOSLEY MD
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55580

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1926 Walbrook Ave St.; Ward)

(2) FULL NAME OF CHILD Charles Joseph Bell. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male	—	—	Yes	Apr. 27 1910.

FATHER	MOTHER
(8) FULL NAME: Jos. Calvin Bell.	(14) FULL MAIDEN NAME: Grace Mildred Cavey.
(9) RESIDENCE: 1926 Walbrook Ave	(15) RESIDENCE: 1926 Walbrook Ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 21. (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 20. (Years)
(12) BIRTHPLACE: ~~Westminster~~ Westminster Md.	(18) BIRTHPLACE: Woodstock Md.
(13) OCCUPATION: Shirt Ironer.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: One	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at: Six a. M., on the date above stated.

(23) Signature: Geo. C. Yeamans M.D.

(Physician or Midwife)

Address: 700 N. Fulton Ave Balto Md

Filed APR 29 1910 M.D., 19 .

Registrar

0 0 0 3 0 5 8

BUREAU OF VITAL STATISTICS
COMMISSIONER OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55581

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2810 Rayner ave St.; Ward)

(2) FULL NAME OF CHILD Not named. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Apr. 26 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Charles Thomas Edwards Jr.	Cora Elizabeth Myers.
(9) RESIDENCE / (15) RESIDENCE	2810 Rayner Ave	2810 Rayner Ave
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	34	30.
(12) BIRTHPLACE / (18) BIRTHPLACE	Baltimore Md.	Baltimore Md.
(13) OCCUPATION / (19) OCCUPATION	Clerk.	Housework.
(20) Number of children born to this mother, including present birth	3	
(21) Number of children of this mother now living		3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.30 P. M., on the date above stated.

(23) Signature Geo. C. Shannon Md
Physician (Physician or Midwife)

Address 700 N. Fulton Ave, Balto Md.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 000305 9

(24) Given name added from a supplemental report ____, 19

Registrar

Filed APR 29 1910 19

RECORD

JAS. BOGLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55582

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Baltimore, Maryland 1052 Pennsylvania Ave St.; Ward)

(2) FULL NAME OF CHILD Leonard Weigandt. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.			Yes	April, 5 19 10

FATHER

(8) FULL NAME: Maurice Weigandt

(9) RESIDENCE: 1052 Pennsylvania Ave

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: Elkridge Howard Co.

(13) OCCUPATION: Driver for Gardiners Dairy

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Minnie Dodde Weigandt

(15) RESIDENCE: 1052 Pennsylvania Ave

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Kent County

(19) OCCUPATION: House work

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1052 Penn Ave 3.30 P.M. on the date above stated.

(23) Signature: Florence Fuller. Med. Student

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003060 Womens Med. College (Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Address 1154 N. Collok St.

Filed APR 28 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55583

(1) PLACE OF BIRTH 534 St. Marys. Registered No. B.

CITY OF BALTIMORE. (No. 534 St Marys pl St.; Ward)

(2) FULL NAME OF CHILD Dorothy Isabella May West } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2nd	yes	March 15 1910

FATHER	MOTHER
(8) FULL NAME George Alexander West	(14) FULL MAIDEN NAME Sarah Catharine Claggett Jenkins
(9) RESIDENCE 534 St Marys	(15) RESIDENCE 534 St Marys.
(10) COLOR colored (11) AGE AT LAST BIRTHDAY 21 yrs. (Years)	(16) COLOR colored (17) AGE AT LAST BIRTHDAY 18 yrs. (Years)
(12) BIRTHPLACE Baltimore Md.	(18) BIRTHPLACE Baltimore Md.
(13) OCCUPATION Bellman	(19) OCCUPATION Housework.
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.30 P.M. M., on the date above stated.

(23) Signature Julia W. Lomandaspi Medical Student (Physician or Midwife)

Address Womans Medical College 100 McCulloh St

Filed APR 28 1910, 19 . Registrar

WAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 0 6 1

(24) Given name added from a supplemental report, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55584

(1) PLACE OF BIRTH 927 Pierce St — Registered No. B.

CITY OF BALTIMORE. (No. 927 Pierce St; St.; Ward)

(2) FULL NAME OF CHILD Hilda Mary Smith — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural birth)	5th	yes	March 15 (Month) (Day) 1910 (Year)

FATHER

(8) FULL NAME: Caleb Smith

(9) RESIDENCE: 927 Pierce

(10) COLOR: colored

(11) AGE AT LAST BIRTHDAY: 38 (Years)

(12) BIRTHPLACE: unknown.

(13) OCCUPATION: Laborer.

MOTHER

(14) FULL MAIDEN NAME: Lillian Rebecca Smith

(15) RESIDENCE: 927 Pierce St

(16) COLOR: colored

(17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Baltimore Md.

(19) OCCUPATION: Laundry work.

(20) Number of children born to this mother, including present birth: 6

(21) Number of children of this mother now living: 5

RECEIVED FOR RECORD APR 28 1910 — E. BOSLEY, M.D. REGISTRAR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 P.M. on the date above stated.

(23) Signature: Julia M. Levandoski, Medical Student (Physician or Midwife)

Address: Womens Medical College, 1100 McCulloh St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 0 6 2

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55585

(1) PLACE OF BIRTH 1110 Druid Hill Ave. Registered No. B.

CITY OF BALTIMORE. (No. 1110 Druid Hill Ave. St.; Ward)

(2) FULL NAME OF CHILD Beatrice Neal. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2	no	March 22 19 15

FATHER	MOTHER
(8) FULL NAME: William Harris	(14) FULL MAIDEN NAME: Lottie Beatrice Neal
(9) RESIDENCE: not known	(15) RESIDENCE: 1110 Druid Hill Ave
(10) COLOR: colored	(16) COLOR: colored
(11) AGE AT LAST BIRTHDAY: 17 (Years)	(17) AGE AT LAST BIRTHDAY: 15 yrs. (Years)
(12) BIRTHPLACE: Baltimore Md.	(18) BIRTHPLACE: Baltimore Md.
(13) OCCUPATION: Tailor Store	(19) OCCUPATION: Cleaning
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 1

FILED FOR RECORD
APR 2nd 1915
J. S. BOSLEY M.D.
COMR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.45 P. M. M., on the date above stated.

(23) Signature Julia M Cavandaghi Medical Student (Physician or Midwife)

Address Womens Medical College 1100 McCulloh St

Filed _____, 19 .

Registrar

(24) Given name added from a supplemental report_____, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003067

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55586

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. #707 Church St.; 13th Ward)

(2) FULL NAME OF CHILD George Martin Ast

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes.	Mar. 15. 1910

FATHER

(8) FULL NAME: John Frederick Ast.

(9) RESIDENCE: #707 Church St

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 40 (Years)

(12) BIRTHPLACE: Balto City Md.

(13) OCCUPATION: Bottler in Whisky House

MOTHER

(14) FULL MAIDEN NAME: Lillie May Davis

(15) RESIDENCE: #707 Church St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 35 (Years)

(18) BIRTHPLACE: Balto City Md.

(19) OCCUPATION: At Home

(20) Number of children born to this mother, including present birth: 6

(21) Number of children of this mother now living: 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.30 P. M., on the date above stated.

(23) Signature: Vernon F. Kelly M.D. (Physician or Midwife)

Address: #405 Falls Road.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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APR 28 1910

BOARD OF HEALTH

(24) Given name added from a supplemental report ____ 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within ten days after the birth of any child born alive, and every month, to the officer or practitioner of midwifery, or should no other person be in attendance at the birth, then by the person in charge of such child, to the Commissioner of Health, in the manner and form required by the Commissioner of Health, and shall secure without fee a permit for burial or removal of the body of such child to report its birth to the Commissioner of Health, in the manner and form required by the Commissioner of Health, and shall secure without fee a permit for burial or removal of the body of such child before interment; and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth child.

1. *Name of Child,* Mary Ellen Raif.
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored.
4. *Date of Birth,* Oct. 17. 1909.
6. *Place of Birth, (Street and number)* 1002 Druid Hill ave.
6. *Full name of Mother,* Ida Raif.
7. *Mother's Maiden Name,* Ida Johnson.
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Isaiah Raif.
10. *Father's Occupation,* Makes ice cream.
11. *Father's Birthplace,* West River Md.

Name of Medical Attendant, or other person who makes this Return, Olga L. Pruitt.

Address, Summit Medical College of Baltimore, Md.

Remarks,

RECEIVED FOR RECORD
A-7 18 1910
M.S. BOSLEY, M.D.
COMR OF HEALTH

9 1 0 0 0 0 3 0 6 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of each child, and such other information as may be required by the form of said schedule. Any midwife, or other person who shall deliver, during any calendar month, a greater number of children than ten, and shall fail to report the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person occupying such premises to report the birth to the Commissioner of Health within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of Child,* Georgia Elizabeth Smith.
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* Colored.
4. *Date of Birth,* Nov. 18, 1909.
6. *Place of Birth, (Street and number)* 184 Union St.
6. *Full name of Mother,* Hamie Smith.
7. *Mother's Maiden Name,* Hamie Chase.
8. *Mother's Birthplace,* Annapolis Md.
9. *Full name of Father,* John Henry Smith.
10. *Father's Occupation,* Driver.
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Olga L. Smith.

Address, Fremont Medical College.

Remarks,

RECEIVED FOR RECORD
NOV 28 1910
BALTIMORE CITY BOARD OF HEALTH

1 9 1 0 0 0 0 0 3 0 6 6

CERTIFICATE AMENDED - 1/30/69

RETURN OF A BIRTH. A55589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* REBECCA SHAPIRO
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* March 7th 1910
5. *Place of Birth, (Street and number)* #1319 E. Eden St.
6. *Full name of Mother,* Dora Shapiro
7. *Mother's Maiden Name,* Dora Cowdrey
8. *Mother's Birthplace,* Canada
9. *Full name of Father,* JACOB SHAPIRO
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Lucy Reed

Address, 1319 E. Eden St.

Remarks,

1 9 1 0 0 0 0 3 0 6 7

BALTIMORE MD
BOARD OF HEALTH

The Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or their care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Registrar of each and every birth which may occur in his or their practice, and of a certificate to the Registrar of any child that shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form and manner above required, and any such person or persons refusing or neglecting to do so shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Female

1. *Name of child,* Lachael
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* March 10th 1910
5. *Place of Birth, (Street and number)* 312 Fulton
6. *Full name of Mother,* Bertha Adler
7. *Mother's Maiden Name,* Johnson
8. *Mother's Birthplace,* [illegible]
9. *Full name of Father,* Max Adler
10. *Father's Occupation,* [illegible]
11. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible] M.D.

Address, [illegible]

Remarks, [illegible]

1 9 1 0 0 0 0 3 0 6 8

[illegible] DOCTOR RECORDER

APR 29 1910

[illegible] S. OSSLEY M.D. FORMERLY

The Commissioner of Health. This schedule shall contain a list of the births which have occurred under the care of any midwife, and shall be delivered, duly signed to the Commissioner of Health, to the mayor or other officer or agent appointed to receive the same, before the midwife shall receive a certificate that the first child born after the issuing of such certificate has been duly registered, and the said schedule shall be delivered, duly signed to the office of Commissioner of Health, or to such mayor or other officer or agent appointed to receive the same, before the midwife shall receive a certificate that the first child born after the issuing of such certificate has been duly registered, and the said schedule shall contain a list of the births which have occurred under the care of such midwife since the date of the last preceding return, or since the date of her first certificate, if no return has been previously made, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the sex, color, the full name and occupation of the parents, the sex, color, the full name and occupation of the parents, the sex, color,

RETURN OF A BIRTH. A55591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of child, Katherine
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth March 30th 1910
5. Place of Birth, (Street and number) 311 S. High St
6. Full name of Mother, Magdalena Lazaro
7. Mother's Maiden Name, " Inatore
8. Mother's Birthplace, Italy
9. Full name of Father, Vincenzo Lazaro
10. Father's Occupation, Laborer
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Jno S Schapman M.D. FOR

Address, 112 Albemarle

Remarks, 1910 0003069

APR 09 1910

J. BOSLEY M.D. COMMISSIONER OF HEALTH

Every birth occurring in a family shall be reported to the Board of Health. This schedule shall contain a list of the births which have occurred under the roof or in the family since the last report, and the name and surname of the child, the name and surname and occupation of its parents, the date and place of birth, and the sex and color of each child. Such list shall be delivered, duly signed by the practitioner in the room of each child, if any shall have been conducted by a physician or practitioner or midwife, or by the person in charge of the house in which the birth occurred, or of each child, if any shall have occurred elsewhere than in the house of the mother, immediately thereafter it shall become the duty of the person in charge of the house in which the birth occurred to report its birth to the Commissioner of Health, and also to report the birth of any child which shall occur without the attendance of a practitioner or midwife, or should no other person be in charge of such child to report its birth to the Commissioner of Health, as required by this section, within the period above required, and any such person so neglecting shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A55592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Bernice Cheek
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* April 13th 1910
5. *Place of Birth, (Street and number)* 316 N. Eighth
6. *Full name of Mother,* Jannie Bloom
7. *Mother's Maiden Name,* Stern
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Samuel Bloom
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Jno E Schenning

Address, 1 N Gilmor

Remarks,

APR 29 1910

JOHN BOOLEY M.D.
CITY HEALTH OFFICER

19100003070

Use Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her jurisdiction during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, and residence of each child born alive within his jurisdiction during said month, and the full name and residence of each parent; and shall have been conferred by sex, color, the full name and residence of each parent. In the form of a certificate between the date of the birth and the first day of the month following, to the office of Commissioner of Health. No child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such person or persons who shall have charge of such child to report the same as required, and any such person or persons who shall neglect or refuse to make such report in the manner and within the time required by the provisions of this section shall be subject to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,* Louise
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* April 14th 1910
5. *Place of Birth, (Street and number)* 124 Little Dough St.
6. *Full name of Mother,* Zalia Zirler
7. *Mother's Maiden Name,* Forenbacher
8. *Mother's Birthplace,* Austria
9. *Full name of Father,* Jake Zirler
10. *Father's Occupation,* Baker
11. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. Mrs. Zoberman

Address, 17 Albemarle

Remarks,

1 9 1 0 0 0 0 3 0 7 1

RECORD
APR 29 1910
H. E. BUDDLEY M.D.
BOARD OF HEALTH

The Commissioner of Health. This schedule shall contain a list of the birth which have occurred under his observation during the month, and shall set forth as far as the same can be ascertained the full name and date and place of birth, and the said schedule shall be sworn to by the person making the return. A return of each child (if any shall have been counterfeited, sex, color, the full name and occupation of the parents, the

RETURN OF A BIRTH. A55594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Name of child,* Coma
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* April 24th 910
5. *Place of Birth, (Street and number)* 911 E Fayette St.
6. *Full name of Mother,* Lebie Brunen
7. *Mother's Maiden Name,* Tillie Brunen
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Isaac Brunen
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Dr. E Schuman

Address, 42 Aisquith

Remarks,

1 9 1 0 0 0 0 3 0 7 2

2 29 1910

DOCTOR

HEALEY M.D.

H. Officer of Health

Sec. 5. Commissioner of Health. This schedule shall contain a list, of the birth as which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if it has been named, the sex, color, date of birth, place of birth, name and birthplace of parents, occupation of father, and such other information as may be required by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth or any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or persons residing nearest to the house where such birth occurs, or in which the mother of such child may be, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* —
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 25th March 1910
6. *Place of Birth, (Street and number)* 30 Druid Ave.
6. *Full name of Mother,* Ida E Montgomery
7. *Mother's Maiden Name,* do
8. *Mother's Birthplace,* Baltimore City
9. *Full name of Father,* —
10. *Father's Occupation,* —
11. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, E W Jarrett M D

Address, 3502 Bank St

Remarks, (Insurance no yes)

RECEIVED FOR RECORD
APR 23 1910
HEALTH BOARD BALTIMORE MD.
COMMR OF HEALTH

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2677, 2678, 2679, 2680, 2681, 2682, 2683, 2684, 2685, 2686, 2687, 2688, 2689, 2690, 2691, 2692, 2693, 2694, 2695, 2696, 2697, 2698, 2699, 2700, 2701, 2702, 2703, 2704, 2705, 2706, 2707, 2708, 2709, 2710, 2711, 2712, 2713, 2714, 2715, 2716, 2717, 2718, 2719, 2720, 2721, 2722, 2723, 2724, 2725, 2726, 2727, 2728, 2729, 2730, 2731, 2732, 2733, 2734, 2735, 2736, 2737, 2738, 2739, 2740, 2741, 2742, 2743, 2744, 2745, 2746, 2747, 2748, 2749, 2750, 2751, 2752, 2753, 2754, 2755, 2756, 2757, 2758, 2759, 2760, 2761, 2762, 2763, 2764, 2765, 2766, 2767, 2768, 2769, 2770, 2771, 2772, 2773, 2774, 2775, 2776, 2777, 2778, 2779, 2780, 2781, 2782, 2783, 2784, 2785, 2786, 2787, 2788, 2789, 2790, 2791, 2792, 2793, 2794, 2795, 2796, 2797, 2798, 2799, 2800, 2801, 2802, 2803, 2804, 2805, 2806, 2807, 2808, 2809, 2810, 2811, 2812, 2813, 2814, 2815, 2816, 2817, 2818, 2819, 2820, 2821, 2822, 2823, 2824, 2825, 2826, 2827, 2828, 2829, 2830, 2831, 2832, 2833, 2834, 2835, 2836, 2837, 2838, 2839, 2840, 2841, 2842, 2843, 2844, 2845, 2846, 2847, 2848, 2849, 2850, 2851, 2852, 2853, 2854, 2855, 2856, 2857, 2858, 2859, 2860, 2861, 2862, 2863, 2864, 2865, 2866, 2867, 2868, 2869, 2870, 2871, 2872, 2873, 2874, 2875, 2876, 2877, 2878, 2879, 2880, 2881, 2882, 2883, 2884, 2885, 2886, 2887, 2888, 2889, 2890, 2891, 2892, 2893, 2894, 2895, 2896, 2897, 2898, 2899, 2900, 2901, 2902, 2903, 2904, 2905, 2906, 2907, 2908, 2909, 2910, 2911, 2912, 2913, 2914, 2915, 2916, 2917, 2918, 2919, 2920, 2921, 2922, 2923, 2924, 2925, 2926, 2927, 2928, 2929, 2930, 2931, 2932, 2933, 2934, 2935, 2936, 2937, 2938, 2939, 2940, 2941, 2942, 2943, 2944, 2945, 2946, 2947, 2948, 2949, 2950, 2951, 2952, 2953, 2954, 2955, 2956, 2957, 2958, 2959, 2960, 2961, 2962, 2963, 2964, 2965, 2966, 2967, 2968, 2969, 2970, 2971, 2972, 2973, 2974, 2975, 2976, 2977, 2978, 2979, 2980, 2981, 2982, 2983, 2984, 2985, 2986, 2987, 2988, 2989, 2990, 2991, 2992, 2993, 2994, 2995, 2996, 2997, 2998, 2999, 3000, 3001, 3002, 3003, 3004, 3005, 3006, 3007, 3008, 3009, 3010, 3011, 3012, 3013, 3014, 3015, 3016, 3017, 3018, 3019, 3020, 3021, 3022, 3023, 3024, 3025, 3026, 3027, 3028, 3029, 3030, 3031, 3032, 3033, 3034, 3035, 3036, 3037, 3038, 3039, 3040, 3041, 3042, 3043, 3044, 3045, 3046, 3047, 3048, 3049, 3050, 3051, 3052, 3053, 3054, 3055, 3056, 3057, 3058, 3059, 3060, 3061, 3062, 3063, 3064, 3065, 3066, 3067, 3068, 3069, 3070, 3071, 3072, 3073, 3074, 3075, 3076, 3077, 3078, 3079, 3080, 3081, 3082, 3083, 3084, 3085, 3086, 3087, 3088, 3089, 3090, 3091, 3092, 3093, 3094, 3095, 3096, 3097, 3098, 3099, 3100, 3101, 3102, 3103, 3104, 3105, 3106, 3107, 3108, 3109, 3110, 3111, 3112, 3113, 3114, 3115, 3116, 3117, 3118, 3119, 3120, 3121, 3122, 3123, 3124, 3125, 3126, 3127, 3128, 3129, 3130, 3131, 3132, 3133, 3134, 3135, 3136, 3137, 3138, 3139, 3140, 3141, 3142, 3143, 3144, 3145, 3146, 3147, 3148, 3149, 3150, 3151, 3152, 3153, 3154, 3155, 3156, 3157, 3158, 3159, 3160, 3161, 3162, 3163, 3164, 3165, 3166, 3167, 3168, 3169, 3170, 3171, 3172, 3173, 3174, 3175, 3176, 3177, 3178, 3179, 3180, 3181, 3182, 3183, 3184, 3185, 3186, 3187, 3188, 3189, 3190, 3191, 3192, 3193, 3194, 3195, 3196, 3197, 3198, 3199, 3200, 3201, 3202, 3203, 3204, 3205, 3206, 3207, 3208, 3209, 3210, 3211, 3212, 3213, 3214, 3215, 3216, 3217, 3218, 3219, 3220, 3221, 3222, 3223, 3224, 3225, 3226, 3227, 3228, 3229, 3230, 3231, 3232, 3233, 3234, 3235, 3236, 3237, 3238, 3239, 3240, 3241, 3242, 3243, 3244, 3245, 3246, 3247, 3248, 3249, 3250, 3251, 3252, 3253, 3254, 3255, 3256, 3257, 3258, 3259, 3260, 3261, 3262, 3263, 3264, 3265, 3266, 3267, 3268, 3269, 3270, 3271, 3272, 3273, 3274, 3275, 3276, 3277, 3278, 3279, 3280, 3281, 3282, 3283, 3284, 3285, 3286, 3287, 3288, 3289, 3290, 3291, 3292, 3293, 3294, 3295, 3296, 3297, 3298, 3299, 3300, 3301, 3302, 3303, 3304, 3305, 3306, 3307, 3308, 3309, 3310, 3311, 3312, 3313, 3314, 3315, 3316, 3317, 3318, 3319, 3320, 3321, 3322, 3323, 3324, 3325, 3326, 3327, 3328, 3329, 3330, 3331, 3332, 3333, 3334, 3335, 3336, 3337, 3338, 3339, 3340, 3341, 3342, 3343, 3344, 3345, 3346, 3347, 3348, 3349, 3350, 3351, 3352, 3353, 3354, 3355, 3356, 3357, 3358, 3359, 3360, 3361, 3362, 3363, 3364, 3365, 3366, 3367, 3368, 3369, 3370, 3371, 3372, 3373, 3374, 3375, 3376, 3377, 3378, 3379, 3380, 3381, 3382, 3383, 3384, 3385, 3386, 3387, 3388, 3389, 3390, 3391, 3392, 3393, 3394, 3395, 3396, 3397, 3398, 3399, 3400, 3401, 3402, 3403, 3404, 3405, 3406, 3407, 3408, 3409, 3410, 3411, 3412, 3413, 3414, 3415, 3416, 3417, 3418, 3419, 3420, 3421, 3422, 3423, 3424, 3425, 3426, 3427, 3428, 3429, 3430, 3431, 3432, 3433, 3434, 3435, 3436, 3437, 3438, 3439, 3440, 3441, 3442, 3443, 3444, 3445, 3446, 3447, 3448, 3449, 3450, 3451, 3452, 3453, 3454, 3455, 3456, 3457, 3458, 3459, 3460, 3461, 3462, 3463, 3464, 3465, 3466, 3467, 3468, 3469, 3470, 3471, 3472, 3473, 3474, 3475, 3476, 3477, 3478, 3479, 3480, 3481, 3482, 3483, 3484, 3485, 3486, 3487, 3488, 3489, 3490, 3491, 3492, 3493, 3494, 3495, 3496, 3497, 3498, 3499, 3500, 3501, 3502, 3503, 3504, 3505, 3506, 3507, 3508, 3509, 3510, 3511, 3512, 3513, 3514, 3515, 3516, 3517, 3518, 3519, 3520, 3521, 3522, 3523, 3524, 3525, 3526, 3527, 3528, 3529, 3530, 3531, 3532, 3533, 3534, 3535, 3536, 3537, 3538, 3539, 3540, 3541, 3542, 3543, 3544, 3545, 3546, 3547, 3548, 3549, 3550, 3551, 3552, 3553, 3554, 3555, 3556, 3557, 3558, 3559, 3560, 3561, 3562, 3563, 3564, 3565, 3566, 3567, 3568, 3569, 3570, 3571, 3572, 3573, 3574, 3575, 3576, 3577, 3578, 3579, 3580, 3581, 3582, 3583, 3584, 3585, 3586, 3587, 3588, 3589, 3590, 3591, 3592, 3593, 3594, 3595, 3596, 3597, 3598, 3599, 3600, 3601, 3602, 3603, 3604, 3605, 3606, 3607, 3608, 3609, 3610, 3611, 3612, 3613, 3614, 3615, 3616, 3617, 3618, 3619, 3620, 3621, 3622, 3623, 3624, 3625, 3626, 3627, 3628, 3629, 3630, 3631, 3632, 3633, 3634, 3635, 3636, 3637, 3638, 3639, 3640, 3641, 3642, 3643, 3644, 3645, 3646, 3647, 3648, 3649, 3650, 3651, 3652, 3653, 3654, 3655, 3656, 3657, 3658, 3659, 3660, 3661, 3662, 3663, 3664, 3665, 3666, 3667, 3668, 3669, 3670, 3671, 3672, 3673, 3674, 3675, 3676, 3677, 3678, 3679, 3680, 3681, 3682, 3683, 3684, 3685, 3686, 3687, 3688, 3689, 3690, 3691, 3692, 3693, 3694, 3695, 3696, 3697, 3698, 3699, 3700, 3701, 3702, 3703, 3704, 3705, 3706, 3707, 3708, 3709, 3710, 3711, 3712, 3713, 3714, 3715, 3716, 3717, 3718, 3719, 3720, 3721, 3722, 3723, 3724, 3725, 3726, 3727, 3728, 3729, 3730, 3731, 3732, 3733, 3734, 3735, 3736, 3737, 3738, 3739, 3740, 3741, 3742, 3743, 3744, 3745, 3746, 3747, 3748, 3749, 3750, 3751, 3752, 3753, 3754, 3755, 3756, 3757, 3758, 3759, 3760, 3761, 3762, 3763, 3764, 3765, 3766, 3767, 3768, 3769, 3770, 3771, 3772, 3773, 3774, 3775, 3776, 3777, 3778, 3779, 3780, 3781, 3782, 3783, 3784, 3785, 3786, 3787, 3788, 3789, 3790, 3791, 3792, 3793, 3794, 3795, 3796, 3797, 3798, 3799, 3800, 3801, 3802, 3803, 3804, 3805, 3806, 3807, 3808, 3809, 3810, 3811, 3812, 3813, 3814, 3815, 3816, 3817, 3818, 3819, 3820, 3821, 3822, 3823, 3824, 3825, 3826, 3827, 3828, 3829, 3830, 3831, 3832, 3833, 3834, 3835, 3836, 3837, 3838, 3839, 3840, 3841, 3842, 3843, 3844, 3845, 3846, 3847, 3848, 3849, 3850, 3851, 3852, 3853, 3854, 3855, 3856, 3857, 3858, 3859, 3860, 3861, 3862, 3863, 3864, 3865, 3866, 3867, 3868, 3869, 3870, 3871, 3872, 3873, 3874, 3875, 3876, 3877, 3878, 3879, 3880, 3881, 3882, 3883, 3884, 3885, 3886, 3887, 3888, 3889, 3890, 3891, 3892, 3893, 3894, 3895, 3896, 3897, 3898, 3899, 3900, 3901, 3902, 3903, 3904, 3905, 3906, 3907, 3908, 3909, 3910, 3911, 3912, 3913, 3914, 3915, 3916, 3917, 3918, 3919, 3920, 3921, 3922, 3923, 3924, 3925, 3926, 3927, 3928, 3929, 3930, 3931, 3932, 3933, 3934, 3935, 3936, 3937, 3938, 3939, 3940, 3941, 3942, 3943, 3944, 3945, 3946, 3947, 3948, 3949, 3950, 3951, 3952, 3953, 3954, 3955, 3956, 3957, 3958, 3959, 3960, 3961, 3962, 3963, 3964, 3965, 3966, 3967, 3968, 3969, 3970, 3971, 3972, 3973, 3974, 3975, 3976, 3977, 3978, 3979, 3980, 3981, 3982, 3983, 3984, 3985, 3986, 3987, 3988, 3989, 3990, 3991, 3992, 3993, 3994, 3995, 3996, 3997, 3998, 3999, 4000, 4001, 4002, 4003, 4004, 4005, 4006, 4007, 4008, 4009, 4010, 4011, 4012, 4013, 4014, 4015, 4016, 4017, 4018, 4019, 4020, 4021, 4022, 4023, 4024, 4025, 4026, 4027, 4028, 4029, 4030, 4031, 4032, 4033, 4034, 4035, 4036, 4037, 4038, 4039, 4040, 4041, 4042, 4043, 4044, 4045, 4046, 4047, 4048, 4049, 4050, 4051, 4052, 4053, 4054, 4055, 4056, 4057, 4058, 4059, 4060, 4061, 4062, 4063, 4064, 4065, 4066, 4067, 4068, 4069, 4070, 4071, 4072, 4073, 4074, 4075, 4076, 4077, 4078, 4079, 4080, 4081, 4082, 4083, 4084, 4085, 4086, 4087, 4088, 4089, 4090, 4091, 4092, 4093, 4094, 4095, 4096, 4097, 4098, 4099, 4100, 4101, 4102, 4103, 4104, 4105, 4106, 4107, 4108, 4109, 4110, 4111, 4112, 4113, 4114, 4115, 4116, 4117, 4118, 4119, 4120, 4121, 4122, 4123, 4124, 4125, 4126, 4127, 4128, 4129, 4130, 4131, 4132, 4133, 4134, 4135, 4136, 4137, 4138, 4139, 4140, 4141, 4142, 4143,

RETURN OF A BIRTH.

A55596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth

1. Name of Child, Jannie Dorsey
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, Jan 4 1910
6. Place of Birth, (Street and number) 1248 Lemman Street
6. Full name of Mother, Marie Dorsey
7. Mother's Maiden Name, Marie Harper
8. Mother's Birthplace, Maryland
9. Full name of Father, Alfred Dorsey
10. Father's Occupation, Laborer
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Geo Edmunds senior student

Address, Atlantic Medical College

Remarks, One of twins

RECORD
APR 29 1910
REGISTRAR
BOARD OF HEALTH
BALTIMORE, MD.

1910000307 4

Every person required by law to report births can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth, and such other particulars as may be required by the prescribed blanks of the Commissioner of Health. In case the birth of any child shall occur upon the premises of a person not the parent of such child, it shall be the duty of the person having charge of such premises to report such birth to the Commissioner of Health, and in case the birth shall occur upon the premises of a physician or practitioner of midwifery, or should no other person be in charge of such premises, then such physician or practitioner of midwifery, or should no other person be in charge of such premises, then such physician or practitioner of midwifery shall immediately thereafter if it shall become the duty of the person having charge of such premises to report such birth to the Commissioner of Health, and in case the person required, and subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) tenth

1. *Name of Child,* John Dorsey
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* colored
4. *Date of Birth,* Jan 4 1910
6. *Place of Birth, (Street and number)* 1848 Lorman Street
6. *Full name of Mother,* Marie Dorsey
7. *Mother's Maiden Name,* Marie Hayes
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Alfred Dorsey
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Geo Edmunds senior student

Address, Atlantic Medical College

Remarks, one of twins

JAN 13 1910

1910000030 75

RECEIVED
RECORD
BALTIMORE MD

Sec. 3. If the child was born so far as is same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents or person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Name of Child, Baby bond
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, 4/21/10
6. Place of Birth, (Street and number) 716 School street
6. Full name of Mother, Ella Bond
7. Mother's Maiden Name, Ella Smuthers
8. Mother's Birthplace, Md
9. Full name of Father, James Bond
10. Father's Occupation, Laborer
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, George H Edmunds Med Student

Address, 1721 Patterson ave Atlantic Med Col

Remarks, one of twins — 7th mth foetus

RECEIVED FOR RECORD APR 29 1910 JAS. FOSLEY, M.D. REGISTRAR

1910 00 03076

(Section 1 and 2 of Act of 1898, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and fifteenth day of each month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the birth as herein required. It shall be the duty of the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after the birth of any child, to report the birth of such child to the Commissioner of Health. The provisions of this section shall be construed to include all persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.)

RETURN OF A BIRTH. A55599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Name of Child,* Baby Bond
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* 4/21/10
6. *Place of Birth, (Street and number)* 716 School street
6. *Full name of Mother,* Ella Bond
7. *Mother's Maiden Name,* Ella Smullers
8. *Mother's Birthplace,* Md
9. *Full name of Father,* James Bond
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, George H Edmunds M.D.

Address, 1721 Patterson Avenue Atlantic Md

Remarks, One of twins — 7th mth fetus

RECORD
APR 29 1910
COMMISSIONER OF HEALTH

1 9 1 0 U 0 0 3 0 7 7

Every midwife or physician who shall have been in attendance upon any birth shall, within ten days after the birth, report to the office of the Commissioner of Health the full name and occupation of its parents, the date and place of the birth, the sex, color, the full name and occupation of its parents, the date and place of the birth, the sex, color, the full name and occupation of its parents, the date and place of the birth, the sex, color,

RETURN OF A BIRTH. A55600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,* Joseph
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* March 26 1910
5. *Place of Birth, (Street and number)* 1200 Eastern Ave
6. *Full name of Mother,* Nettie Waldenman
7. *Mother's Maiden Name,* Dreibrodt
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Samuel Waldenman
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Fox

Address, 29 Aisquith

Remarks,

RECEIVED APR 29 1910 S. BOSLEY, M.D. HEALTH

1 9 1 0 0 0 0 3 0 7 8

Section 4 of the Ordinance requires that a birth shall be registered within ten days after its occurrence, and that the certificate shall contain a list of the births which have occurred under the roof or in the house where the birth occurs, and shall be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month by the Physician or Practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and for every neglect or refusal to make such report, as required, he shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 7

1. *Name of child,* [illegible]
2. *Sex,* (*state whether male or female*) Male
3. *Race or color,* (*if not of the White Race*) White
4. *Date of Birth* March 29 1910
5. *Place of Birth,* (*Street and number*) 207 S Caroline St
6. *Full name of Mother,* [illegible]
7. *Mother's Maiden Name,* Kramer
8. *Mother's Birthplace,* [illegible]
9. *Full name of Father,* [illegible]
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1 9 1 0 0 0 0 3 0 7 9

APR 29 1910

W.S. BOSLEY M.D.
REGISTRAR OF HEALTH

The Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the name, sex and color of the child, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any person shall not be attended upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55602

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2008 N Fayette St.; Ward)

(2) FULL NAME OF CHILD Harry B. Hoey

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 28 1910

FATHER

(8) FULL NAME Harry E Hoey

(9) RESIDENCE 2008 N Fayette

(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Md

(13) OCCUPATION Salesman

MOTHER

(14) FULL MAIDEN NAME Mary A Ford

(15) RESIDENCE 2008 N Fayette

(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Md

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 A M., on the date above stated.

(23) Signature E. L. Campbell M.D.

(Physician or Midwife)

Address 844 Hanover St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD APR 29 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 1-20-66

Registered No. B 455603

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1815 E North ave St.; Ward)

(2) FULL NAME OF CHILD WALTER RAYMOND RISTON (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April, (Day) 29, (Year) 1940
Male		4	yes	

FATHER	MOTHER
(8) FULL NAME: Samuel R Riston	(14) FULL MAIDEN NAME: Catherine R Riston
(9) RESIDENCE: 1815 E North ave	(15) RESIDENCE: 1815 E North ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 38 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 36 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Bridgton N J
(13) OCCUPATION: Mail Clerk	(19) OCCUPATION: Amer wife
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.45 A. M., on the date above stated.

(23) Signature N.P. Carman M.D. Physician (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

18 0003081

(24) Given name added from a supplemental report ____, 19

Address 1701 N Carolina St

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD APR 29 1940 JAS. H. BOSLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B 455604

(1) PLACE OF BIRTH: CITY OF BALTIMORE (No. 2684 Wilkens Ave St.; Ward)

(2) FULL NAME OF CHILD: Edna Grace Rost (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 27, 1910

FATHER

(8) FULL NAME: Peter Vernon Rost

(9) RESIDENCE: 2684 Wilkens ave

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Driver

(20) Number of children born to this mother, including present birth: 6

MOTHER

(14) FULL MAIDEN NAME: Matilda May Green

(15) RESIDENCE: 2684 Wilkens Av.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Carrol Co. Maryland

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Apr. 27. 1910; 6 15 A. M., on the date above stated.

(23) Signature: H M Robinson M D

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003082

(Physician or Midwife)

(24) Given name added from a supplemental report_____, 19__

Address: 2004 Wilkens ave

Filed APR 30 1910, 19__

Registrar

RECEIVED FOR RECORD
JAS. BOGLEY, M.D.
COMMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55605

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No.) 1812 McCulloch St.; Ward)

(2) FULL NAME OF CHILD Robert Emmit Curtin Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Yes	Mar. 20, 1910

FATHER		MOTHER	
(8) FULL NAME	Robt Emmit Curtin	(14) FULL MAIDEN NAME	Lillian Morrison Curtin
(9) RESIDENCE	1812 McCulloh	(15) RESIDENCE	1812 McCulloh St
(10) COLOR	W	(11) AGE AT LAST BIRTHDAY (Years)	24
(12) BIRTHPLACE	Lincoln, Del	(18) BIRTHPLACE	Lincoln Del
(13) OCCUPATION	School Teacher	(19) OCCUPATION	Wife
(20) Number of children born to this mother, including present birth	1st	(21) Number of children of this mother now living	1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 P. M., on the date above stated.

(23) Signature John Evans MD Physician (Physician or Midwife)

Address 607 Cator Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 10 0 0 3 0 8 3

(24) Given name added from a supplemental report_____, 19

Registrar

RECEIVED
APR 30 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

Filed APR 30 1910, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 455606

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1631 N. Caroline St St.; Ward)

(2) FULL NAME OF CHILD John Dunn Kohlhepp. [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child Male | (4) Twin, triplet, or other? / (To be answered only in event of plural births) | (5) Number in order of birth 1st | (6) Legitimate? Yes | (7) Date of Birth March 24, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME Harry Sebastian Kohlhepp

(9) RESIDENCE 704 Cator Ave.,

(10) COLOR W (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Baltimore.

(13) OCCUPATION Sheet Metal Worker

(20) Number of children born to this mother, including present birth 1st

MOTHER

(14) FULL MAIDEN NAME Catherine Lorella Dunn

(15) RESIDENCE 704 Cator Ave.,

(16) COLOR W (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Wife

(21) Number of children of this mother now living 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P. M., on the date above stated.

(23) Signature John Evans MD Physician (Physician or Midwife)

Address 604 Cator Ave.,

Filed APR 3 1910, 19 .

Registrar

(24) Given name added from a supplemental report, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 U 0 0 3 0 8 4

JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55607

CITY OF BALTIMORE. (No. 906 Bradford St.; Ward)

(2) FULL NAME OF CHILD Ludmila Novak. 3 — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Whittier			10 April 1910

FATHER	MOTHER
(8) FULL NAME: Vaclav Novak	(14) FULL MAIDEN NAME: Fratiska Novak
(9) RESIDENCE: Bohemia	(15) RESIDENCE: Frantiska Posvad
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Austria	(18) BIRTHPLACE: Bohemia
(13) OCCUPATION	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature ____ (Physician or Midwife)

Address Maternite Hospital Madaire Avenue

Filed ____ 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003085

RECEIVED FOR RECORD APR 30 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55808

CITY OF BALTIMORE. (No. 819 N. Port St.; 2 Ward)

(2) FULL NAME OF CHILD Anna Chysa — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Alive			6 April 1910

FATHER		MOTHER	
(8) FULL NAME	Frenk Chysa	(14) FULL MAIDEN NAME	Marie Chysa
(9) RESIDENCE	Bohemie	(15) RESIDENCE	Bohemie
(10) COLOR		(16) COLOR	
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	Laberte	(18) BIRTHPLACE	Marie Dusatko.
(13) OCCUPATION		(19) OCCUPATION	

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature

Address Katerina Křepela Medaire st. 905

Filed APR 30 1910, 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 0 8 6

(Physician or Midwife)

REGISTERED RECORDED JAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55609

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 903 Medaire St.; Ward)

(2) FULL NAME OF CHILD Jan Havlik 1.

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	White			14 April 1910

FATHER	MOTHER
(8) FULL NAME: Jan Havlik	(14) FULL MAIDEN NAME: Božena Havlik
(9) RESIDENCE: Bohemia	(15) RESIDENCE: Bohemia
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Labortt	(18) BIRTHPLACE: Božena Zoubek
(13) OCCUPATION	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature ____

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 0 8 7

(Physician or Midwife)

Address: Katerina Krepela Madeira Pgo. Co.

RECEIVED FOR RECORD APR 30 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55610

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1735 N. Mount St.; Ward)

(2) FULL NAME OF CHILD William J Barnes. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April, (Day) 15 1910 (Year)
male				

FATHER

(8) FULL NAME: Irving J Barnes

(9) RESIDENCE: 1735 N Mount

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 44 (Years)

(12) BIRTHPLACE: New York

(13) OCCUPATION: Carpenter

MOTHER

(14) FULL MAIDEN NAME: Kate Meuel

(15) RESIDENCE: 1735 N Mount

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 30 (Years)

(18) BIRTHPLACE: Balt.

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 P.M., on the date above stated.

(23) Signature: John A Evans

*When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003088

(Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Address 701 N. Carey st.

Filed APR 30 1910, 19

JAS. BOOLEY, M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55611

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 911 Madeira St.; Ward)

(2) FULL NAME OF CHILD Vojtech Havlik 2 — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	None			16 April 1910

FATHER	MOTHER
(8) FULL NAME Josef Havlik	(14) FULL MAIDEN NAME Anneška Havlik
(9) RESIDENCE Bohemia	(15) RESIDENCE Bohemia
(10) COLOR (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Bakerm	(18) BIRTHPLACE Anneška Belvancicky
(13) OCCUPATION	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature U 0 0 3 0 8 9 (Physician or Midwife)

Address Kreisarzt Kreuzb. Madeira I. 905 A

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

RECORD

Filed APR 30 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Name of Child, Lord Charles Henry Banks
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Color
4. Date of Birth, April 11,
6. Place of Birth, (Street and number) 945 McKinst Baltimore City
6. Full name of Mother, Gussie Levinia Banks
7. Mother's Maiden Name, Gussie Levinia Williams
8. Mother's Birthplace, York Pa.
9. Full name of Father, Charles Henry Banks
10. Father's Occupation, Porter
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Elizab Lovett

Address, 532 Rogers ave,

Remarks, No Marks

RECEIVED FOR RECORD APR 30 1910 REGISTRY OF VITAL STATISTICS BOARD OF HEALTH

19100003090

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter neglect to report such birth as herein required, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born since the last return) its parents; the date and place of birth; and the said schedule shall be delivered, month, to the office of Commissioner of Health. In case the sex of the child shall not be stated by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, it shall be the duty of the person or parents of such child to report its birth to said Commissioner of Health, in the manner and within the period above required. It shall be the duty of every person who shall hereafter fail to comply with the provisions of this section, and who shall be convicted thereof, to pay a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, April 23 - 1910
6. Place of Birth, (Street and number) 613 N Madeira st
6. Full name of Mother, Nettie Milburn
7. Mother's Maiden Name, Nettie Cheney
8. Mother's Birthplace, Eastern shore Talbot Co
9. Full name of Father, Lawrence Milburn
10. Father's Occupation, Laborer
11. Father's Birthplace, Deals Island

Name of Medical Attendant, or other person who makes this Return, Dr Linord and Mary Jane Cooney

Address, No 104 N Madeira st

Remarks,

EDITOR RECORD
APR 30 1910
BALTIMORE MD
BOARD OF HEALTH

19100003091

GIVEN NAME ADDED 7-24-17

RETURN OF A BIRTH. A55614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Name of child, ESTELLA MARGARET HILMER
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth Sunday Apl 24
5. Place of Birth, (Street and number) # 2534 West Fairmount Ave
6. Full name of Mother, Frances Virginia Hilmer
7. Mother's Maiden Name, " Kauffer
8. Mother's Birthplace, Baltimore County
9. Full name of Father, Frederick A Hilmer
10. Father's Occupation, Telegraph Operator
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Friederike Hunter

Address, 2116 W Pratt

Remarks,

1910000309 2

CERTIFICATE FOR RECORDS
APR 24 1910
DEPT. OF HEALTH

Every person who shall attend upon any birth, and every householder in whose house any birth shall occur, shall cause a return thereof to be made and delivered to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth shall occur, and shall set forth as far as the same can be ascertained the full name of the child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the same, to the person or persons in charge of the premises at the time of such birth, and a certificate of such delivery shall be given by the person receiving the same. Every person who shall attend upon any birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section, and every person who shall fail to do so shall be subject to the penalties provided in this section for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* April 1910
6. *Place of Birth, (Street and number)* Connecticut West
6. *Full name of Mother,* Gertrude Thomson
7. *Mother's Maiden Name,* Gertrude
8. *Mother's Birthplace,* 1603 St Joseph Between Second Bruning St
9. *Full name of Father,*
10. *Father's Occupation,* Carpet
11. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Elizabeth Lovell

Address, 630 East

Remarks, No Mark

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REGISTRATOR'S RECORD
APR 30 1910
H. BARKLEY M.D.
COMM'R OF HEALTH

Every physician or midwife in attendance upon a birth shall report the same to the Commissioner of Health, giving the full names and occupation of its parents; the date and place of birth; and the sex of each child born alive, or dead after the period of gestation has been conferred. He shall also report all births of which he has been informed and which have occurred without the attendance of a physician or midwife, within ten days after the birth. Such report shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each and every month, to the office of Commissioner of Health, or shall be mailed to the Commissioner of Health, in the manner and within the period above required. In case of the absence of such physician or midwife from the city, or his inability to act, the birth of such child may be reported by the parent or parents of such child, or by the person having charge of the premises where such birth occurred without the attendance of a physician or midwife. It shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required. And each such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED -1-8-22

RETURN OF A BIRTH. A55616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of (Child) of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, FREDERICK AUGUST ~~Mckinney~~ HEINECKER
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth, April the 27 1910
6. Place of Birth, (Street and number) 2125 Boyd st
6. Full name of Mother, Leona C Heinecker
7. Mother's Maiden Name, Roening
8. Mother's Birthplace, Baltimore
9. Full name of Father, John Heinecker
10. Father's Occupation, Labor
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Margaret G Wales

Address, 1616 Bond Baltimore st

Remarks,

APR 30 1910

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BOARD OF HEALTH

BALTIMORE MD.

been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, and no other person or practitioner shall be entitled to receive any fee for attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall be subject to a penalty for failure to comply with the provisions of this section, and shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Name of child,* Ellen Margaret Bach
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* April 7th 1910
5. *Place of Birth, (Street and number)* 728 W. Lombard St.
6. *Full name of Mother,* Katherine Bach
7. *Mother's Maiden Name,* Hackman
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* James F. Bach
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* Howard Co.

Name of Medical Attendant, or other person who makes this Return, Mary C. McKenew

Address, 728 W. Lombard St

Remarks,

APR 29 1910

GIVEN NAME ADDED 11-15-54

1 9 1 0 0 0 0 3 0 9 5

histor her care during the month, and shall set forth so far as the same can be ascertained the full name of each child, if named, the sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the physician, midwife or person in charge of the case. The Health Commissioner of Baltimore City shall furnish to each physician, midwife or person in charge of a case of birth a blank form of a certificate between the first and third day of each and every month, and every physician, midwife or person in charge of a case of birth shall immediately thereafter it shall become the duty of the person or parents of such child to procure from the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth April 16th 1910
5. Place of Birth, (Street and number) 1014 Boyd St
6. Full name of Mother, Helena Minnie Hargadon
7. Mother's Maiden Name, Born.
8. Mother's Birthplace, Balto
9. Full name of Father, Bryan C Hargadon
10. Father's Occupation, Brass Moulder
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary C. McKenzie

Address, 1322 N Loom and St

Remarks,

RECEIVED FOR RECORD
APR 29 1910
WM. BOSLEY M.D.
COMR OF HEALTH

19100003096

His or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been born to such mother, color, the full name and occupation of its parents, the date of each birth, and whether such child was born alive or dead. Such return shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons in charge of such case to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55619

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 222 E. Hamburg St.; 24 Ward)

(2) FULL NAME OF CHILD Harry N. Lottman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1	Yes	April 19 1910

FATHER	MOTHER
(8) FULL NAME Charles Lottman	(14) FULL MAIDEN NAME Alice Chenowith
(9) RESIDENCE 2212 E Hamburg	(15) RESIDENCE 222 E Hamburg
(10) COLOR White	(16) COLOR W
(11) AGE AT LAST BIRTHDAY 32 (Years)	(17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Md	(18) BIRTHPLACE Md
(13) OCCUPATION Glass Worker	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 P. M., on the date above stated.

(23) Signature R. L. Campbell M.D. (Physician or Midwife)

Address 644 Hanover St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 0 9 7

RECORD NOT VERIFIED

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

JAS. HOOLEY M.D. REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH

Registrar

(READ THE REVERSE SIDE)

CERTIFICATE AMENDED 5/14/74

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A 55620

(1) PLACE OF BIRTH — CITY OF BALTIMORE. Registered No. B

(No.) 349 Hull St. (Ward) 24

(2) FULL NAME OF CHILD ~~Anna Elizabeth~~ Norma Irene Marian Williams

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Fem			Yes	4, 15, 1910

	FATHER	MOTHER
(8) FULL NAME	Chas B. Williams	(14) FULL MAIDEN NAME	Martha Riemberg
(9) RESIDENCE	349 Hull St	(15) RESIDENCE	349 Hull St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years) 24	(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years) 23
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Germany
(13) OCCUPATION	Clerk	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ~~BORN ALIVE~~ at 1:45 a M., on the date above stated.

(23) Signature U 0 0 3 0 9 8 Burlington MD (Physician or Midwife)

Address 1032 Fort Ave

Filed APR 30 1910 4/30/10 Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55621

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 801, Pierce St.; Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	April 26, 1910

FATHER

(8) FULL NAME: Thomas D. Tildon

(9) RESIDENCE: 801 Pierce St.

(10) COLOR: Colored (11) AGE AT LAST BIRTHDAY: 34 (Years)

(12) BIRTHPLACE: N. Carolina Co. Unk.

(13) OCCUPATION: Janitor

(20) Number of children born to this mother, including present birth: 6

MOTHER

(14) FULL MAIDEN NAME: Effie G. Williams ~~Tildon~~

(15) RESIDENCE: 801 Pierce St.

(16) COLOR: Colored (17) AGE AT LAST BIRTHDAY: 33 (Years)

(18) BIRTHPLACE: N. Carolina Co. Unk.

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.30 P. M., on the date above stated.

(23) Signature: Geo. H. Lauenbach Jun. (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

191000030 99

Address 635 Mosher St.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

RECEIVED FOR RECORD MAY -2 1910 JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55622

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1826, E. Madison St.; Ward)

(2) FULL NAME OF CHILD — Helen Louis

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		8th	Married	April 28th, 1910

FATHER	MOTHER
(8) FULL NAME: Henry Louis	(14) FULL MAIDEN NAME: Catherine Louis Hahn
(9) RESIDENCE: 1826 E. Madison St	(15) RESIDENCE: 1826 E. Madison St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 37 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 31 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Driver	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 8	(21) Number of children of this mother now living: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A. M., on the date above stated.

(23) Signature: Mrs H. Krow — Midwife (Physician or Midwife)

Address: 208 N. Washington St

Filed April 30th, 1910

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD NOV 7 1910 HARRY BOSLEY REGISTER OF WILLS

1 10 0 0 0 3 1 0 0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55623

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 408 E. Lafayette ave. St.; Ward)

(2) FULL NAME OF CHILD _____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	April 25 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Joseph Edward Bacon	Ellen Marie Murphy
(9) RESIDENCE / (15) RESIDENCE	No. 408 E. Lafayette ave	No. 408 E. Lafayette ave
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	34 years	24 years.
(12) BIRTHPLACE / (18) BIRTHPLACE	Baltimore city	Maryland.
(13) OCCUPATION / (19) OCCUPATION	Assistant City Yard.	Housewife
(20) Number of children born to this mother, including present birth		Nine
(21) Number of children of this mother now living		Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 9.30 P. M., on the date above stated.

(23) Signature A. A. Elwell, M.D. (Physician or Midwife)

Address 1741 Harford ave

Filed _____, 19 . Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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MAY -2 1910

(24) Given name added from a supplemental report _____, 19 Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455624

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1403 Samuel Ready place St.; Ward)

(2) FULL NAME OF CHILD Anna Mary

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	—	1	Yes	April 17 1910
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Michael Patrick Hoffenberg	(14) FULL MAIDEN NAME	Catherine Gertrude Scally
(9) RESIDENCE	No. 1403 Samuel Ready place	(15) RESIDENCE	No. 1403 Samuel Ready place
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	32 years (Years)	(17) AGE AT LAST BIRTHDAY	30 years (Years)
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Fireman	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth Two

(21) Number of children of this mother now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 P. M., on the date above stated.

(23) Signature A. R. Elwell, M.D. (Physician or Midwife)

Address 2741 Harford ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 1 0 2

RECEIVED FOR RECORD MAY -2 1910 J. S. BOSLEY, M.D. BOARD OF HEALTH

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

GIVEN NAME ADDED - 3/1/12

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455625

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1117 E. North ave St.; Ward)

(2) FULL NAME OF CHILD ELIZABETH MAE JIN HARDESTY (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	April 26 1910

FATHER	MOTHER
(8) FULL NAME Daniel Harvey Hardesty	(14) FULL MAIDEN NAME Elizabeth May Harrison
(9) RESIDENCE No. 1117 E. North ave	(15) RESIDENCE No. 1117 E. North ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 years (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 33 years (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Baltimore city
(13) OCCUPATION Cabinet Maker	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.15 P. M., on the date above stated.

(23) Signature A. P. Colwell, M.D. (Physician or Midwife)

Address 1741 Harford ave

Filed MAY -2 1910, 19

5/2/1910

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 155626

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1415 E. Lanvale St.; Ward)

(2) FULL NAME OF CHILD Helen Mary

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	April 8 1910

FATHER	MOTHER
(8) FULL NAME Joseph Patrick O'Connor.	(14) FULL MAIDEN NAME Sarah Dempsey
(9) RESIDENCE No. 1415 E. Lanvale St.	(15) RESIDENCE No. 1415 Lanvale St. E.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Ireland.	(18) BIRTHPLACE Ireland.
(13) OCCUPATION Marine Engineer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 6.	(21) Number of children of this mother now living 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 A. M., on the date above stated.

(23) Signature A. A. Elwell, M.D.
(Physician or Midwife)

Address 1141 Harford ave

Filed APR -2 1910 19 .

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 U 0 0 3 1 0 4

(24) Given name added from a supplemental report ____, 19 .

Registrar

RECEIVED FOR RECORD APR -2 1910
JAS. BOSLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455627

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Carrie Ackerman. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	4-28 1918.

FATHER	MOTHER
(8) FULL NAME Edward Ackerman.	(14) FULL MAIDEN NAME Christina Schmidt.
(9) RESIDENCE 309 S. Monroe St.	(15) RESIDENCE 309 S. Monroe St.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 41 (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Baltimore Md.	(18) BIRTHPLACE Baltimore Md.
(13) OCCUPATION Hairworker	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10-45 P M., on the date above stated.

(23) Signature Mary A. Manning. (Physician or Midwife)

Address 1913 03. Mc. Henry St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECORD

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

M.S. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 155628

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Margaret Elvira Heidenhammer. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural births)		Yes	4 (Month), 2 (Day), 1910 (Year)

FATHER	MOTHER
(8) FULL NAME Edward A Heidenhammer	(14) FULL MAIDEN NAME Marie Attilia Hestphal
(9) RESIDENCE 609 Bentalou St	(15) RESIDENCE 609 Bentalou St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Baltimore Md	(18) BIRTHPLACE Baltimore Md
(13) OCCUPATION Pipe Maker	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth Three	(21) Number of children of this mother now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.35 P M., on the date above stated.

(23) Signature Mary A. Keaning. (Physician or Midwife)

Address 503 N. Henry St

Filed ____, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

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U.S. BOSLEX BUREAU OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

55629

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Elizabeth I Disney (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female | (4) Twin, triplet, or other? (To be answered only in event of plural births) | (5) Number in order of birth | (6) Legitimate? Yes | (7) Date of Birth 4 (Month), 24 (Day), 1910 (Year)

FATHER	MOTHER
(8) FULL NAME John Geo Disney	(14) FULL MAIDEN NAME Caroline Wilhemina Albrecht
(9) RESIDENCE 1928 Mc Henry St	(15) RESIDENCE 1928 Mc Henry St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Dist of Columbia	(18) BIRTHPLACE Baltimore Md
(13) OCCUPATION Car Conductor	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth Five	(21) Number of children of this mother now living Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.20 P M., on the date above stated.

(23) Signature Mary A Keating Midwife (Physician or Midwife)

Address 2 1910 03 Mc Henry St.

Filed ____, 19 . ____ Registrar

(24) Given name added from a supplemental report ____, 19

____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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BOARD OF HEALTH
H. S. BOSLEY M.D

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55630

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1602 Bolton St.; Ward)

(2) FULL NAME OF CHILD Virginia Madeleine Jones

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1	Yes	April 23, 1910

FATHER	MOTHER
(8) FULL NAME Chester H. Jones	(14) FULL MAIDEN NAME Virginia M Furst
(9) RESIDENCE 1602 Bolton St	(15) RESIDENCE 1602 Bolton St
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 26 yrs (Years)
(12) BIRTHPLACE Dorchester Mass.	(18) BIRTHPLACE Balto City
(13) OCCUPATION Lieutenant U.S. Revenue Cutter	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 P M., on the date above stated.

(23) Signature John S Huck (Physician or Midwife)

Address 647 W Lafayette Ave

Filed May 2, 1910.

JAS. BOSLEY, M.D. REGISTRAR OF VITAL STATISTICS

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 0 3 1 0 8

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A55631

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 917 N. Calhoun St.; Ward)

(2) FULL NAME OF CHILD Alma S. Goldsborough

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		10	Yes	April 16, 1910

	FATHER	MOTHER
(8) FULL NAME	Chas. E. Goldsborough	(14) FULL MAIDEN NAME: Mary L. Russell
(9) RESIDENCE	917 N Calhoun St	(15) RESIDENCE: 917 N Calhoun St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years): 54
		(16) COLOR: White
		(17) AGE AT LAST BIRTHDAY (Years): 43
(12) BIRTHPLACE	Balto City	(18) BIRTHPLACE: St Marys Co Md
(13) OCCUPATION	Dairyman	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth	10	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P.M., on the date above stated.

(23) Signature John S. Huck M.D.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003109 (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 647 W. Lafayette Ave

Filed MAY -2 1910, 19

Registrar

Registrar

RECORD
JAS. BOSLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

155832

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1721 Gough St. ; 2 Ward)

(2) FULL NAME OF CHILD Hortense Golaner — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 30 1910

FATHER	MOTHER
(8) FULL NAME Samuel Golaner	(14) FULL MAIDEN NAME Rose Shapiro
(9) RESIDENCE 1721 Gough St	(15) RESIDENCE 1721 Gough St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Ornenitz Poland Russia	(18) BIRTHPLACE London England
(13) OCCUPATION Clerk (Wholesale Clothing)	(19) OCCUPATION Merchant (Dry Goods)
(20) Number of children born to this mother, including present birth Eight	(21) Number of children of this mother now living Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 A M., on the date above stated.

(23) Signature Alfred A. Bendick M.D.

228 S. Patterson Park Ave (Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED
MAY 2 1910
H.S. BOSLEY M.D.
REGISTRAR OF VITAL STATISTICS

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55633

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 3601 Chestnut Ave St.; 15 Ward)

(2) FULL NAME OF CHILD — Margaret Williams (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	June 29 1911

FATHER	MOTHER
(8) FULL NAME: William H. Williams	(14) FULL MAIDEN NAME: Elizabeth E. Houck. Elizabeth E. Williams
(9) RESIDENCE: 3601 Chestnut Ave	(15) RESIDENCE: 3601 Chestnut Ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 34 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 38. (Years)
(12) BIRTHPLACE: Berks County	(18) BIRTHPLACE: Carroll Co Md
(13) OCCUPATION: Grocer	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 5th	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4-15 P. M., on the date above stated.

(23) Signature: H. R. Kelley M.D.

3849 Roland Ave (Physician or Midwife)

Address 3849 Roland Ave

Filed ____, 19 .

MAY -2 1910

Registrar

S. BOSLEY M.D. REGISTRAR OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED - 1/4/12

A55634

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 726 - 35th St.; E Ward)

(2) FULL NAME OF CHILD CARRIE HELEN ROSIER

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 29 1880

FATHER

(8) FULL NAME: Charles G. Rosier

(9) RESIDENCE: 726 35th St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: Md.

(13) OCCUPATION: Railroad Breakman

(20) Number of children born to this mother, including present birth: two

MOTHER

(14) FULL MAIDEN NAME: Charlotte Rosier

(15) RESIDENCE: 726 35th St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Schuylkill Co Penna.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3-30 P. M., on the date above stated.

(23) Signature A. O'Kelly MD (Physician)

Address 354 S Roland Ave

Filed 5/2, 19 10

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 1 1 2

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

MAR FOR RECORD MAY -9 1910

G. BOSLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55635

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 420 W. Pratt st St.; Ward)

Registered No. B

(2) FULL NAME OF CHILD — Bolvinik

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 22, 1910

FATHER

(8) FULL NAME — Hyman Bolvinik

(9) RESIDENCE — 420 W. Pratt st

(10) COLOR — White

(11) AGE AT LAST BIRTHDAY — 29 (Years)

(12) BIRTHPLACE — Russia

(13) OCCUPATION — Tailor

(20) Number of children born to this mother, including present birth — 1

MOTHER

(14) FULL MAIDEN NAME — Silverman

(15) RESIDENCE — 420 W. Pratt st

(16) COLOR — White

(17) AGE AT LAST BIRTHDAY — 20 (Years)

(18) BIRTHPLACE — Russia

(19) OCCUPATION — Housework

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 a M., on the date above stated.

(23) Signature — Alfred Ullman MD (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003113

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Address ____

Filed ____, 19 ____

Registrar

RECEIVED FOR RECORD MAY 2 1910

(READ THE REVERSE SIDE) S. BOSLEY, M.D. COMM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55636

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 0[illegible] St.; Ward)

(2) FULL NAME OF CHILD — Rhea Mary Ewell — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—		Yes	Apr. 22 19[illegible]

FATHER		MOTHER	
(8) FULL NAME	Chas. Rossdale Ewell	(14) FULL MAIDEN NAME	Nellie Grace Sudlow
(9) RESIDENCE	2028 N. Calvert St.	(15) RESIDENCE	2028 N. Calvert St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	Baltimore City, Md.	(18) BIRTHPLACE	Balto. Md
(13) OCCUPATION	Insurance Actuary	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 A. M., on the date above stated.

(23) Signature — Wm. Arthur MD

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 1 1 4

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 1616 Lemmon Street

Filed ____, 19 . MAY -2 1910 Registrar

Registrar

(READ THE REVERSE SIDE)

RECORD

BOSLEY M.D
R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55637

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Marie Glatthaar — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birthst)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	1			August 27 19 10

FATHER

(8) FULL NAME Louis Glatthaar

(9) RESIDENCE 21 Carlton St

(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Painter

MOTHER

(14) FULL MAIDEN NAME Mrs Martha Bosch

(15) RESIDENCE Carlton St

(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Germany

(19) OCCUPATION housework

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Dr. Julia I. Ely (Physician or Midwife)

Address 1102 W Lexington St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 1 1 5 0

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

RECEIVED FOR RECORD MAY -2 1910 GEO. BOOLEY M.D COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55638

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No.) 716 St. Peter St. St.; Ward)

(2) FULL NAME OF CHILD Baby Lapp } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		Yes	4 15 1910

FATHER	MOTHER
(8) FULL NAME Charles Laborer Lapp	(14) FULL MAIDEN NAME Estelle Hollitzel
(9) RESIDENCE 716 St. Peter St.	(15) RESIDENCE 716 St. Peter St.
(10) COLOR White (11) AGE AY LAST BIRTHDAY 24. (Years)	(16) COLOR W. (17) AGE AY LAST BIRTHDAY 20. (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Merchant.	(19) OCCUPATION Housewife, Home duties
(20) Number of children born to this mother, including present birth 3.	(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9. A M M., on the date above stated.

(23) Signature M.C. Frilinger M.D. (Physician or Midwife)

Address 682. Columbia Ave

Filed , 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

4-0 0 0 3 1 1 0

(24) Given name added from a supplemental report , 19

Registrar

RECEIVED FOR RECORD APR 25 1910 WM. S. BOGLEY, M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55639

CITY OF BALTIMORE. (No. 2416 Madison Ave St.; Ward)

(2) FULL NAME OF CHILD Georgia K. Dunton — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 23 1910

FATHER	MOTHER
(8) FULL NAME Frederick K. Dunton	(14) FULL MAIDEN NAME Hannah C. Claybourne
(9) RESIDENCE Ramsdale Md.	(15) RESIDENCE Ramsdale Md.
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Iowa City Ia.	(18) BIRTHPLACE Houghton, Md.
(13) OCCUPATION Mine Manager	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P. M., on the date above stated.

(23) Signature J. Partridge Williams (Physician or Midwife)

Address 5 E. Eutaw St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003117

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY -2 1910 U.S. BOGLE REGISTRAR BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55640

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. B/o 311 Cathedral St.; Ward)

(2) FULL NAME OF CHILD Dorothy Holmes Hanchett (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legit. or illegit.?	(7) Date of Birth (Month) (Day) (Year)
Female		—	Legit.	April 10 1910

FATHER

(8) FULL NAME Harold G. Hanchett.

(9) RESIDENCE 311 Cathedral St

(10) COLOR White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Westfield Mass.

(13) OCCUPATION Stock Broker

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Jessie Neer.

(15) RESIDENCE 311 Cathedral St

(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Hinsfield, Kansas.

(19) OCCUPATION Wife.

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 A.M., on the date above stated.

(23) Signature John R. Abercrombie Physician

(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 1 1 8

(24) Given name added from a supplemental report , 19

Address 827 N Eutaw St

RECEIVED MAY 2 1910 H. S. BOSLEY M.D. COMR OF HEALTH

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

155641

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — Elnora

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural birth)		Yes	April (Month), 14 (Day), 19 10 (Year)

FATHER

(8) FULL NAME: Richard Watkins

(9) RESIDENCE: 1412 Jackson st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: North Carlina

(13) OCCUPATION: Fire man

(20) Number of children born to this mother, including present birth: 4

MOTHER

(14) FULL MAIDEN NAME: Christina Anaker

(15) RESIDENCE: 1412 Jackson st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 42 (Years)

(18) BIRTHPLACE: Germany

(19) OCCUPATION: House work

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.30 P.M., on the date above stated.

(23) Signature: Mrs Katie Lee Midwife (Physician or Midwife)

Address: 1705 Byrd st

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 1 1 9

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
MAY -2 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55642

CERTIFICATE CORRECTED 7-12-62

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. ; St. ; Ward)

(2) FULL NAME OF CHILD Schiefer, ~~Louisa~~ Eleanora Elizabeth (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 15 1910

FATHER

(8) FULL NAME: George Schiefer

(9) RESIDENCE: 128 N Eden st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 42 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Cooper

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Sophia Guermann

(15) RESIDENCE: 128 N Eden st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 34 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: Housework

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8:30 P.M., on the date above stated.

(23) Signature: Mrs Katie Lean (Physician or Midwife)

Address: 1705 Boyd st

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 1 2 0

RECEIVED FOR RECORD
MAY -2 1910
H. S. BOSLEY M.D.
COMM'R OF HEALTH
Registrar

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55643

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

Registered No. B.

(2) FULL NAME OF CHILD — Evelina Trucial

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			Yes	April 16 1910

FATHER	MOTHER
(8) FULL NAME: Albert Connell	(14) FULL MAIDEN NAME: Sarah Thompson
(9) RESIDENCE: 736 E. Fat ave	(15) RESIDENCE: 736 E. Fat ave
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balt
(13) OCCUPATION: Labor	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at A M., on the date above stated.

(23) Signature: Mrs Katie Lear (Physician or Midwife)

Address: 1705 Bryden

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
NOV -2 1910
S. BOSLEY, M.D.
REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55644

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Elizabeth Grace — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 12 1910

FATHER

(8) FULL NAME: Henary Calemprene

(9) RESIDENCE: 203 S Charles st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 34 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Labor

(20) Number of children born to this mother, including present birth: 7

MOTHER

(14) FULL MAIDEN NAME: Berthen Frost

(15) RESIDENCE: 2080 S Charles st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 31 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: House work

(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 A M., on the date above stated.

(23) Signature Mrs Katie Lear Midwife (Physician or Midwife)

Address 1705 Lyrd st

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

G U 0 0 3 1 2 2

RECEIVED FOR RECORD MAY -2 1910 JAS. BOBLEY M.D COMR OF HEALTH Registrar

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 155645

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

If child is not yet named, make supplemental report, as directed

(2) FULL NAME OF CHILD: Margret

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	June 3 1910

FATHER

(8) FULL NAME: Christpher Velten

(9) RESIDENCE: 313 Hamburg St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 39 (Years)

(12) BIRTHPLACE: Germany

(13) OCCUPATION: Baker

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Margret Desmones

(15) RESIDENCE: 313 Hamburg

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Germany

(19) OCCUPATION: House work

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.15 A M., on the date above stated.

(23) Signature: Mrs Katie Leon Midwife (Physician or Midwife)

Address: 1705 Byrd st

RECEIVED FOR RECORD JUN -2 1910

WM S BOSLEY M.D COMMR OF HEALTH Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 1 2 3

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55646

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2304, Chase St.; Ward)

(2) FULL NAME OF CHILD August Amtman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		4th	Married	April 27th, 1910

FATHER		MOTHER	
(8) FULL NAME	John Amtman	(14) FULL MAIDEN NAME	Cora Sadler Amtman
(9) RESIDENCE	2304 Chase St.	(15) RESIDENCE	2304 Chase St.
(10) COLOR	White	(16) COLOR	
(11) AGE AT LAST BIRTHDAY (Years)	31	(17) AGE AT LAST BIRTHDAY (Years)	31
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Laborer	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 P M., on the date above stated.

RECEIVED FOR RECORD MAY -2 1910 BOARD OF HEALTH

(23) Signature Mrs H. Krow (Physician or Midwife)

Address 203 N. Washington St.

Filed April 30th, 1910 Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 U 0 0 3 1 2 4

(24) Given name added from a supplemental report ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 455647

CITY OF BALTIMORE. (No. 1436, Anthony St.; Ward)

(2) FULL NAME OF CHILD August - William Mount (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		5th	Married	April 21st, 1910

FATHER		MOTHER	
(8) FULL NAME	James Mount	(14) FULL MAIDEN NAME	Marie (Mount) Helfrich
(9) RESIDENCE	1436 Anthony St.	(15) RESIDENCE	1436 Anthony St.
(10) COLOR	White	(16) COLOR	
(11) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years)	31
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Stone - Cutter	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 P. M., on the date above stated.

(23) Signature Mrs H. Kron Midwife (Physician or Midwife)

Address 203 N. Washington St.

Filed April 30th, 1910

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

CERTIFIED FOR RECORD
BOSLEY M.D.
COMM'R OF HEALTH

0 0 0 3 1 0 2 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE AMENDED - 7/9/69

Registered No. B 455648

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 1914, W. Montford Ave St.; Ward)

(2) FULL NAME OF CHILD — John Philip ~~Preller~~ PRELL

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		5th	Married	April 18th, 1910

FATHER

(8) FULL NAME — ~~John Preller~~ GEORGE PRELL

(9) RESIDENCE — 1914 N. Montford Ave

(10) COLOR — White

(11) AGE AT LAST BIRTHDAY — 30 (Years)

(12) BIRTHPLACE — Baltimore

(13) OCCUPATION — Presser - Tailor

(20) Number of children born to this mother, including present birth — 5

MOTHER

(14) FULL MAIDEN NAME — ~~Preller~~ Julia Ruth

(15) RESIDENCE — 1914 N. Montford Ave

(16) COLOR — White

(17) AGE AT LAST BIRTHDAY — 25 (Years)

(18) BIRTHPLACE — Baltimore

(19) OCCUPATION — Housekeeper

(21) Number of children of this mother now living — 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 A.M., on the date above stated.

(23) Signature — Mrs H Strom, Midwife (Physician or Midwife)

Address — 203 N. Washington St.

Filed April 30th, 1910

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55649

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1413 Lamont ave St.; Ward)

(2) FULL NAME OF CHILD Thomas Robert [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April, (Day) 23, 19 (Year) 10
Male	—	—	Yes	

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Thomas John Cadwallader	Mary Ann Thomas
(9) RESIDENCE / (15) RESIDENCE	No. 1413 Lamont ave	No 1413 Lamont ave
(10) COLOR / (11) AGE AT LAST BIRTHDAY (Years) / (16) COLOR / (17) AGE AT LAST BIRTHDAY (Years)	White 39 years	White 36 years
(12) BIRTHPLACE / (18) BIRTHPLACE	England	Pennsylvania
(13) OCCUPATION / (19) OCCUPATION	Electrician	Housewife

(20) Number of children born to this mother, including present birth 4 — (21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.15 A. M., on the date above stated.

(23) Signature A. R. Elsewell, M.D. (Physician or Midwife)

Address NOV 2 1910 1741 Harford ave

Filed 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this form. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report 19 .

Registrar

U 0 0 3 1 2 7

REGISTRAR OF RECORD

J. S. BOSLEY, M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Dwell

A55650

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Anthony St.; Ward)

(2) FULL NAME OF CHILD Jerome Raymond Hipsley. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.			Yes	4 24 1910

FATHER	MOTHER
(8) FULL NAME James E. Hipsley.	(14) FULL MAIDEN NAME Annie May Manning
(9) RESIDENCE 1607 Mc Henry St	(15) RESIDENCE 1607 Mc Henry St
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 25. (Years)
(12) BIRTHPLACE Cecil Md.	(18) BIRTHPLACE Baltimore, Md
(13) OCCUPATION Carpenter.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.30 P M., on the date above stated.

(23) Signature Henry R. Manning

(Physician or Midwife)

Address 1603 Mc Henry St

Filed ____, 19 ____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 1 2 8

MAY -2 1910

JOHN S. BUDLEY M.D. COMMISSIONER OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55651

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 807 N Strieker St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		4	Yes	April 30, 1910

FATHER	MOTHER
(8) FULL NAME Edmund L. Bosley	(14) FULL MAIDEN NAME Nellie J. Canfield
(9) RESIDENCE 807 N Strieker St	(15) RESIDENCE 807 N Strieker St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 29 yrs (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 yrs (Years)
(12) BIRTHPLACE Balto City	(18) BIRTHPLACE Balto City
(13) OCCUPATION Clerk	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 1/2 P M., on the date above stated.

(23) Signature John L Huck (Physician or Midwife)

Address 647 Fairmount Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

NOT VALID FOR RECORD
MAY -2 1910
WAS. BOSLEY M.D
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55652

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2422 Clifton Ave. St.; Ward)

(2) FULL NAME OF CHILD Holmes Stanislaus Weinert

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	April 13 19 10

(To be answered only in event of plural birth) (Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Albert Edward Weinert.	(14) FULL MAIDEN NAME	Katherine Teresa Holmes
(9) RESIDENCE	2422 Clifton Ave.	(15) RESIDENCE	2422 Clifton Ave.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	33	(17) AGE AT LAST BIRTHDAY (Years)	33
(12) BIRTHPLACE	Baltimore Md.	(18) BIRTHPLACE	Newberry Port Mass.
(13) OCCUPATION	Clerk.	(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 a. M., on the date above stated.

(23) Signature J. K. Arthur M.D. (Physician or Midwife)

Address 10.6 W Lexington St.

Filed _____, 19 .

(24) Given name added from a supplemental report _____, 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

{ 1910 U 0003130 }

RECEIVED FOR RECORD MAY 2 1910 Registrar

WM. S. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

55653

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD John — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		6 1/2	Yes	April 22 1910

FATHER

(8) FULL NAME: John F. Eckert

(9) RESIDENCE: 1707 Clarkson st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 42 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Labr

(20) Number of children born to this mother, including present birth: 12

MOTHER

(14) FULL MAIDEN NAME: Frances W Stinger

(15) RESIDENCE: 1705 Clarkson

(16) COLOR: White

(17) AGE AT LAST BIRTHDAT: 39 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: House work

(21) Number of children of this mother now living: 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P M., on the date above stated.

(23) Signature: Mrs Katie Lee (Physician or Midwife)

Address: 1705 Boyd st

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD MAY -2 1910 WM. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55654

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Edna (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	April 22 1910

FATHER	MOTHER
(8) FULL NAME: Harry Gober	(14) FULL MAIDEN NAME: Clara Menneter
(9) RESIDENCE: 201 Mc Comas st	(15) RESIDENCE: 201 Mc Comas st
(10) COLOR: white (11) AGE AT LAST BIRTHDAY: 35 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 35 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Laba	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9. A M., on the date above stated.

(23) Signature Mrs Kate Lee (Physician or Midwife)

Address 305 Byrd st

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 1 3 2

RECEIVED FOR RECORD MAY -2 1910 THOS. EDSLEY M.D. REGISTRAR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55655

(1) PLACE OF BIRTH No 625 S. Dallas st. Registered No. B.

CITY OF BALTIMORE. (No. St.; 2nd Ward)

(2) FULL NAME OF CHILD Karul Gurecki. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.			yes.	April 15th 1910.

FATHER	MOTHER
(8) FULL NAME Peter Gurecki.	(14) FULL MAIDEN NAME Wenda Hotkoska.
(9) RESIDENCE No 625 S. Dallas st.	(15) RESIDENCE 625 S. Dallas st.
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Polland.	(18) BIRTHPLACE Poland.
(13) OCCUPATION Laborer.	(19) OCCUPATION Hous Work.
(20) Number of children born to this mother, including present birth 6.	(21) Number of children of this mother now living 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 625 S. Dallas st M., on the date above stated.

(23) Signature Mrs. Annie Fisher. 0 0 0 3 1 3 3

Midwife (Physician or Midwife)

Address No 720 S. Bond st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

DEC -2 1910
JAS. BOSLEY
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55656

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Robert St.; Ward)

(2) FULL NAME OF CHILD Charles Joseph Schwartz

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 16 1910

	FATHER	MOTHER
(8) FULL NAME	Charles (Swartz)	(14) FULL MAIDEN NAME Mary (Locker)
(9) RESIDENCE	20[illegible] E Barney st	(15) RESIDENCE 206 E Barney st
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years) 31
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE Balto
(13) OCCUPATION	Laborer	(19) OCCUPATION House work
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.30 P.M., on the date above stated.

(23) Signature Mrs Katie Lear (Physician or Midwife)

Address 1705 Byrd st

Filed , 19 .

Registrar

(24) Given name added from a supplemental report , 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 3 1 3

RECEIVED FOR RECORD MAY -2 1910

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

A 55657

RETURN O[illegible]

To the Office of Registrar of Vital Statistics, [illegible]

A 55657

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child, [illegible]
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth April 24, 1910
5. Place of Birth, (Street and number) 901 W Fayette St,
6. Full name of Mother, Mamie Cox
7. Mother's Maiden Name, Mamie Cox
8. Mother's Birthplace, Balto,
9. Full name of Father, Peter Fonnagher
10. Father's Occupation, Fromm Notions
11. Father's Birthplace, Balto, Md.

Name of Medical Attendant, or other person who makes this Return,

Address, 317 N. Carrollton

Remarks. 19 00003135

[illegible] PREC[illegible]

[illegible] REGISTRAR OF

A55658

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* April 18, 1910
6. *Place of Birth, (Street and number)* 913 Streeper St.
6. *Full name of Mother,* Jennie Walhaiser
7. *Mother's Maiden Name,* Jennie Hubard
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Michael Walhaiser
10. *Father's Occupation,* Fireman
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 S Clinton St

Remarks,

19100003136

RECEIVED FOR RECORD MAY 12 1910 J.S. BOSLEY M.D. COM'R OF HEALTH

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive) and the name and surname of its parents; the date and place of birth; and the sex and color of each child, which return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall be the duty of the person or parents of such child to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A55659

RETURN OF A BIRTH.

GIVEN NAME ADDED 10-5-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAY -2 1910
S. BOSLEY, M.D.
COMM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Jefferson Laurance
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, April 10 1910
6. Place of Birth, (Street and number) 3015 Hudson St
6. Full name of Mother, Catherine Bromley
7. Mother's Maiden Name, Catherine Badley
8. Mother's Birthplace, Balto
9. Full name of Father, Ernest Bromley
10. Father's Occupation, Mate on a boat
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St

Remarks,

1910000 03137

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if such child be still-born, the said schedule shall be delivered, duly signed by the person or persons upon whom it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* April 23, 1910
6. *Place of Birth, (Street and number)* 2836 Dillon St.
6. *Full name of Mother,* Belle Byer
7. *Mother's Maiden Name,* Belle Boyd
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* John Byer
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 824 S. Canton St.

Remarks,

RECORDED OR
MAY 2 1910
JOHN S. ROLEY M.D.
COMMR OF HEALTH

1910 00031138

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any child be still-born, the fact shall be stated,) the name and surname of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the nurse in attendance, and in the absence of such nurse, of the father, mother, or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) seventh

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* April 22 1910
6. *Place of Birth, (Street and number)* 2436 Forster Ave
6. *Full name of Mother,* Margarete Stuver
7. *Mother's Maiden Name,* Margarete Smith
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* William Stuver
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 824 S. Canton St,

Remarks,

1 9 1 0 0 0 0 3 1 3 9

RECEIVED FOR RECORD
MAY -2 1910
H. BOSLEY M.D.
COMMR. OF HEALTH

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive since the last return,) the full name and occupation of its parents; the date and place of birth; and the said other matters required by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected, to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eighth

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* April 29, 1910
6. *Place of Birth, (Street and number)* 616 Luzerne St.
6. *Full name of Mother,* Emma Williams
7. *Mother's Maiden Name,* Emma Hudson
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* James Williams
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayze

Address, 824 S. Canton Sq.

Remarks,

19100003140

RECEIVED FOR RECORD MAY -2 1910 A. D. BOOLEY M.D. REGISTRAR OF HEALTH

Sec. 11. It shall be the duty of the parent or parents of each child born in the City of Baltimore, or in case of their absence, or inability, the duty of the occupant of the house in which such child shall be born, or of the nurse in attendance upon the mother, and of the physician or midwife, if any there be, to report to the Commissioner of Health the full name of such child, if it has been named, the full name and residence of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health, which report shall be made in writing, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the occupant of the house in which such birth occurs, or of the nurse in attendance upon the mother, to report the same as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Samuel Berkowitz
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* April 17, 1910.
6. *Place of Birth, (Street and number)* 718 N. Grant St
6. *Full name of Mother,* Wilma Berkowitz
7. *Mother's Maiden Name,* " Abrahamson
8. *Mother's Birthplace,* Hungary
9. *Full name of Father,* Louis Berkowitz
10. *Father's Occupation,* Merchant
11. *Father's Birthplace,* Hungary

Name of Medical Attendant, or other person who makes this Return, J.C. Knapp M.D.

Address, 1716 E. Baltimore St.

Remarks,

RECEIVED FOR RECORD APR 2 1910 J. BOSLEY M.D. REGISTRAR OF HEALTH

1910 00 03 141

Section 1. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of its parents; the date and place of birth; and the said schedule shall be delivered every month, to the office of Commissioner of Health, in the manner and within the period prescribed by the Board of Health. Section 2. And be it further ordained, That a certificate be made by the practitioner in the form of a certificate hereinafter set forth, as far as the same can be ascertained, in each case of the birth of any child to which he or she may be called, and shall become the duty of the person or parents of such child to report its birth within the period and in the manner aforesaid, and in default of such certificate and report, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall become the duty of the person having charge of such child, without the attendance of a physician or midwife, to report the birth of such child to the Commissioner of Health, in the manner and within the period aforesaid. Section 3. And be it further ordained, That all persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 455664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Name of child,* Baustwiller
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* _____
4. *Date of Birth* 30th April
5. *Place of Birth, (Street and number)* 740 Frederick ave
6. *Full name of Mother,* Mrs. Gertrude May Baustwiller
7. *Mother's Maiden Name,* Miss Gertrude Brogler
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* William Hamilton Baustwiller
10. *Father's Occupation,* Hatter
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Frederick Reuter

Address, 2116 W. Pratt

Remarks, _____

L 2 1 0 0 0 0 3 1 4 2

A true and correct Register of each Birth occurring in a family shall be entered in the same on blank schedule to be furnished by the Commissioner of Health. The record shall set forth as far as the same can be ascertained the full name of each child born, the sex and color, the date and place of birth, and the full name, residence and occupation of the parents. The name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled to the Office of Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. No certificate or record of birth shall be required or received for registration or recording in the Office of the Commissioner of Health, unless the same shall be presented within one year after the birth of the child. No burial shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the undertaker to whom application for burial is made shall become the duty of the person or parents of such child, to report, as required by this section, to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1

1. *Name of Child,* William Henry Sheldon
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 26 th day of April, 1 Town Street
6. *Place of Birth, (Street and number)* 442 East Lexington Street
6. *Full name of Mother,* Sylvia Genevieve Sheldon
7. *Mother's Maiden Name,* Sylvia Genevieve Clancy
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* William Henry Sheldon
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return Miss Margaret A. Lambert

Address, 17 East Hill St

Remarks, All Mother and Baby doing well

1910000 3143

RECEIVED FOR RECORD MAY -2 1910 S. BOSLEY M.D. REGISTRAR OF HEALTH

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered duly signed to the Registrar of Vital Statistics on the first day of each month thereafter. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person to whom application is made for a certificate of birth, to make a personal examination and obtain the particulars required and such person shall within the time above specified report the case to the Registrar of Vital Statistics, and any person neglecting or refusing to perform any duty required of him by this section shall be hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 455666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Name of Child, Unknown
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 20th of April
6. Place of Birth, (Street and number) 1058 Hamburg St.
6. Full name of Mother, Theadora Pardue
7. Mother's Maiden Name, Theadora Conway
8. Mother's Birthplace, Balto. Md.
9. Full name of Father, Thos Noble Pardue
10. Father's Occupation, Ship Joiner
11. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Margret K Lambert

Address, 178 E. Hill St.

Remarks, Mother and baby doing well

9100003144

RECORD OF BIRTHS AND DEATHS FOR BALTIMORE CITY
MAY -2 1910
REGISTERED BY H.G. BOSLEY M.D.
BOARD OF HEALTH

Every midwife, physician, surgeon or other person who shall attend upon any birth shall make a return thereof to the Commissioner of Health, which return shall contain a list of the births that have occurred in the practice of such midwife, physician, surgeon or other person during the month, and shall set forth as far as the same can be ascertained, the full name of each child; if any shall have been still born; the full name and occupation of its parents; the date and place of birth; and the said returns shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or surgeon, or if such child shall be still born, the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Name of Child, James Joseph Tribus
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, 21st April
6. Place of Birth, (Street and number) 734 Orange of Fairmount
6. Full name of Mother, Mary Tracy Tribus
7. Mother's Maiden Name, Mary Hynds
8. Mother's Birthplace, Baltimore
9. Full name of Father, James Tribus
10. Father's Occupation, Coal Trader
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Margaret A. Lambert

Address, 17 E. Hill St.

Remarks, Mother and baby doing well

1910 0003145

RECORD FOR [illegible] 1910 H. S. BOSLEY M.D. COMMISSIONER OF HEALTH

The [illegible] shall not forth as far as the same can be ascertained, the [illegible] of each child born alive within the limits of [illegible] and the name of each child (if named) the sex and color of each child, (if born alive) the date and place of birth; and the full name, birthplace, occupation and residence of its parents; the date and place of birth; and the said record shall be signed by the practitioner in the form of a certificate to between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 455668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Name of child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* April the 3d 1910
5. *Place of Birth, (Street and number)* 1517 Rose St.
6. *Full name of Mother,* Helen Vogel
7. *Mother's Maiden Name,* Stacker
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* William Vogel
10. *Father's Occupation,* Farmer
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Sailer

Address, 1622 E. Carlson Str.

Remarks,

19100003146

RECEIVED FOR RECORD
APR 5 1910
REGISTRY OF VITAL STATISTICS
BOARD OF HEALTH

the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the name and surname of the parents, the sex of the child, the color or race, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the said certificate may be signed by a midwife, or by the nearest relative present, who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 455669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 9

1. *Name of child,* David Cohen
2. *Sex,* (*state whether male or female*) Male
3. *Race or color,* (*if not of the White Race*) White
4. *Date of Birth* April 6 1910
5. *Place of Birth,* (*Street and number*) 693 E. Lexington St.
6. *Full name of Mother,* Katie Cohen
7. *Mother's Maiden Name,* Katie Cohen
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Wolf Cohen
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Jamie Silverman

Address, 628 E. Baltimore St.

Remarks,

19100003147

RECEIVED FOR RECORD MAY -3 1910 [illegible]

Every case during the month and shall, on or before the fifth day of the next month, report to the Registrar of Vital Statistics a list of the births which have occurred under his or her care

RETURN OF A BIRTH. A55670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of child, Benne Ludwig
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth April Fifteen 15 1910
5. Place of Birth, (Street and number) 112 N. Bond St.
6. Full name of Mother, Ida Ludwig
7. Mother's Maiden Name, Ida Ludwig
8. Mother's Birthplace, Russia
9. Full name of Father, Samuel Ludwig
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Jeanne Silverman

Address, 828 E. Baltimore St.

Remarks, 1910000 3148

RECEIVED
DEC 3 1910
BOARD OF HEALTH

the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as he same can be ascertained from the parents, the date of each birth, the name and sex of each child, the color or race, the name and residence of the parents, the occupation of the father, the number of children born to the mother, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwifery, or should no other person be required by the Commissioner of Health to report such birth, the parent or parents of such child shall become the informant and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 453671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 7

1. *Name of child,* Adam 1 y 6 ms
2. *Sex,* (*state whether male or female*) Male
3. *Race or color,* (*if not of the White Race*) White
4. *Date of Birth* April 22 1912
5. *Place of Birth,* (*Street and number*) 1426 Gough St.
6. *Full name of Mother,* Mary 1 y 6 ms
7. *Mother's Maiden Name,* Viard Kalbarski
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Louis 8 y 6 ms
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Janine Lippman

Address, 828 E Baltimore St

Remarks,

1910003149

RECEIVED FOR RECORD
MAY 3 1910
JOHN S. ROSLEY, M.D.
COMMISSIONER OF HEALTH

The Commissioner of Health. This schedule shall contain a list of the Births which have occurred in his or her care during the month, and shall set forth, as far as the facts are known, the full name of each child, (if any shall have been registered, duly signed by the practitioner in the form of a certificate, or by the parent or nearest relative present at the birth, or in case of the absence of both parents, by the householder or owner of the premises where the birth occurred, or by the manager or superintendent of the institution where the birth occurred,) and every month to the office of Commissioner of Health, on or before the first and third day of each and every month, immediately thereafter it shall become the duty of said person to report its birth to the Commissioner of Health, in the manner and form required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* Harry Aschner Ruchlyn
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* April 4 1914
5. *Place of Birth, (Street and number)* 1006 E. Pratt St.
6. *Full name of Mother,* Nettie Harris Ruchlyn
7. *Mother's Maiden Name,* Nettie Aschner
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Sam Aschner
10. *Father's Occupation,* Box Manufacturer
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Jayne Silverman

Address, 828 E. Baltimore St.

Remarks,

1910003150

RECEIVED
OCT -3 1910
REGISTRAR OF VITAL STATISTICS
BOARD OF HEALTH

the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or their observation during the month, and shall set forth as far as the same can be ascertained the full name or names, sex, color, the full name and residence of the parents, the date and place of birth; and the said officer or each of them shall sign the list and make oath before a notary public or other officer authorized to administer oaths that the certificate between the first and third day after the birth of each child mentioned therein. Every midwife or other person who shall attend upon the mother of a newly born child, or in default thereof the nearest relative present at the birth, or in default thereof the householder in whose house the birth occurs, or in default thereof the person having charge of such child, shall become the duty of the person so attending to report its birth to the Commissioner of Health in the manner and within the period above prescribed, and shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Name of child, Joe Kolker
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth 106 Aberdeen St.
5. Place of Birth, (Street and number) April 21 1910
6. Full name of Mother, Rosie Kolker
7. Mother's Maiden Name, Rosie Tesil
8. Mother's Birthplace, Russia
9. Full name of Father, Louis Kolker
10. Father's Occupation, Peddler
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silverman

Address, 828 E. Baltimore St.

Remarks,

1910003151

RECEIVED FOR RECORD
MAY -3 1910
REGISTRAR BD OF HEALTH

Any practitioner in the State of Maryland who shall neglect to report to the Commissioner of Health any case of birth as required by this section shall be guilty of a misdemeanor and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense.

RETURN OF A BIRTH.

455674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Name of child, Dark Gardner
2. Sex, (state whether male or female) Mal
3. Race or color, (if not of the White Race) White
4. Date of Birth April 19 10
5. Place of Birth, (Street and number) 213 N. Bond
6. Full name of Mother, Rebecca Gardner
7. Mother's Maiden Name, Rebecca Pistrak
8. Mother's Birthplace, Russia
9. Full name of Father, Louis Gardner
10. Father's Occupation, Carpenter
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fanny Silberman

Address, 828 E. Baltimore St.

Remarks,

RECEIVED FOR RECORD MAY 3 1910 H.S. BOSLEY, M.D. COMR OF HEALTH

1910000031 52

Failure to make this return as required by law, or to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

155675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of child, Anton Fowdar
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth April 7 10
5. Place of Birth, (Street and number) 214 S Styles St
6. Full name of Mother, Eda V Fowdar
7. Mother's Maiden Name, Eda Turner
8. Mother's Birthplace, Russia
9. Full name of Father, Nysmyn Fowdar
10. Father's Occupation, Peddler
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Francis Atkinson

Address, 828 E. Baltimore St

Remarks,

1910000315 3

RECEIVED
RECORDED
JAS. BDS.
ARO

In case the birth of any child be in attendance upon the mother, it shall be the duty of the physician, midwife, or other person in attendance upon the mother at such birth to deliver to the parent or parents of such child, or to the person with whom such child shall be, a certificate containing the information required by this schedule, and within the period of ten days thereafter to deliver to the Commissioner of Health, or to the registrar appointed by him, a return containing the information required by this schedule, and the date and place of delivery, the first and third days of which shall be excluded; and if any physician, midwife, or other person in attendance upon the mother at such birth shall become the duty of the parent or parents of such child, or of the person with whom such child shall be, to deliver such certificate to the Commissioner of Health, or to the registrar appointed by him, a return containing the information required by this schedule, and within the period of ten days thereafter to deliver to the Commissioner of Health, or to the registrar appointed by him, a return containing the information required by this schedule, and the date and place of delivery, the first and third days of which shall be excluded; and if any physician, midwife, or other person in attendance upon the mother at such birth shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55676

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ; St. ; Ward)

(2) FULL NAME OF CHILD Andrew Donald Smith — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	1	1	yes	April 25 1910

FATHER	MOTHER
(8) FULL NAME John J. Smith	(14) FULL MAIDEN NAME Lillie M. Doyle
(9) RESIDENCE 509 E. Clement St	(15) RESIDENCE 509 E. Clement St
(10) COLOR white (11) AGE AT LAST BIRTHDAT 28 (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Balto.	(18) BIRTHPLACE Liverpool England
(13) OCCUPATION Shipjoiner	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

Number of each, in order of birth, write 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 a. M., on the date above stated.

(23) Signature Mrs Elizabeth Yewell.

U 0 0 3 1 5 4

(Physician or Midwife)

Address 618 E. Fort Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

RECEIVED FOR RECORD MAY 3 1910 JAS. H. BLOOD, M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455677

(1) PLACE OF BIRTH — GIVEN NAME ADDED 1-22-52 — Registered No. B.

CITY OF BALTIMORE. (No. 1242 William St. ; Ward)

(2) FULL NAME OF CHILD — James Hillery Gettman — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	1	1	yes	April 29 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: Jacob Georg Gettmann	(14) FULL MAIDEN NAME: Margaret R. Gettemann
(9) RESIDENCE: 1242 William St	(15) RESIDENCE: 1242 William St
(10) COLOR: white — (11) AGE AT LAST BIRTHDAY: 24 (Years)	(16) COLOR: white — (17) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: Balto.	(18) BIRTHPLACE: Balto.
(13) OCCUPATION: Driver	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

number of sides, in order of birth, state

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 o'clock a. M., on the date above stated.

(23) Signature: Mrs. Elizabeth Yewell (Physician or Midwife)

0 0 0 3 1 5 5

Address: 618 E. Fort Ave.

Filed MAY -3 1910, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

55678

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE, (No. 416 Folsom St. ; St. ; Ward)

(2) FULL NAME OF CHILD Harry B. Kelly. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	April 28th, 1910

(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: William J. Kelly	(14) FULL MAIDEN NAME: Elizabeth McNamara
(9) RESIDENCE: 416 Folsom St	(15) RESIDENCE: 416 Folsom St
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 28 (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Baltimore Md	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Engineer	(19) OCCUPATION: H W
(20) Number of children born to this mother, including present birth: one	(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.10 P. M., on the date above stated.

(23) Signature: Howard Lobdell M.D. (Physician or Midwife)

Address: 1 W Franklin Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 10 00315

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed MAY -3 1910, 19 ____

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 55679

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 310, E Swallwood St.; Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	April 28th, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Ernest E. Burns	(14) FULL MAIDEN NAME Florence V. Taylor
(9) RESIDENCE 310 E Swallwood St	(15) RESIDENCE 310 E Swallwood St
(10) COLOR white (11) AGE AT LAST BIRTHDAY 41 (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Montgomery Co Md	(18) BIRTHPLACE Howard County Md
(13) OCCUPATION Carpenter	(19) OCCUPATION H W.
(20) Number of children born to this mother, including present birth 12	(21) Number of children of this mother now living 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.20 A. M., on the date above stated.

(23) Signature J Howard Eglestad MD (Physician or Midwife)

Address 539 Cathedral Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003157

(24) Given name added from a supplemental report _____, 19

_____ Registrar

Filed May 3 1910, 19

RECORD

_____ Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455680

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 511 S. Port St. St.; Ward)

Registered No. B

(2) FULL NAME OF CHILD — Gunkle

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 1st, 1910

FATHER	MOTHER
(8) FULL NAME — George Gunkle	(14) FULL MAIDEN NAME — Mary Clare Tyer
(9) RESIDENCE — 511 S. Port St	(15) RESIDENCE — 511 S. Port St.
(10) COLOR — White (11) AGE AT LAST BIRTHDAY — 31 (Years)	(16) COLOR — White (17) AGE AT LAST BIRTHDAY — 31 (Years)
(12) BIRTHPLACE — Baltimore	(18) BIRTHPLACE — Baltimore
(13) OCCUPATION — Laborer	(19) OCCUPATION — House-wife
(20) Number of children born to this mother, including present birth — 4	(21) Number of children of this mother now living — 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5 P. M., on the date above stated.

(23) Signature — Mrs Mary M Taylor (Physician or Midwife)

Address — 611 S. Patterson Park Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

RECORD
APR -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

Film D508

CERTIFICATE AMENDED 6/8/17 MR

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A55681

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2404 Fairview St.; Ward)

(2) FULL NAME OF CHILD — Gray, John Howard — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 1st 19 10

FATHER

(8) FULL NAME — William Gray.

(9) RESIDENCE — 2404 Fairview

(10) COLOR — White (11) AGE AT LAST BIRTHDAY — 23 (Years)

(12) BIRTHPLACE — Baltimore.

(13) OCCUPATION — Laborer

MOTHER

(14) FULL MAIDEN NAME — Ida Bertha Hisley.

(15) RESIDENCE — 2404 Fairview

(16) COLOR — White (17) AGE AT LAST BIRTHDAY — 21 (Years)

(18) BIRTHPLACE — Baltimore.

(19) OCCUPATION — House-wife

(20) Number of children born to this mother, including present birth — 3

(21) Number of children of this mother now living — 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.45 P. M., on the date above stated.

(23) Signature — Wm. Wood L. Taylor. (Physician or Midwife)

Address — 2404 Fairview St.

Filed MAY -8 1910, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 1 5 9

RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 155682

CITY OF BALTIMORE. (No. 635 S. Patterson Ave. St.; Ward)

(2) FULL NAME OF CHILD — Felix

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 10th, 1910

FATHER	MOTHER
(8) FULL NAME: Frederick Felix	(14) FULL MAIDEN NAME: Emma Philips
(9) RESIDENCE: 635 S. Patterson Ave	(15) RESIDENCE: 635 S. Patterson Ave
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 31	(17) AGE AT LAST BIRTHDAY (Years): 36
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Shipwright	(19) OCCUPATION: None - wife
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 2

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7-45 a. M., on the date above stated.

(23) Signature: Alice Mary L. Taylor (Physician or Midwife)

Address: 641 S. Patterson Ave

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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EXAMINED RECORD MAY -2 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

55683

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 44 E. East Ave St.; Ward)

(2) FULL NAME OF CHILD — Ott

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 4th 1910

FATHER

(8) FULL NAME	George Ott.
(9) RESIDENCE	44 E. East Ave.
(10) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	28
(12) BIRTHPLACE	Baltimore
(13) OCCUPATION	Laborer.

MOTHER

(14) FULL MAIDEN NAME	Anna Bell Cole
(15) RESIDENCE	44 E. East Ave.
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	23
(18) BIRTHPLACE	Baltimore
(19) OCCUPATION	House-wife

(20) Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living 3

Number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11— P. M., on the date above stated.

(23) Signature Dr. Mary M. Taylor (Physician or Midwife)

Address 611 S. Patterson Park Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 3 1 6 1

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

56684

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 324 S. Castle St. St.; Ward)

(2) FULL NAME OF CHILD — Bradyhouse

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 26th 1910

FATHER	MOTHER
(8) FULL NAME Clarence Bradyhouse	(14) FULL MAIDEN NAME Emma Smith.
(9) RESIDENCE 324 S. Castle St.	(15) RESIDENCE 324 S. Castle St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Laborer	(19) OCCUPATION House-wife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

Number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 - a. M., on the date above stated.

(23) Signature Mrs Mary M. Taylor

(Physician or Midwife)

Address 612 S. Patterson Park Ave

Filed , 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 3 1 6 2

MAY -3 1910

BOOLEY M.D. PROF. HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 55685

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 26 N. Canton St; St.; Ward)

(2) FULL NAME OF CHILD — Vogt.

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 29, 1910

FATHER

(8) FULL NAME: Henry J. Vogt.

(9) RESIDENCE: 26 N. Canton St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 38 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Police.

MOTHER

(14) FULL MAIDEN NAME: Mary E. Lemmon

(15) RESIDENCE: 26 N. Canton St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 31 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: House-wife

(20) Number of children born to this mother, including present birth: 9

(21) Number of children of this mother now living: 5.

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1-30 A. M., on the date above stated.

(23) Signature: Mrs Mary M. Taylor, (Physician or Midwife)

Address: 641 S. Patterson Park Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 1 6 3

(24) Given name added from a supplemental report ____, 19

Filed MAY -3 1910, 19

Registrar

Registrar

JAS. BOOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455636

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 520 S. Ann St. St.; Ward)

(2) FULL NAME OF CHILD Rasczja

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 29th, 1910

FATHER		MOTHER	
(8) FULL NAME	J. A. Rasczja	(14) FULL MAIDEN NAME	Flossie Coe
(9) RESIDENCE	520 S. Ann St.	(15) RESIDENCE	520 S. Ann St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	26	(17) AGE AT LAST BIRTHDAY (Years)	23
(12) BIRTHPLACE	Germany.	(18) BIRTHPLACE	Michigan.
(13) OCCUPATION	Musician	(19) OCCUPATION	House-Wife

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

number of sock, in or ler of birth, state.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 12-30 P. M., on the date above stated.

(23) Signature Mrs Mary M. Taylor. (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 1 6 4

Address 624 S. Patterson Park Ave

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

APR -8 1910

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

CERTIFICATE AMENDED - 4/19/72

HEALTH DEPARTMENT - CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55687

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 5 cor Curley st. St.; Ward)

(2) FULL NAME OF CHILD LAWRENCE Henry Foertsh.

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 15 1910

FATHER

(8) FULL NAME Lorenz Foertsh.

(9) RESIDENCE 5 cor Curley st.

(10) COLOR White. (11) AGE AT LAST BIRTHDAY 39. (Years)

(12) BIRTHPLACE Germany.

(13) OCCUPATION Mattressmaker.

MOTHER

(14) FULL MAIDEN NAME Elizabeth M. Ellingham

(15) RESIDENCE 5 cor Curley st.

(16) COLOR White. (17) AGE AT LAST BIRTHDAY 37. (Years)

(18) BIRTHPLACE Baltimore Md.

(19) OCCUPATION Housewife.

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living 8.

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 cor Curley st. M., on the date above stated.

(23) Signature Antonia M. Jirus. Midwife. (Physician or Midwife)

Address 6 cor Port st

Filed May 6, 1910.

JAS. EDGLEY M.D. REGISTRAR BOARD OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

10 U 003165

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Cover

(1) PLACE OF BIRTH — Joseph J. King — Registered No. B. 155688

CITY OF BALTIMORE, (No. 403 e. Chaspel st. St.; Ward)

(2) FULL NAME OF CHILD (Ignatius Koenig) — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 22 1910

numbers of each, in order of birth, stated

FATHER

(8) FULL NAME: Ignatius B. Koenig.

(9) RESIDENCE: 403 e. Chaspel st

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 42. (Years)

(12) BIRTHPLACE: Washington D. C.

(13) OCCUPATION: Laborer.

MOTHER

(14) FULL MAIDEN NAME: Maria Frank.

(15) RESIDENCE: 403 e. Chaspel st

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 42. (Years)

(16) BIRTHPLACE: Germany

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 11.

(21) Number of children of this mother now living: 8.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 403 e. Chaspel st M., on the date above stated.

(23) Signature: Antonia M. Jinis. M.D. (Physician or Midwife)

Address: 6 e. Pratt st.

Filed: May 1, 1910.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Registrar

MAY -3 1910

JAS. BOSLEY M.D. COMM'R OF HEALTH Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55689

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1214 S. Canton st. St.; Ward)

(2) FULL NAME OF CHILD Stanislaw Bogucki. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 12 1910

FATHER	MOTHER
(8) FULL NAME Michael Bogucki.	(14) FULL MAIDEN NAME Katie Richwalski.
(9) RESIDENCE 1214 S. Canton st.	(15) RESIDENCE 1214 S. Canton st.
(10) COLOR White. (11) AGE AT LAST BIRTHDAT (Years) 22.	(16) COLOR White. (17) AGE AT LAST BIRTHDAT (Years) 21.
(12) BIRTHPLACE Germany.	(18) BIRTHPLACE Germany.
(13) OCCUPATION Laborer.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 1.	(21) Number of children of this mother now living 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1214 S. Canton st. M., on the date above stated.

(23) Signature Antonia M. Jinks. U 0 0 3 1 6 7 M. D. (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Address 6 E. Pratt st. Baltimore Md.

Filed May 1. 1910. MAY -3 1910

Registrar

Registrar

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JAS. BOSLEY M.D. REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55890

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 116 Gittings St.; 24 Ward)

(2) FULL NAME OF CHILD Oliver Curtis Frazier — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	Apr. 9, 1910 (Month, Day, Year)

(To be answered only in event of plural births)

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Wm Rhodes Frazier	(14) FULL MAIDEN NAME Clara Ann Johnson
(9) RESIDENCE 116 Gittings St	(15) RESIDENCE 116 Gittings St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Md	(18) BIRTHPLACE Md
(13) OCCUPATION Machinist	(19) OCCUPATION At Home
(20) Number of children born to this mother, including present birth 2nd	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P.M., on the date above stated.

(23) Signature Wm C Stifler M.D. Physician (Physician or Midwife)

Address 1407 Light St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 3 1 6 8

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

RECEIVED FOR RECORD MAY -3 1910 Registrar

(READ THE REVERSE SIDE)

J. BOSLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455891

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2606 Hampden Ave St.; 12th Ward)

(2) FULL NAME OF CHILD _____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			yes	April 28th 1910

FATHER

(8) FULL NAME: Victor E. Burch

(9) RESIDENCE: 2606 Hampden Ave

(10) COLOR: white (11) AGE AT LAST BIRTHDAY (Years): 33 yrs

(12) BIRTHPLACE: Charles Co. Md

(13) OCCUPATION: Conductor U. R. & E. Co

(20) Number of children born to this mother, including present birth: 4

MOTHER

(14) FULL MAIDEN NAME: Mary E. Gately

(15) RESIDENCE: 2606 Hampden Ave

(16) COLOR: (17) AGE AT LAST BIRTHDAY (Years): 23 yrs

(18) BIRTHPLACE: Baltimore City Md

(19) OCCUPATION: None

(21) Number of children of this mother now living: 4

number of sec., tn or gr of this state

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5 A. M., on the date above stated.

(23) Signature: C. B. Marden M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 3 1 6 9 Physician (Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Address 2416 Maryland Ave

Filed _____, 19 .

RECEIVED FOR RECORD MAY -3 1910

Registrar

JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55692

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2405 Guilford av. St.; Ward)

(2) FULL NAME OF CHILD William George Bell — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
	—	—	Yes	4 . 9 — 1910

number of each, in order of birth, stated

FATHER

(8) FULL NAME Wm. A. Bell

(9) RESIDENCE 2405 Guilford av.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE City

(13) OCCUPATION Conductor (Street car)

(20) Number of children born to this mother, including present birth Two

MOTHER

(14) FULL MAIDEN NAME Georgie E. Sigler

(15) RESIDENCE 2405 Guilford av

(16) COLOR White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE West Virginia

(19) OCCUPATION Home - wife

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 15 P. M., on the date above stated.

(23) Signature Edwin W. Fenby

Physician (Physician or Midwife)

Address 1223 N. Caroline st

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1910 0 0 0 3 1 7 0

(24) Given name added from a supplemental report_____, 19

Registrar

Filed _____, 19 .

Registrar

RECEIVED FOR RECORD NOV -3 1910 JAS. BOSLEY M.D COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55693

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2037 E. Biddle st. St.; 8 Ward)

(2) FULL NAME OF CHILD Charles Herman Harms, Jr. — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	4, 23 – 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Chas. H. Harms	(14) FULL MAIDEN NAME Sarah Pearl Jenkins
(9) RESIDENCE 2037 E. Biddle st.	(15) RESIDENCE 2037 E. Biddle st.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Balto. Co.	(18) BIRTHPLACE Ky.
(13) OCCUPATION Barber	(19) OCCUPATION Home - wife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.15 A. M., on the date above stated.

(23) Signature Edwin B. Fenby
Physician
(Physician or Midwife)

Address 1223 N. Caroline st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 3 1 7 1

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

APR -3 1910
THOS. BOSLEY M.D. Registrar
OF HEALTH

GIVEN NAME ADDED 4-25-57

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

153694

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Maryland Genl Hosp. St.; Ward)

(2) FULL NAME OF CHILD Howard Edward Brown (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1	Yes	Apr. 22 1910

(To be answered only in event of plural births)

number of each, in order of birth, stated

FATHER

(8) FULL NAME Howard Brown

(9) RESIDENCE 605 N. Appleton St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Balto. Co.

(13) OCCUPATION Lineman

(20) Number of children born to this mother, including present birth 2

MOTHER

(14) FULL MAIDEN NAME Lannie Weis.

(15) RESIDENCE 605 N. Appleton St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Balto. Co.

(19) OCCUPATION Housewife.

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 a M., on the date above stated.

(23) Signature E.P. Lewis M.D. (Physician or Midwife)

Address Maryland Genl Hosp.

Filed ____ 19 ____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 1 7 2

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

FILED FOR RECORD MAY -3 1910 JAS. BOSLEY Registrar COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Maryland Gen'l Hosp. St.; Ward)

Registered No. B. A55895

(2) FULL NAME OF CHILD Rowland Reynolds

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	Apr. 11 1910
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Warren Reynolds.	(14) FULL MAIDEN NAME	Mary Myers.
(9) RESIDENCE	745 W. Lexington St.	(15) RESIDENCE	745 W. Lexington St.
(10) COLOR	White	(16) COLOR	White.
(11) AGE AT LAST BIRTHDAY	36 (Years)	(17) AGE AT LAST BIRTHDAY	30 (Years)
(12) BIRTHPLACE	Balto.	(18) BIRTHPLACE	Balto.
(13) OCCUPATION	Huckster	(19) OCCUPATION	Housework.

(20) Number of children born to this mother, including present birth 6

(21) Number of children of this mother now living 5

num er of each, in or er of birth, alone

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a M., on the date above stated.

(23) Signature Ed. P. Lewis M.D.

(Physician or Midwife)

Address Maryland Gen- Hosp.

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householders, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 3 1 7 3

(READ THE REVERSE SIDE)

THOS. BOSLEY M.D. COMR OF HEALTH

RETURN OF A BIRTH.

A55696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Name of child,* Ida
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* April 30, 1910
5. *Place of Birth, (Street and number)* 119 S. Bond St
6. *Full name of Mother,* Fannie Barr
7. *Mother's Maiden Name,* Fannie Rotenberg
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Rubin Barr
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Blum

Address, 14 N. Exeter St

Remarks, None

1910003174

The Commissioner of Health. This schedule shall contain all of the items which have been required by the Board of Health, and such other items as may be required by the Board of Health, and such other items as from time to time may be required by the Board of Health, and such other items as from time to time may be required by the Board of Health, and such other items as from time to time

RETURN OF A BIRTH. 455697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. *Name of child,*
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth* April the 27 th 1910
5. *Place of Birth, (Street and number)* 1746 Clarkson Ste.
6. *Full name of Mother,* Jessie Kess
7. *Mother's Maiden Name,* Litchfield
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Alpheus J Kess
10. *Father's Occupation,* Railroad Engineer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Elizabeth Seiler

Address, 1622 Clarkson St

Remarks,

RECEIVED
MAY -2 1910
REGISTRY OF VITAL STATISTICS

1910 00 03175

the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the full names and occupation of parents, the date and place of birth, and sex of each child; and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required, and any such person or persons shall neglect or refuse to make such return within the period above required, and in the manner and within the period above required, and any such person or persons shall hereafter fail to comply with the provisions of this section, he or she shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 3-31-64

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Name of child, MARGARET Alice No. 11
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth April the 12 th 1910
5. Place of Birth, (Street and number) 1810. Westfall Lane
6. Full name of Mother, Emma Neill
7. Mother's Maiden Name, Moler
8. Mother's Birthplace, Balto.
9. Full name of Father, James H Neill
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Seiler

Address, 1622 Clarkson Ste.

Remarks,

1910000 3176

RECEIVED FOR RECORD APR 3 1910 REGISTRAR MD BOARD OF HEALTH

the Commissioner of Health. This schedule shall contain a list of the births which occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a return, to the said Commissioner of Health on the second secular day of each month succeeding the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. Any person who shall refuse or neglect to make such report as is required by this section hereafter shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

455699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,* Mollie Lipsner
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 213 S. Edw St V.
5. *Place of Birth, (Street and number)* April 26 1910
6. *Full name of Mother,* Eva Lipsner
7. *Mother's Maiden Name,* Eva Cavdlansky
8. *Mother's Birthplace,* Russia V
9. *Full name of Father,* Isaac Lipsner
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Fanny Silberman

Address, 828 E. Baltimore St V

Remarks,

RECEIVED FOR RECORD NOV - 2 1910 REGISTRY MD DEPARTMENT OF HEALTH

1910000377

...his or her care during the month, and shall set forth in the return the name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or person in attendance upon the mother, immediately after the birth of each child. And every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of each child, the parent or person in charge of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner prescribed above required, and any such person or persons who shall herein fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1286.

RETURN OF A BIRTH. 455700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of child, Fitz Miller
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth April 6 1910
5. Place of Birth, (Street and number) 1610 E. Pratt St.
6. Full name of Mother, Yetta Miller
7. Mother's Maiden Name, Yetta Teacher
8. Mother's Birthplace, Russia
9. Full name of Father, Israel Miller
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silverman

Address, 628 E. Baltimore St.

Remarks,

RECEIVED FOR RECORD APR 7 1910 HIS SOLEY M.D. COMMISSIONER OF HEALTH

1910000003178

...ch Commissioner of Health. This Schedule shall consist of a list of the births which occur in the ...ch child, if any shall have been conferred); name, color, the full name and occupation of the parents, the ...date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in at- ...of a certificate between the first and third day of each and every month. If a physician or practitioner of ...midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it ...shall become the duty of the person or parents of such child to report its birth to the Commissioner of ...Health, in the manner and within the period above required, and such person or parents shall ...for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c,) 1

1. Name of child, Rosa Caplan
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth April 26 1910
5. Place of Birth, (Street and number) 824 E. Balto St.
6. Full name of Mother, Rosie Caplan
7. Mother's Maiden Name, Rosie Smythrow
8. Mother's Birthplace, England
9. Full name of Father, Harry Caplan
10. Father's Occupation, Salesman
11. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Fannie Saltzman

Address, 824 E. Balto St

Remarks, 1910003179

RECEIVED FOR RECORD OCT 3 1910 REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH

1554

...of such Birth, and shall enter in a book to be kept for that purpose, a record of the same in the order in which they are received. Said book shall contain a list of the births which have occurred under the jurisdiction of each Registrar, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and place of birth, the name, color, sex and occupation of the child, if it be living, and if dead, the cause of death, as certified by the attending physician or midwife, if there be such, and if not, by the coroner, duly signed by the physician or midwife, if there be such, and if not, by the coroner, duly signed by the physician or midwife, if there be such, and if not, by the coroner, duly signed by the

1286.

CERTIFICATE CORRECTED 5-13-52

RETURN OF A BIRTH.

A55702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The Commissioner of Health. This schedule shall comply a list of the births which have been returned by [illegible] during the month, and shall set forth as far as the same can be ascertained the full name date and place of birth; and the said schedule shall be delivered to the Registrar of Vital Statistics of [illegible] of each and every month to the Commissioner of Health. In the manner and within the period above required, and any such person or [illegible] shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* ~~Doctor~~ H. Gooch Irvin Isaac Wollach
2. *Sex, (state whether male or female)* C. Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* April 14 1910
5. *Place of Birth, (Street and number)* 2378 N. High St.
6. *Full name of Mother,* Annie C. ~~Gooch~~ Wollach
7. *Mother's Maiden Name,* Anne Cooper
8. *Mother's Birthplace* Russia
9. *Full name of Father,* ~~David Solomon Doc.~~ Wollach
10. *Father's Occupation,* Merchant
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Fannie Silverman

Address, 828 E. Baltimore St.

Remarks,

1 9 1 0 0 0 0 3 1 8 0

RECEIVED FOR RECORD MAY 3 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

55703

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 405 Wolfe St.; 3rd Ward)

(2) FULL NAME OF CHILD Francis Levondowsky — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female				April 26, 1916 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: Frank Levondowsky	(14) FULL MAIDEN NAME: Stella Marcozynska
(9) RESIDENCE: 405 Wolfe St	(15) RESIDENCE: 405 Wolfe St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 23 yrs (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 21 yrs (Years)
(12) BIRTHPLACE: Balto city Md	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Laborer	(19) OCCUPATION: Wife
(20) Number of children born to this mother, including present birth: 1st	(21) Number of children of this mother now living: 1st

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 P.M., on the date above stated.

(23) Signature Dora Pawnuske (Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 3 1 8 1

(24) Given name added from a supplemental report ____, 19

Address 523 Bethel St

Filed May 1st, 1916 Dora Pawnuske Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455704

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1638 S Charles St.; 23 Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	March 6, 1910

FATHER	MOTHER
(8) FULL NAME: Calvin E Jones	(14) FULL MAIDEN NAME: Maggie Withington
(9) RESIDENCE: 1638 S Charles St.	(15) RESIDENCE: 1638 S Charles St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 21 (Years)	(17) AGE AT LAST BIRTHDAY: 20 (Years)
(12) BIRTHPLACE: Md	(18) BIRTHPLACE: Md
(13) OCCUPATION: Has Blocker	(19) OCCUPATION: House wife

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10-30 P M., on the date above stated.

(23) Signature: R E T Campbell M.D. (Physician or Midwife)

Address: 1644 Hanover St.

Filed: E BOSLEY M.D., 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 0 0 0 3 1 8 2

RECEIVED FOR RECORD

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55705

(1) PLACE OF BIRTH 2208 Maryland Ave. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Elizabeth Coleman Worthington (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
female			Yes	March	16	1910

FATHER	MOTHER
(8) FULL NAME Joseph Kent Worthington	(14) FULL MAIDEN NAME Mary Worsdale Spencer
(9) RESIDENCE 2208 Maryland Ave.	(15) RESIDENCE 2208 Maryland Ave.
(10) COLOR white	(16) COLOR white
(11) AGE AT LAST BIRTHDAY 28 (Years)	(17) AGE AY LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Philadelphia Pa.	(18) BIRTHPLACE Philadelphia Pa.
(13) OCCUPATION Physician	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

Number of cases, in order of birth, stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Four a. M., on the data above stated.

(23) Signature J. Morris Slemons

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

U 0003183 (Physician or Midwife)

(24) Given name added from a supplemental report , 19

Address 2310 Chas Street

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED-1/2668

Registered No. B 155706

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 3016 Elliott St. St.; Ward)

(2) FULL NAME OF CHILD: MARGARET CHRISTINE Mehring

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
Female			Yes	June 5th 1910

FATHER	MOTHER
(8) FULL NAME: John M. Mehring	(14) FULL MAIDEN NAME: Sophia Dorwick
(9) RESIDENCE: 3016 Elliott St	(15) RESIDENCE: 3016 Elliott St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 30	(17) AGE AT LAST BIRTHDAY (Years): 30
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Laborer	(19) OCCUPATION: House-wife

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 — P. M., on the date above stated.

(23) Signature: Mrs Mary M. Taylor. (Physician or Midwife)

Address: 1 E Lanvale St

Filed MAY -3 1910, 19 .

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 50 000184

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 355707

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2530 ; St. ; Ward)

(2) FULL NAME OF CHILD Infant Witting

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	November 20, 19 10

FATHER		MOTHER	
(8) FULL NAME	Louis C. Witting	(14) FULL MAIDEN NAME	Martha L. Simpson
(9) RESIDENCE	2530 Fait Ave	(15) RESIDENCE	2530 Fait Ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	45	(17) AGE AT LAST BIRTHDAY (Years)	26
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Driver	(19) OCCUPATION	Home-making
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 - 4 M., on the date above stated.

(23) Signature [illegible] Attdg. Phys.

{ *When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

U 0 0 3 1 8 5 (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 2530 Fait Ave

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT RECORD
NOV -2 1910
JAS. BOSLEY M.D.
COMM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55708

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 510 N. Milton Ave, St.; Ward)

(2) FULL NAME OF CHILD Kues

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male			Yes	June 14th, 1910

	FATHER	MOTHER
(8) FULL NAME	Henry A. Kues	(14) FULL MAIDEN NAME Katie Fristenmaed
(9) RESIDENCE	510 N. Milton Ave	(15) RESIDENCE 510 N. Milton Ave
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years) 21
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION	Labourer	(19) OCCUPATION House-wife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2-25 P. M., on the date above stated.

(23) Signature [illegible] (Physician or Midwife)

Address [illegible]

Filed JUN -3 1910, 19 .

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 1 8 6

(24) Given name added from a supplemental report , 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 55709

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 2438 Eastern Ave St.; Ward)

(2) FULL NAME OF CHILD — Repp.

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 15th, 1910

FATHER		MOTHER	
(8) FULL NAME	John Repp	(14) FULL MAIDEN NAME	Anna Martin
(9) RESIDENCE	2438 Eastern Ave	(15) RESIDENCE	2438 Eastern Ave.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	29	(17) AGE AT LAST BIRTHDAY (Years)	34
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Laborer	(19) OCCUPATION	House-wife.

(20) Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5:45 P.M., on the date above stated.

(23) Signature Geo. Wm. M. Fowler. (Physician or Midwife)

Address 1715 Madison Ave.

Filed MAY -3 1910, 19.

Registrar

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

T U 0 0 3 1 8 7

(24) Given name added from a supplemental report , 19

RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55710

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2240 Essex St. St.; Ward)

(2) FULL NAME OF CHILD Elizabeth Lee Leckert. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 24th, 1910

FATHER	MOTHER
(8) FULL NAME Joseph Leckert	(14) FULL MAIDEN NAME Helen Keeley C.
(9) RESIDENCE 2240 Essex St	(15) RESIDENCE 2240 Essex St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 21. (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Europe	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Laborer.	(19) OCCUPATION House-wife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12-45 A.M., on the date above stated.

(23) Signature Dr. Mary M. Taylor.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 1 8 8

(Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Address 610 S. Patterson Park Ave.

Filed MAY -3 1910, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55711

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 402 n. Bradford st. St.; Ward)

(2) FULL NAME OF CHILD Clara Winkelman. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legiti-mate?	(7) Date of Birth
Female			Yes	April 24 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Henry Winkelman	(14) FULL MAIDEN NAME Kattie Ihlund.
(9) RESIDENCE 402 n. Bradford st	(15) RESIDENCE 402 n. Bradford
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 40. (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 38. (Years)
(12) BIRTHPLACE Baltimore Md.	(18) BIRTHPLACE Baltimore Md
(13) OCCUPATION Laborer.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 11.	(21) Number of children of this mother now living 9

(Number of each, in order of birth, state)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 402 n. Bradford st. M., on the date above stated.

(23) Signature Antonia M. Jinus

U 0 0 3 1 8 9 Midwife (Physician or Midwife)

Address 6 e. n. Pratt st. Baltimore Md

Filed May 1, 1910

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ..., 19 ...

Registrar

(READ THE REVERSE SIDE)

RECORD

MD

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455712

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 418 a. Duncan st. St.; Ward)

(2) FULL NAME OF CHILD Elsie Barbara Klima. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 16 1910.

numier of each, in order of birth, stated

FATHER

(8) FULL NAME: Frank A. Klima.

(9) RESIDENCE: 418 N. Duncan st.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Baltimore Md.

(13) OCCUPATION: Driver.

MOTHER

(14) FULL MAIDEN NAME: Josephine Shoth.

(15) RESIDENCE: 418 a. N. Duncan st.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 26. (Years)

(18) BIRTHPLACE: Baltimore Md.

(19) OCCUPATION: Housewife.

(20) Number of children born to this mother, including present birth 2.

(21) Number of children of this mother now living 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 418 a. Duncan st. on the date above stated.

(23) Signature: Antonia M. Jirus. Midwife. (Physician or Midwife)

Address 6. c. Fort st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003190

(24) Given name added from a supplemental report _____, 19

Filed May 1, 1910.

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55713

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 161 E. Streeper st. St.; Ward)

(2) FULL NAME OF CHILD Grace Moreland. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female			Yes	April 15. 1910. (Month) (Day) (Year)

FATHER

(8) FULL NAME Charles J Moreland.

(9) RESIDENCE 161 E. Streeper st.

(10) COLOR White. (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Baltimore Md.

(13) OCCUPATION Traveling Salesman.

MOTHER

(14) FULL MAIDEN NAME Caswilla Jane Durnall.

(15) RESIDENCE 161 E. Streeper st

(16) COLOR White. (17) AGE AT LAST BIRTHDAY 35. (Years)

(18) BIRTHPLACE Anna Arundel County

(19) OCCUPATION Housewife.

(20) Number of children born to this mother, including present birth 2.

(21) Number of children of this mother now living 2.

numeral or dash, to or at of birth, state.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 161 E. Streeper St. M., on the date above stated.

(23) Signature Antonia M. Jirus. Midwife (Physician or Midwife)

Address 6 E. Fort Ave. Balto. Md

Filed May 1., 1910.

U 0003191

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Registrar

MAY -3 1910

JAS. BOSLEY M.D. Registrar
COMMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55714

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2416 Eager Place St.; Ward)

(2) FULL NAME OF CHILD Minnie Thiele. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female			Yes	June 22, 1910. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: Herman Thiele.

(9) RESIDENCE: 2416 Eager Place.

(10) COLOR: White. (11) AGE AT LAST BIRTHDAY: 30. (Years)

(12) BIRTHPLACE: Germany.

(13) OCCUPATION: Hardwood finisher.

(20) Number of children born to this mother, including present birth: 2.

MOTHER

(14) FULL MAIDEN NAME: Louise Gorrsolka.

(15) RESIDENCE: 2416 Eager Place.

(16) COLOR: White. (17) AGE AT LAST BIRTHDAY: 27. (Years)

(18) BIRTHPLACE: Germany.

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living: 2.

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2416 Eager Place M., on the date above stated.

(23) Signature: Antonia M. Jius. Midwife (Physician or Midwife)

Address: 6, E. Pratt st.

Filed: May 1, 1910.

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 1 9 2

(24) Given name added from a supplemental report....., 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY -3 1910 JAS BOSLEY M.D REGISTRAR OF HEALTH

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455715

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2107 E. Fayette st. St.; Ward)

(2) FULL NAME OF CHILD Wilhelmina Meinsinger. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	April 17. 1910.

FATHER

(8) FULL NAME Charles Meinsinger.

(9) RESIDENCE 2107 E. Fayette st.

(10) COLOR White. (11) AGE AT LAST BIRTHDAY 24. (Years)

(12) BIRTHPLACE Hoboken N. J.

(13) OCCUPATION Driver.

MOTHER

(14) FULL MAIDEN NAME Barbara Goetz.

(15) RESIDENCE 2107 E. Fayette st.

(16) COLOR White. (17) AGE AT LAST BIRTHDAY 24. (Years)

(18) BIRTHPLACE Baltimore Md

(19) OCCUPATION Housewife.

(20) Number of children born to this mother, including present birth 2. (21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2107 E. Fayette st. M., on the date above stated.

(23) Signature Antonia M. Jines. Midwife. (Physician or Midwife)

Address 2107 E. Fayette st. Balto Md

Filed May 1. , 1910.

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

I C U 0 0 3 1 9 3

(24) Given name added from a supplemental report , 19

Registrar

RECEIVED FOR RECORD MAY -3 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 455716

CITY OF BALTIMORE. (No. 1116 N. Eden St.; 10 Ward)

(2) FULL NAME OF CHILD Laura Margaret Sheehan { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	4, 23- 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Daniel J. Sheehan	(14) FULL MAIDEN NAME Laura C. Weatherstine
(9) RESIDENCE 1116 N. Eden St	(15) RESIDENCE 1116 N. Eden St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE City	(18) BIRTHPLACE City
(13) OCCUPATION Salesman	(19) OCCUPATION Home - Wife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Two o. M., on the date above stated.

(23) Signature Edwin B. Fenby Physician (Physician or Midwife)

Address 1223 N. Carolina St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 U 0 0 3 1 9 4

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

MAY -3 1910

JAS. BOSLEY M.D. Registrar
BOARD OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE CORRECTED 3-15-54

455717

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1306 John St.; Ward)

(2) FULL NAME OF CHILD ~~Catharine~~ Katharine Campbell Morris

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		—	Yes	4, 19-1910

number of each, in order of birth, stated

FATHER		MOTHER	
(8) FULL NAME	Wm. J. Morris	(14) FULL MAIDEN NAME	Mary E. McCabe
(9) RESIDENCE	1306 John st	(15) RESIDENCE	1306 John st
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	44	(17) AGE AT LAST BIRTHDAY (Years)	43
(12) BIRTHPLACE	City	(18) BIRTHPLACE	City
(13) OCCUPATION	Cashier, (Balto. Sun)	(19) OCCUPATION	House-wife
(20) Number of children born to this mother, including present birth	6	(21) Number of children of this mother now living	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.12 P. M., on the date above stated.

(23) Signature Edwin B. Fenby, M. D.

Physician (Physician or Midwife)

Address 1223 N. Carolina st

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003195

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

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RECEIVED FOR RECORD
MAY -3 1910
Registrar

S.S. BOSLEY M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55718

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 820 N. Caroline St.; Ward)

(2) FULL NAME OF CHILD Ellen Martha Dare — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	___	___	Yes	April 8 1916

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Joseph W Dare	(14) FULL MAIDEN NAME Carrie E Featherstine
(9) RESIDENCE 820 N. Caroline St	(15) RESIDENCE 820 N. Caroline St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE City	(18) BIRTHPLACE City
(13) OCCUPATION Merchant	(19) OCCUPATION ~~House~~ Wife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

Name of child, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P. M., on the date above stated.

(23) Signature Edwin B. Fenby

Physician (Physician or Midwife)

Address 1223 N. Caroline St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 1 9 6

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 . MAY 3 1916

Registrar

Registrar

(READ THE REVERSE SIDE)

RECORD

J. H. BOSLEY, M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 55719

CITY OF BALTIMORE. (No. 1653 N. Milton av. ~~St.~~; 8 Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	3, 31, 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME: Thos. H. McMahon	(14) FULL MAIDEN NAME: Nona E. Pond
(9) RESIDENCE: 1653 Milton av., North	(15) RESIDENCE: 1653 N. Milton av.
(10) COLOR: White; (11) AGE AT LAST BIRTHDAY: 39 (Years)	(16) COLOR: White; (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: ~~1653 N. Milton av.~~ Baltimore City	(18) BIRTHPLACE: ~~1653 N. Milton av.~~ St. Louis, Mo.
(13) OCCUPATION: Hotel clerk	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 30 P. M., on the date above stated.

(23) Signature: Edwin B. Tenby, Physician (Physician or Midwife)

Address: 1223 N. Caroline St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003197

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19 .

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
MAY -3 1910
JAS. BOSLEY
REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455720

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1731 Canton av. —St.; —Ward)

(2) FULL NAME OF CHILD Dorothy Virginia Manler { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	7th	Yes	March 14 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Conrad Manler	(14) FULL MAIDEN NAME E. Virginia Spence
(9) RESIDENCE 1731 Canton av.	(15) RESIDENCE 1731 Canton av.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 45 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 43 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Merchant	(19) OCCUPATION Home - Wife
(20) Number of children born to this mother, including present birth 7th	(21) Number of children of this mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 15 A. M., on the date above stated.

(23) Signature Edwin B. Fenby

Physician (Physician or Midwife)

Address 1223 N. Carolina st

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

F 3 U 0 0 3 1 9 8

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19 .

Registrar

RECEIVED FOR RECORD MAY -3 1910 JAS. BOSLEY M.D. DEPT. OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55721

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Gen' Hosp St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	[illegible], 19 19 1[illegible]

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: Earnest Morgan	(14) FULL MAIDEN NAME: Ella Shannon
(9) RESIDENCE: 1726 Maryland Ave.	(15) RESIDENCE: 1726 Maryland Ave.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 28 (Years)	(17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: Germ.	(18) BIRTHPLACE: Germ
(13) OCCUPATION: Laborer.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 1

Number of each, in order of birth, stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2:30 a. M., on the date above stated.

(23) Signature E. P. Lewis M.D.

(Physician or Midwife)

Address Maryland Gen' Hosp.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 1 9 9

(24) Given name added from a supplemental report_____, 19

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

VITAL STATISTICS RECORD

MAY -3 1919

A. C. BOSLEY, M.D. COMMR. OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55722

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Avenue Hosp. St.; Ward)

(2) FULL NAME OF CHILD Delores Meyer. { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female		1	Yes	Nov.	1	10.

FATHER

(8) FULL NAME Dudley Meyer.

(9) RESIDENCE 733 Mewington Ave.

(10) COLOR White. (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Balto.

(13) OCCUPATION Salesman

MOTHER

(14) FULL MAIDEN NAME Helen Greener.

(15) RESIDENCE 712 N. Caroline St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 21. (Years)

(18) BIRTHPLACE Balto.

(19) OCCUPATION Maid.

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 P. M. on the date above stated.

(23) Signature E. F. Kurtz M.D. (Physician or Midwife)

Address Maryland Ave. Hosp.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 2 0 8

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD
NOV 3 1910
JAS. BOSLEY M.D.
HEAD OF HEALTH
Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A 55723

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Maryland Genl Hosp. St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			ww	Apr. 24 1910.

numb er of each, in order of birth, stated

FATHER

(8) FULL NAME: Henry Myers.

(9) RESIDENCE: upper Cook Road, Md.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 29. (Years)

(12) BIRTHPLACE: Harford Co.

(13) OCCUPATION: Painter.

MOTHER

(14) FULL MAIDEN NAME: Lydia Fletcher.

(15) RESIDENCE: Madonna, Md.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Harford Co.

(19) OCCUPATION: Mant.

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 30 P. M., on the date above stated.

(23) Signature: E. R. Lewis M.D. (Physician or Midwife)

Address: Maryland Genl Hosp.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003201

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

Registrar

(READ THE REVERSE SIDE)

CERTIFIED FOR RECORD
APR -3 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH
Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55724

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Jas. Edward Johnson Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Apr. 26 – 19 20

FATHER

(8) FULL NAME: Jas. Edw. Johnson Sr.

(9) RESIDENCE: 810 Hoodnar St. Baltimore, Md.

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY: 42 (Years)

(12) BIRTHPLACE: Columbia, Howard county, Md.

(13) OCCUPATION: Laborer

MOTHER

(14) FULL MAIDEN NAME: Mary E. Tillman

(15) RESIDENCE: 810 Hoodnar St. Baltimore, Md.

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Sullenstown, Md.

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the data above stated.

(23) Signature Jacob Bradham, (Physician or ~~Midwife~~)

Address Franklin Sq. Hospital

Filed ____, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 2 0 2

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55725

(1) PLACE OF BIRTH 708 Tyson St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD ' If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	April 7 1910

number of each, in order of birth, stated

FATHER

(8) FULL NAME: Henry Williams

(9) RESIDENCE: 708 Tyson St.

(10) COLOR: Black (11) AGE AT LAST BIRTHDAT: 40 (Years)

(12) BIRTHPLACE: Va

(13) OCCUPATION: Huckster

(20) Number of children born to this mother, including present birth: 6

MOTHER

(14) FULL MAIDEN NAME: Jennie Mae Williams

(15) RESIDENCE: 708 Tyson St

(16) COLOR: Black (17) AGE AT LAST BIRTHDAT: 30 (Years)

(18) BIRTHPLACE: Va

(19) OCCUPATION: Home wife

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.15 P. M., on the date above stated.

(23) Signature W. P. Clancy (Physician or Midwife)

Address 1011 N. Eutaw St.

Filed , 19 . Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 2 0 3

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

MAY -3 1910

H. S. BOSLEY, M.D. REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55726

(1) PLACE OF BIRTH 1412 Park ave. Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD William Wyman (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Apr (Day) 17 (Year) 1910
Male		3		

FATHER

(8) FULL NAME William Wyman

(9) RESIDENCE 1412 Park Ave

(10) COLOR B (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION

MOTHER

(14) FULL MAIDEN NAME Annetta Rodgers

(15) RESIDENCE 1412 Park Ave

(16) COLOR B (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Norfolk Va

(19) OCCUPATION

(20) Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 A M., on the date above stated.

(23) Signature A. J. Thomas

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 2 0 4 (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 236 N Hoffman St

Filed Apr 17, 1910

RECORD MAY -3 1910 Registrar

Registrar

(READ THE REVERSE SIDE)

BOSLEY, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55727

(1) PLACE OF BIRTH 1140 Hilmer Alley Registered No. B.

CITY OF BALTIMORE. (No. Baltimore Md St.; Ward)

(2) FULL NAME OF CHILD George Bratton

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male				Apl 2nd 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME George Wesley Bratton	(14) FULL MAIDEN NAME Lillian Whittington
(9) RESIDENCE 1140 Hilmer Alley	(15) RESIDENCE 1140 Hilmer alley
(10) COLOR Black	(11) AGE AT LAST BIRTHDAY 28 (Years)
(16) COLOR Brown	(17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Howard Co. Md	(18) BIRTHPLACE Baltimore Md
(13) OCCUPATION Hostler	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 o'clock a M. on the date above stated.

(23) Signature G. L. Edwards

U 0 0 3 2 0 8 5 849 Hamilton Ave

(Physician or Midwife)

Address

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Filed Apl 15th , 1910

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY -3 1910 JAS. BOSLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55728

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Gen'l Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male			yes.	Jan.	11	1911.

FATHER

(8) FULL NAME: Isaac McFadden

(9) RESIDENCE: Philadelphia, Pa

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY: 48 (Years)

(12) BIRTHPLACE: Supp

(13) OCCUPATION: Waiter.

MOTHER

(14) FULL MAIDEN NAME: Charlotte Pinkston

(15) RESIDENCE: 355 State St.

(16) COLOR: Black.

(17) AGE AT LAST BIRTHDAY: 29. (Years)

(18) BIRTHPLACE: Augusta. Ga.

(19) OCCUPATION: Maid

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 M., on the date above stated.

(23) Signature: E. P. Lewis M.D. (Physician or Midwife)

Address: Maryland Gen'l Hosp.

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 2 0 5

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 _____ Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD NOV -8 1910 JAS. BOSLEY BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455729

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 711 George St. St.; Ward)

(2) FULL NAME OF CHILD George Washington — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	1	1	No	4. 10 1910

FATHER

(8) FULL NAME: Charles Herrington

(9) RESIDENCE: 711 George St.

(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Driver

MOTHER

(14) FULL MAIDEN NAME: Eva Washington

(15) RESIDENCE: 711 George St

(16) COLOR: Black (17) AGE AT LAST BIRTHDAY: 17 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: House Keeper

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 P. M., on the date above stated.

(23) Signature George E. McElfatrick

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 2 9 M

Address 711 George St. City

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 . APR 8 1910 Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55730

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Girl Asylum. St.; Ward)

Registered No. B.

If child is not yet named, make supplemental report, as directed

(2) FULL NAME OF CHILD

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male			Yes	Apr.	3	1910

FATHER

(8) FULL NAME Henry Jenkins

(9) RESIDENCE Child. Pa.

(10) COLOR Black. (11) AGE AT LAST BIRTHDAY 28. (Years)

(12) BIRTHPLACE Jamaica

(13) OCCUPATION Laborer.

MOTHER

(14) FULL MAIDEN NAME Annie Clark

(15) RESIDENCE 1420 Maryland Ave.

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE

(19) OCCUPATION Maid.

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.45 a.m., on the date above stated.

(23) Signature E. R. Lewis M.D. (Physician or Midwife)

Address 1420 Maryland Ave.

Filed MAY 3 1910, 19 .

JAS. BOSLEY M.D. Registrar

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 2 0 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED - 2/22/19

455731

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Maryland Genl Hosp. St.; Ward)

(2) FULL NAME OF CHILD — GILBERT DIXON

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	Apr. 2 1910.

FATHER

(8) FULL NAME: Wm. Dixon.

(9) RESIDENCE: 514 McMechen St.

(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY: 19 (Years)

(12) BIRTHPLACE: Md.

(13) OCCUPATION: Laborer.

MOTHER

(14) FULL MAIDEN NAME: Bertie Watkins.

(15) RESIDENCE: 1604 Ethring St

(16) COLOR: Black (17) AGE AT LAST BIRTHDAY: 18 (Years)

(18) BIRTHPLACE: Balto.

(19) OCCUPATION: Maid

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 45 a M., on the date above stated.

(23) Signature: E. T. Lewis M.D. (Physician or Midwife)

Address: Maryland Genl Hosp.

Filed 5/3, 19 10

MAY -3 1910

REGISTRAR

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0073209

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55732

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Maryland General Hospital St.; Ward)

(2) FULL NAME OF CHILD —

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male			yes.	Apr.	2	1910.

FATHER

(8) FULL NAME: Augustus Caldwell.

(9) RESIDENCE: Whitmen Md.

(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY: ? (Years)

(12) BIRTHPLACE: ?

(13) OCCUPATION: Carpenter.

MOTHER

(14) FULL MAIDEN NAME: Bertha Bayley

(15) RESIDENCE: 43 Moore St

(16) COLOR: Black (17) AGE AT LAST BIRTHDAY: 35. (Years)

(18) BIRTHPLACE: Md.

(19) OCCUPATION: Maid.

(20) Number of children born to this mother, including present birth: 7

(21) Number of children of this mother now living: 7.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 15 M., on the date above stated.

(23) Signature: E. T. Lewis M.D. (Physician or Midwife)

Address: Maryland General Hospital.

Filed —, 19 . MAY — 9 1910

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 2 1 0

(24) Given name added from a supplemental report —, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55733

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Genl Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Apr. (Day) 26 (Year) 1910
Male			2nd	

FATHER

(8) FULL NAME Jas. Thornton.

(9) RESIDENCE Va.

(10) COLOR Black. (11) AGE AT LAST BIRTHDAY ? (Years)

(12) BIRTHPLACE Va.

(13) OCCUPATION Laborer.

MOTHER

(14) FULL MAIDEN NAME Ora Henry.

(15) RESIDENCE 606 Gould St.

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 20. (Years)

(18) BIRTHPLACE Va.

(19) OCCUPATION Maid

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 45 a M., on the date above stated.

(23) Signature E.P. Lewis M.D. (Physician or Midwife)

Address Maryland Genl Hosp.

Filed , 19 . Registrar

RECEIVED FOR RECORD MAY -3 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 9 7 2 1 Y

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455734

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 405 Pine St St.; Ward)

(2) FULL NAME OF CHILD Tom Smith

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	Single	First	Yes	12/12, 1909 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Not Known

(9) RESIDENCE

(10) COLOR — (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to this mother, including present birth 1st

MOTHER

(14) FULL MAIDEN NAME Alberta Smith

(15) RESIDENCE 405 Pine St

(16) COLOR Black — (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Balto

(19) OCCUPATION Seamstress

(21) Number of children of this mother now living 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 405 Pine St M., on the date above stated.

(23) Signature Edwin McJones (Physician or Midwife)

Address 1010 McCulloh St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 2 1 2

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

RECORD MAY -3 1910

J. H. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455735

(1) PLACE OF BIRTH 546 Preston St — Registered No. B.

CITY OF BALTIMORE (No. 546 Preston St St.; Ward)

(2) FULL NAME OF CHILD Cora Jackson — If child is not yet named, make supplemental report, as directed.

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single	Second	Yes	4/30 19/3

FATHER	MOTHER
(8) FULL NAME John Jackson	(14) FULL MAIDEN NAME Cora A. White
(9) RESIDENCE 546 Preston St	(15) RESIDENCE 546 Preston St
(10) COLOR Black (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Buena	(18) BIRTHPLACE Virginia
(13) OCCUPATION Driver	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 546 Preston St M., on the date above stated.

(23) Signature Edwin M. Jones (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 2 1 3

Address 1010 McCulloh St

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

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RECEIVED FOR RECORD OCT 2 1913

JAS. BOSLEY, M.D. REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455736

GIVEN NAME ADDED 6-3-64

(1) PLACE OF BIRTH CITY OF BALTIMORE. (No. Maryland Genl Hosp. St.; Ward) Registered No. B.

(2) FULL NAME OF CHILD Francis Lee Noel { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	(To be answered only in event of plural births)			April (Month), 25 (Day) 1910 (Year)

FATHER

(8) FULL NAME Frank Scott Noel

(9) RESIDENCE 1414 Mount St.

(10) COLOR Black (11) AGE AT LAST BIRTHDAY 28. (Years)

(12) BIRTHPLACE Charles Co. Md.

(13) OCCUPATION Laborer

MOTHER

(14) FULL MAIDEN NAME Alberta Bulkley

(15) RESIDENCE 1414 Mount St.

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Charles Co. Md.

(19) OCCUPATION Maid

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:10 P.M., on the date above stated.

(23) Signature E.P. Lewis M.D. (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 2 1 4

(24) Given name added from a supplemental report_____, 19

Address Maryland Genl Hosp.

Filed _____, 19 .

RECEIVED FOR RECORD OCT -3 1910 JAS. BOOLEY, M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55737

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Genl Hosp St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male			Yes	Apr.	24	1910

FATHER

(8) FULL NAME: Louis Ferguson

(9) RESIDENCE: Carlisle Pa.

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY: ? (Years)

(12) BIRTHPLACE: Va.

(13) OCCUPATION: Waiter.

MOTHER

(14) FULL MAIDEN NAME: Helen Carter.

(15) RESIDENCE: 212 Dolphin St.

(16) COLOR: Black.

(17) AGE AT LAST BIRTHDAY: 15 (Years)

(18) BIRTHPLACE: Washington D.C.

(19) OCCUPATION: Maid.

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 1/2 M., on the date above stated.

(23) Signature: Ed. Louis Wm.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 2 1 5

(Physician or Midwife)

Address: Maryland Genl Hosp.

(24) Given name added from a supplemental report ____, 19 ____

Filed ____ 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY -3 1910 JAS BOSLEY M.D. REGISTER OF

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55738

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Jail Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female			Yes	Apr.	13	1910.

FATHER	MOTHER
(8) FULL NAME: Harry Cope	(14) FULL MAIDEN NAME: Daisy Groves.
(9) RESIDENCE: 1378 Cora St.	(15) RESIDENCE: 2117 Division
(10) COLOR: Mulatto	(11) AGE AT LAST BIRTHDAY: 25 (Years)
(16) COLOR: Mulatto	(17) AGE AT LAST BIRTHDAY: 18 (Years)
(12) BIRTHPLACE: Washington.	(18) BIRTHPLACE:
(13) OCCUPATION: Steamfitter.	(19) OCCUPATION: Maid
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 P. M., on the date above stated.

(23) Signature E. R. Lewis M.D.

(Physician or Midwife)

Address Maryland Jail Hosp.

Filed , 19 .

Registrar

{*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.}

0 0 0 3 2 1 4

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

FILED FOR RECORD MAY -3 1910 JAS. BOOLEY COMR OF HEALTH

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455739

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Maryland Gen'l Hosp. St.; Ward)

(2) FULL NAME OF CHILD VIRGIE E. MC DONALD | If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes.	Apr. 14 1910.

FATHER	MOTHER
(8) FULL NAME John McDonald	(14) FULL MAIDEN NAME Lilie Wright.
(9) RESIDENCE 530½ Gunnerslow St.	(15) RESIDENCE 530½ Gunnerslow St.
(10) COLOR Black (11) AGE AT LAST BIRTHDAY 58. (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE So. Carolina.	(18) BIRTHPLACE So. Carolina.
(13) OCCUPATION Laborer	(19) OCCUPATION Ward.
(20) Number of children born to this mother, including present birth 5	(21) Number of children of this mother now living 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.15 P.M., on the data above stated.

(23) Signature E. P. Lewis M.D. (Physician or Midwife)

Address Maryland Gen'l Hosp.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report 1/28, 19 15 LBC

Filed 5/3, 19 10 — MAY -3 1910

Registrar

(READ THE REVERSE SIDE)

IAN BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55740

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1215 Park Ave. St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	/	/	No	4 / 1 / 1910

FATHER	MOTHER
(8) FULL NAME: Harrison Wiggins	(14) FULL MAIDEN NAME: Maria Wiggins
(9) RESIDENCE: Washington	(15) RESIDENCE: 1215 Park Ave.
(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 21 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 19 (Years)
(12) BIRTHPLACE: Washington.	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Waiter.	(19) OCCUPATION: X
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 M., on the date above stated.

(23) Signature George L. [illegible] (Physician or Midwife)

Address 259 [illegible]

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003218

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 ____ Registrar

Registrar

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RECEIVED FOR RECORD MAY -3 1910 JAS BOSLEY COMR OF HEALTH

Number of Each, Number of This Page

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55741

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2 Maryland Ave Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female			no	Apr.	5	1910

FATHER

(8) FULL NAME Arthur Foster

(9) RESIDENCE ?

(10) COLOR Black (11) AGE AT LAST BIRTHDAY 25. (Years)

(12) BIRTHPLACE ?

(13) OCCUPATION Laborer

(20) Number of children born to this mother, including present birth 2

MOTHER

(14) FULL MAIDEN NAME Hesta Walker.

(15) RESIDENCE 2510 Hudson Alley.

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE N. Carolina

(19) OCCUPATION Maid

(21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 20 A.M., on the date above stated.

(23) Signature C. P. Lewis M.D. (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 2 1 9

(24) Given name added from a supplemental report ____, 19

Address Maryland Ave Hosp.

Filed ____ 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY -3 1910 JAS. BOSLEY COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455742

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 557 N Preston St.; Ward)

If child is not yet named, make supplemental report, as directed

(2) FULL NAME OF CHILD

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	3	Yes	Apr. 6 1910

FATHER	MOTHER
(8) FULL NAME: John Mumford	(14) FULL MAIDEN NAME: Eliza Nailer
(9) RESIDENCE: Mor Recon	(15) RESIDENCE: 557 N Preston
(10) COLOR: Black	(16) COLOR: Black
(11) AGE AT LAST BIRTHDAY: 41 (Years)	(17) AGE AT LAST BIRTHDAY: 31 (Years)
(12) BIRTHPLACE: Balto Md	(18) BIRTHPLACE: Balto Md.
(13) OCCUPATION: Laborer	(19) OCCUPATION: Washerwoman
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living

Items 14 to 21, in case of illegitimate, may be omitted at the option of the informant.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Apr 6 - 11 a.m., on the date above stated.

(23) Signature: Wm Quinn (Physician or Midwife)

Address 926 Madison Ave

*When there was no attending physician or midwife, then the father, householder, etc., shall make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 2 2 0

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY -3 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55743

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2212 Brunt St. St.; Ward)

(2) FULL NAME OF CHILD Clementine Mafalda Dorsey (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	2nd.	No	4 / 1 / 1910

FATHER		MOTHER	
(8) FULL NAME	?	(14) FULL MAIDEN NAME	Daisey Dorsey
(9) RESIDENCE		(15) RESIDENCE	2212 Brunt St. City
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	Black. (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	Balto. City.
(13) OCCUPATION		(19) OCCUPATION	Laundress
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living	Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at one a. M., on the date above stated.

(23) Signature Joseph A Spicer (Physician or Midwife)

Address 1026 N. Eutaw St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003221

(24) Given name added from a supplemental report 10-15, 1963

H. M. Registrar

Filed , 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(aver)

A55744

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Genl Hosp St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD Mary L. Ward

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female			m	Oct.	24	1910

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	? Anthony	(14) FULL MAIDEN NAME	Ella Ward.
(9) RESIDENCE	1313 Whetstone St.	(15) RESIDENCE	222 Vincent St.
(10) COLOR	Black	(16) AGE AT LAST BIRTHDAT (Years)	?
(17) COLOR	Black	(17) AGE AT LAST BIRTHDAT (Years)	30.
(12) BIRTHPLACE	?	(18) BIRTHPLACE	Va.
(13) OCCUPATION	Laborer.	(19) OCCUPATION	Maid.
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	

number of each, in order of birth, state.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a. M., on the date above stated.

(23) Signature E. R. Lewis M.D. (Physician or Midwife)

Address Maryland Genl Hosp.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003222

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

FILED FOR RECORD
NOV -3 1910
JAS. BOSLEY, M.D.
REGISTRAR OF VITAL STATISTICS
Registrar

RETURN OF A BIRTH. A55745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Mulatto
4. *Date of Birth* MAY 3 1910
5. *Place of Birth, (Street and number)* Franklin Rd at Bridge (14th St.)
6. *Full name of Mother,* Bessie Radford
7. *Mother's Maiden Name,* " Brookhart
8. *Mother's Birthplace,* Harford County Md
9. *Full name of Father,* John Radford
10. *Father's Occupation,* Park Maintainer
11. *Father's Birthplace,* Balto County

Name of Medical Attendant, or other person who makes this Return, C. S. Parker M.D.

Address, 310 E. Lexington Ave

Remarks,

MAY -3 1910

OSLEY M.D. H. OF HEALTH

1910000003223

the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been registered, sex, color, the full name and occupation of the parents, the date and place where born, and where the parents reside. Such list shall be made out in the form and delivered between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the nurse or person who shall be employed to wait upon the mother, immediately after the birth, to make a return of the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall state as to the same can be ascertained the full name of each child, if any child have been conferred; sex, color, the full name and residence of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person who is in attendance at the birth, to the office of Commissioner of Health. In case the birth of any child shall occur when there is no midwifery, or should no other person be in attendance upon the birth, the parent or parents shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the same manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Name of child,*	John. T.
2. *Sex, (state whether male or female)*	boy
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	22 April 1910
5. *Place of Birth, (Street and number)*	1952 Patterson place
6. *Full name of Mother,*	Eles Anderson
7. *Mother's Maiden Name,*	Eles Maher
8. *Mother's Birthplace,*	Baltimore
9. *Full name of Father,*	Charles Anderson.
10. *Father's Occupation,*	Labor man
11. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Louisa Lisna
Address,	2034 Ashland ave
Remarks,	All Well

RECEIVED MAY -3 1910

S. GANLEY M.D.
COMMR. OF HEALTH

191000003224

RETURN OF A BIRTH. 55747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child,* John J.
2. *Sex, (state whether male or female)* boy
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 14 April 1910
5. *Place of Birth, (Street and number)* 1431 Webb ste
6. *Full name of Mother,* Fynie Kohl
7. *Mother's Maiden Name,* Fynie Holecek
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* John J. Kohl
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Louisa Sima

Address, 2034 Ashland ave

Remarks, All Well

191000003225

The Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) date and place of birth, and the name and occupation of its parents. The said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics at the office of Health. In case the birth of any child is not reported by the midwife, or should no other person be in attendance as a physician or practitioner of midwifery, or should no other person become the duty of the Parent or Parents of such child to report the same, the Commissioner of Health shall require all births occurring within the period above required, and any such person or persons hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Name of child,*	Frederick J. J. Frederick Carl Mel
2. *Sex, (state whether male or female)*	boy
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	11 April 1910
5. *Place of Birth, (Street and number)*	1200 Peabody str.
6. *Full name of Mother,*	Paulina Ottebern Melber
7. *Mother's Maiden Name,*	Paulina Russ
8. *Mother's Birthplace,*	Germany
9. *Full name of Father,*	Frederick J. J. Ottebern Melber
10. *Father's Occupation,*	Salesman
11. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Louisa Sinn
Address,	2034 Ashland ave
Remarks,	All Well

1 9 1 0 0 0 0 3 2 2 6

BOARD OF HEALTH
BALTIMORE, MD.

Sec. 4. Coroner's Report of Death. This schedule shall contain a list of the births which have occurred since the last preceding return, and the name of every child born alive within the district during the month, and shall set forth as far as the same can be ascertained the full name of each parent, the date and place of birth, and the said schedule shall be delivered every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the midwife, or other person in attendance upon the mother, immediately thereafter to report the birth of such child, and the said midwife, or other person in attendance upon the mother shall become the duty of the person or parents of such child, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55749

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1821 Hope St.; Ward)

(2) FULL NAME OF CHILD William Raymond Gruener

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M			yes	Apr. 9 1910

FATHER	MOTHER
(8) FULL NAME: John Gruener	(14) FULL MAIDEN NAME: Agnes Cassidy
(9) RESIDENCE: 1821 Hope	(15) RESIDENCE: 1821 Hope
(10) COLOR: W — (11) AGE AT LAST BIRTHDAY: 32 (Years)	(16) COLOR: W — (17) AGE AT LAST BIRTHDAY: 25 yrs. (Years)
(12) BIRTHPLACE: Virginia	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Motorman	(19) OCCUPATION: Domestic
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 2

num'r of each, in or'r of birth, state.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 P. M., on the date above stated.

(23) Signature: Anthony J. Pittaluga

(Physician or Midwife)

827 Cresmont Ave

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 2 2 7

MAY -3 1910

JAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55750

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 732 N. Wolf St.; Ward)

(2) FULL NAME OF CHILD Terance Joseph Evens — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	—	2nd	Y.	Apr. 12 1910

FATHER	MOTHER
(8) FULL NAME Joseph Williams Laurence Evens	(14) FULL MAIDEN NAME Catherine Dunn
(9) RESIDENCE 732 N. Wolf.	(15) RESIDENCE 832 N. Wolf.
(10) COLOR W (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR W (17) AGE AT LAST BIRTHDAY 30 yrs. (Years)
(12) BIRTHPLACE Canada	(18) BIRTHPLACE Ireland.
(13) OCCUPATION Decorator	(19) OCCUPATION Domestic
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living two

Number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11. P. M., on the date above stated.

(23) Signature Andy L. Ritchlich (Physician or Midwife)

Address 827 Augusta St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 2 2 8

RECEIVED MAY 3 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55751

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 503 Conway St.; Ward)

(2) FULL NAME OF CHILD Laura Rocca — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F	Single (To be answered only in event of plural birth)	3rd	yes	Feb. 7 1910

FATHER		MOTHER	
(8) FULL NAME	Nicola Rocca	(14) FULL MAIDEN NAME	Angelina Mastropalo
(9) RESIDENCE	503 Conway St	(15) RESIDENCE	503 Conway St
(10) COLOR	W	(16) COLOR	W
(11) AGE AT LAST BIRTHDAY (Years)	32 yrs	(17) AGE AT LAST BIRTHDAY (Years)	22 yrs.
(12) BIRTHPLACE	Italy	(18) BIRTHPLACE	Italy
(13) OCCUPATION	Tailor	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth	3rd	(21) Number of children of this mother now living	3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 503 Conway St 5 P. M., on the date above stated.

(23) Signature Judy L. Rutaleate M.D. (Physician or Midwife)

Address 827 Augusta St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD 0 0 0 3 2 2 9

MAY 3 1910

THOS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report _____, 19 ____ Filed _____, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55752

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD Francis Braden — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female				April 14th, 1910

FATHER		MOTHER	
(8) FULL NAME	Wm Francis Braden	(14) FULL MAIDEN NAME	Mary Quirk Braden
(9) RESIDENCE	2301 Druid Hill ave	(15) RESIDENCE	Druid Hill ave
(10) COLOR		(16) COLOR	
(11) AGE AT LAST BIRTHDAY (Years)	27	(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Reporter for "Sun"	(19) OCCUPATION	Housekeeper

(20) Number of children born to this mother, including present birth One

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3½ P M., on the date above stated.

(23) Signature E. E. Glover M.D. (Physician or Midwife)

Address 1224 N. Hutchinson ave

* When there was an attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

9 1 0 U 0 0 3 2 3 0

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY -3 1910 JAS. BOOTH, M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55753

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Johns Hopkins Hosp. St.; Ward)

(2) FULL NAME OF CHILD — HELEN Hudrey Cooper

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			✓	March 31 1910

FATHER

(8) FULL NAME — [illegible]

(9) RESIDENCE — 2

(10) COLOR — 2

(11) AGE AT LAST BIRTHDAY (Years) — 2

(12) BIRTHPLACE — 2

(13) OCCUPATION — 2

(20) Number of children born to this mother, including present birth — 1

MOTHER

(14) FULL MAIDEN NAME — Helen Cooper

(15) RESIDENCE — 1210 Park Ave Balto

(16) COLOR — C.

(17) AGE AT LAST BIRTHDAY (Years) — 18

(18) BIRTHPLACE — Maryland.

(19) OCCUPATION — Housework

(21) Number of children of this mother now living — 1

Number of sheet, if any, of this birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature — H. Cauley MD (Physician or Midwife)

Address — Johns Hopkins Hospital

Filed — 19 . 5/4/10 — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 2 3 1

RECEIVED FOR RECORD APR - 5 1910 J. S. BOSLEY, M.D. COMM'R OF HEALTH

(24) Given name added from a supplemental report 12/30/74, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55754

(1) PLACE OF BIRTH 1928 E. Chase Street. Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Grace - Isabell Taylor. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		3		April 11. 1910.

FATHER	MOTHER
(8) FULL NAME Mark B. Taylor.	(14) FULL MAIDEN NAME Minnie Crouch.
(9) RESIDENCE 1928 E. Chase St.	(15) RESIDENCE 1928. E. Chase.
(10) COLOR (11) AGE AT LAST BIRTHDAY 23. (Years)	(16) COLOR (17) AGE AT LAST BIRTHDAY 21. (Years)
(12) BIRTHPLACE Balto Md.	(18) BIRTHPLACE Kent Co Md.
(13) OCCUPATION Brick-layer.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 3.	(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1928 E. Chase St. M., on the date above stated.

(23) Signature Mrs. K. Tley.

(Physician or Midwife)

Address 2224. E. Lombard St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 2 3 2

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed 4-4 1910, 19 .

Registrar

JAS. BOSLEY M.D. COMMISSIONER OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 127 S. Durham Street. Registered No. B. A55755

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Louise Crescentia Dumps. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		3.		April 15 1910.

FATHER		MOTHER	
(8) FULL NAME	Franz Dumps.	(14) FULL MAIDEN NAME	Annie Fellner.
(9) RESIDENCE	127 S. Durham St.	(15) RESIDENCE	127 S. Durham St.
(10) COLOR		(16) COLOR	
(11) AGE AT LAST BIRTHDAY (Years)	25.	(17) AGE AT LAST BIRTHDAY (Years)	24.
(12) BIRTHPLACE	Germany.	(18) BIRTHPLACE	Germany.
(13) OCCUPATION	Cabinet-maker.	(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	3.	(21) Number of children of this mother now living	3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 127 S. Durham St. on the date above stated.

(23) Signature Mrs. K. Kley.

(Physician or Midwife)

Address 2223 E. Lombard St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1910 U 0003233

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

MAY -1 1910

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 55756

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD — Reely

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			✓	Mar. 8, 1910

FATHER	MOTHER
(8) FULL NAME Lee Reely	(14) FULL MAIDEN NAME Mattie Richmond
(9) RESIDENCE Waverly Md	(15) RESIDENCE 1078 Central Ave
(10) COLOR ~~White~~ (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION packer	(19) OCCUPATION factory hand
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

Number of each, in or of wife, alone

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature H Cauley M D (Physician or Midwife)

Address 1078 Central Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 2 3 4

(24) Given name added from a supplemental report ____, 19

Filed APR 9 1910, 19

WM. R. BOSLEY M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55757

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1811 N. Gay St. St.; 8 Ward)

(2) FULL NAME OF CHILD —

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day) 19 (Year)
F	—	1	Yes	April 26 1910

FATHER

(8) FULL NAME: Edward B. Schrufer.

(9) RESIDENCE: 1811 N Gay

(10) COLOR: W. (11) AGE AT LAST BIRTHDAY: 19 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Driver

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Anna B. Streb

(15) RESIDENCE: 1811 N. Gay St

(16) COLOR: W. (17) AGE AT LAST BIRTHDAY: 19 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: House-wife

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:30 A. M., on the date above stated.

(23) Signature: B P Nevitt M. D. Physician (Physician or Midwife)

Address: 1301 Patterson Park Ave

Filed MAY 2 1910, 19 .

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 2 3 5

(24) Given name added from a supplemental report _____, 19

Registrar

RECORD

JAS. BOSLEY M.D. COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 654 W Mulberry St.; Ward)

Registered No. B 55758

(2) FULL NAME OF CHILD Elizabeth Mary Meyer. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	April 26th 1910

FATHER		MOTHER	
(8) FULL NAME	Frank Meyer.	(14) FULL MAIDEN NAME	Theresa Yarkel
(9) RESIDENCE	654 W Mulberry St	(15) RESIDENCE	654 W Mulberry St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	30
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	24
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto Md
(13) OCCUPATION	Laborer	(19) OCCUPATION	Wife.
(20) Number of children born to this mother, including present birth	Two	(21) Number of children of this mother now living	Two.

(Number of each, in order of birth, state)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2½ a. M., on the date above stated.

(23) Signature John T. McCarthy M.D. Physician (Physician or Midwife)

Address 656 W. Franklin St

Filed MAY — 1 1910, 19

RECEIVED FOR RECORD MAY — 1 1910 S. BOSLEY M.D. COMR OF HEALTH

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55759

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1529 S. Charles St.; Ward)

(2) FULL NAME OF CHILD — Kirby

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 28 1910

FATHER

(8) FULL NAME: Victor Kirby

(9) RESIDENCE: 1529 S. Charles St.

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Clerk

MOTHER

(14) FULL MAIDEN NAME: Emma Kirby

(15) RESIDENCE: 1529 S. Charles St

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: House wife.

(20) Number of children born to this mother, including present birth: 2.

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10.45 P. M., on the date above stated.

(23) Signature: H. Hobart Keech

Physician (Physician or Midwife)

Address: 832 N. Eutaw St

Filed ____ 19 ____

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 2 3 7

RECEIVED FOR RECORD MAY -4 1910 JAS. BORLEY, M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55760

(1) PLACE OF BIRTH 224 S. Washington Street. Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Louis Siegrist. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2.		March 1. 1910

	FATHER	MOTHER
(8) FULL NAME	Louis Siegrist.	(14) FULL MAIDEN NAME Jennie Wolf.
(9) RESIDENCE	224 S. Washington St.	(15) RESIDENCE 224 S. Washington St.
(10) COLOR	(11) AGE AT LAST BIRTHDAY 29. (Years)	(16) COLOR (17) AGE AT LAST BIRTHDAY 25. (Years)
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE Balto Md.
(13) OCCUPATION	Driver.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 2.		(21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 224 S. Washington St on the date above stated.

(23) Signature Mrs. K. Key. (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

U 0 0 3 2 3 8

(24) Given name added from a supplemental report ____, 19

Address 2224 E. Lombard Street.

Filed ____, 19 .

Registrar

Registrar

COMPARED FOR RECORD MAY – 3 1910

JAS. BOGLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1925 E. Lombard St. Registered No. B. A55761

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD George Charles Menzel. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1.		April 5 1910.

FATHER		MOTHER	
(8) FULL NAME	George Menzel.	(14) FULL MAIDEN NAME	Florence Wenzel.
(9) RESIDENCE	1925 E Lombard St.	(15) RESIDENCE	1925 E. Lombard St.
(10) COLOR		(16) COLOR	
(11) AGE AT LAST BIRTHDAY (Years)	24.	(17) AGE AT LAST BIRTHDAY (Years)	17.
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto Md.
(13) OCCUPATION	Laborer.	(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	1.	(21) Number of children of this mother now living	1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1925 E. Lombard St.; on the date above stated.

(23) Signature Mrs K. Kley. (Physician or Midwife)

Address 2225 E. Lombard St.

Filed APR 7 1910, 19 .

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

U 0 0 3 2 3 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55762

(1) PLACE OF BIRTH 625 S. Bond Street. Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Arthur Eddy. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.		3.		April, 10. 1910.

FATHER		MOTHER	
(8) FULL NAME	George Eddy.	(14) FULL MAIDEN NAME	Lottie Pierman.
(9) RESIDENCE	625. S. Bond St.	(15) RESIDENCE	625 S. Bond St.
(10) COLOR		(11) AGE AT LAST BIRTHDAY (Years)	26.
(12) BIRTHPLACE	England.	(18) BIRTHPLACE	Balto Md.
(13) OCCUPATION	Fire-man.	(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	3.	(21) Number of children of this mother now living	2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 625. S. Bond St. X, M., on the date above stated.

(23) Signature Mrs K. Key. (Physician or Midwife)

Address 2224 E. Lombard St.

*When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 2 4 0

(24) Given name added from a supplemental report ____, 19

Filed Apr 1 1910, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

CERTIFIED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE CORRECTED ~~CERTIFICATE OF BIRTH~~

A55763

(1) PLACE OF BIRTH 519 S. Montford Ave. Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Vernon R. Rein Reese

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) June, (Day) 23 (Year) 1910.
Male.		3.		

FATHER		MOTHER	
(8) FULL NAME	Ralph (Reese) Reese	(14) FULL MAIDEN NAME	Edna Chisel.
(9) RESIDENCE	519 S. Montford Ave.	(15) RESIDENCE	519 S. Montford Ave.
(10) COLOR		(11) AGE AT LAST BIRTHDAY (Years) 28.	(16) COLOR	(17) AGE AT LAST BIRTHDAY (Years) 28.
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto Md.
(13) OCCUPATION	Driver	(19) OCCUPATION	Housekeeper.
(20) Number of children born to this mother, including present birth	3.	(21) Number of children of this mother now living	3.

number of each, in order of birth, state.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 519 S. Montford Ave on the data above stated.

(23) Signature Mrs K. Key.

(Physician or Midwife)

Address 2224 E. Lombard St.

*When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C U 0 0 3 2 4 1

(24) Given name added from a supplemental report ____, 19

Filed MAY -4 1910, 19 .

Registrar

JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 248 S. Castle Street. Registered No. B. A55764

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Joseph Charles Nuesslein. If child is not yet named, write supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth 3.	(6) Legitimate?	(7) Date of Birth April (Month) 29 (Day) 1910 (Year)

number of each, in order of birth, stated

FATHER		MOTHER	
(8) FULL NAME	Joseph Nuesslein.	(14) FULL MAIDEN NAME	Catherine Benzinger.
(9) RESIDENCE	248. S. Castle St.	(15) RESIDENCE	248. S. Castle St.
(10) COLOR		(16) COLOR	
(11) AGE AT LAST BIRTHDAY	26. (Years)	(17) AGE AT LAST BIRTHDAY	23. (Years)
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto Md.
(13) OCCUPATION	Paper - Hanger.	(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	3.	(21) Number of children of this mother now living	3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 248. S. Castle St. M., on the date above stated.

(23) Signature Wm K. Klay. (Physician or Midwife)

Address 2224. E. Lombard St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003242

RECEIVED FOR RECORD MAY -2 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report_____, 19____

Registrar

Filed_____, 19____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55765

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 328 Homestead St.; Ward)

(2) FULL NAME OF CHILD Kenneth Langley Burnecker — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Male			yes	April 7 1910

(To be answered only in event of plural births)

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME: Harry Langley Burnecker	(14) FULL MAIDEN NAME: Ada Virginia Macneal
(9) RESIDENCE: 328 Homestead St	(15) RESIDENCE: 328 Homestead St
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY (Years): 27 years
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY (Years): 20
(12) BIRTHPLACE: Frederick Md	(18) BIRTHPLACE: Baltimore Md
(13) OCCUPATION: Civil Engineer	(19) OCCUPATION: —

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11-30 A M., on the date above stated.

(23) Signature Francis D. McCarrier M.D.

U 0 0 3 2 4 3 Physician (Physician or Midwife)

Address 416 E. North Ave

* When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ——— —, 19

Registrar

Filed APR 4 1910, 19 .

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55766

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1717 Windsor Mills Rd. St.; Ward)

(2) FULL NAME OF CHILD George LeRoy Bruder. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Male | (4) Twin, triplet, or other? ✓ (To be answered only in event of plural births) | (5) Number in order of birth ✓ | (6) Legitimate? yes | (7) Date of Birth: April (Month) 12th (Day) 1910 (Year)

FATHER

(8) FULL NAME: George L. Bruder

(9) RESIDENCE: 1717 Windsor Mills Rd

(10) COLOR: White | (11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: Balto. Md.

(13) OCCUPATION: Book-keeper.

(20) Number of children born to this mother, including present birth: one

MOTHER

(14) FULL MAIDEN NAME: Wilhelmina Schmidt.

(15) RESIDENCE: 1717 Windsor Mills Rd.

(16) COLOR: White | (17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Balto Md

(19) OCCUPATION: Wife.

(21) Number of children of this mother now living: one

Number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 P. M., on the date above stated.

(23) Signature: John T. McCarthy M.D. (Physician or Midwife)

Address: 656 W. Franklin St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55767

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1237 Argyle Av. St.; Ward)

(2) FULL NAME OF CHILD Ralph Dahnw. { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	✓	✓	yes	April 10th, 1910

	FATHER	MOTHER
(8) FULL NAME	Emanuel H. Dahnw	(14) FULL MAIDEN NAME Rose A. Katz.
(9) RESIDENCE	1237 Argyle Av	(15) RESIDENCE 1237 Argyle Av.
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years) 22
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION	Grocer.	(19) OCCUPATION Wife

(20) Number of children born to this mother, including present birth one

(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 30 P. M., on the date above stated.

(23) Signature John T. McCarthy M.D. Physician or Midwife.

Address 606 W. Franklin St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 0 0 3 2 4 5

(24) Given name added from a supplemental report ____, 19

Filed MAY -4 1910, 19

Registrar

(SEE ON REVERSE SIDE) READ THE REVERSE SIDE)

RECORD

JAS. BOGLEY M.D.
COMR OF HEALTH

Registrar

name or of each, in order of birth, state

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55768

(1) PLACE OF BIRTH: CITY OF BALTIMORE (No. 140 E. Hughes St.; Ward)

(2) FULL NAME OF CHILD: James Daridge Gregory

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	Single	one	Yes	April 23 1910 (Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Ernest Henry Gregory	(14) FULL MAIDEN NAME	Minnie C. Kent
(9) RESIDENCE	149 E. Hughes St	(15) RESIDENCE	149 E. Hughes St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	24 (Years)	(17) AGE AT LAST BIRTHDAY	22 (Years)
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Virginia
(13) OCCUPATION	Street Car Driver	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth: one

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 o'clock 23 p.m. on the date above stated.

(23) Signature: Chas. Hans Kines M.D. (Physician or Midwife)

Address: 165 Light St

*When there was no attending physician or midwife, then the father, householder, etc., shall make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 2 4 5

(24) Given name added from a supplemental report _____, 19

Filed MAY 1 1910, 19

Registrar

Registrar

JAS. BOSLEY M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

GIVEN NAME ADDED - 2/6/75

RETURN OF A BIRTH. A55769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

NAME: MILSON EDWARD KRUMM

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th (Legitimate)

1. Name of Child, (all white)
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White - Parents also
4. Date of Birth, Apr 18 10
6. Place of Birth, (Street and number) 2364 Pennsylvania Ave
6. Full name of Mother, Mary E Krumm aet 34
7. Mother's Maiden Name, " " Baumann
8. Mother's Birthplace, Balto Co
9. Full name of Father, Louis G Krumm aet 35
10. Father's Occupation, Driver Furniture Wagon
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs H E Herman

Address, 808 W. 33rd st

Remarks, MAY 1 1910 DR. FOSTER, M.D. HEALTH OFFICER

1910 00003247

Filed: 5/4/10

month, and shall set forth as far as the same can be ascertained the full name of each child (if any) that has been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, a like schedule of births which may have occurred in his practice during the month next preceding; and in case no birth shall occur during any month to report the fact within the period above required, and shall occur without the attendance of a physician or practitioner, or if there be no such person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and each and every person who shall neglect, fail or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th 7 living

1. *Name of Child,* Legitimate
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* Apr 24 1910
6. *Place of Birth, (Street and number)* 822 W. 33rd
6. *Full name of Mother,* Mary A. Burns
7. *Mother's Maiden Name,* " Scheiswohl
8. *Mother's Birthplace,* York Pa.
9. *Full name of Father,* Robt H & L Burns col - 44
10. *Father's Occupation,* R.R. Clerk
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Wm H. Freeman

Address, 800 W. 33rd

Remarks,

MAY -4 1910

1910000 3248

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the day, month and year of its birth, the full name, residence and occupation of its parents; the date and place of birth; and the name and residence of the physician, midwife or other person who shall have attended at the birth of said child. Every such return shall be signed by the practitioner in the form of a certificate between the first and last lines of the same, and delivered by him, her or them to the office of Commissioner of Health, or should no other person be in attendance at the birth, then the father or mother of such child shall become the duty of the person or parents of such child to report in the manner and within the period above recited, and shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A55771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 1st

1. *Name of child,* Solomon Phillip Toffler
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Balto. Md. Apr 23 1910
5. *Place of Birth, (Street and number)* 1111 N Gay St
6. *Full name of Mother,* Ida Toffler
7. *Mother's Maiden Name,* Ida Silberman
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* William Toffler
10. *Father's Occupation,* Merchant
11. *Father's Birthplace,* United States

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Taylor

Address, 127 Augusta Ave.

Remarks,

RECEIVED MAY -5 1910 THE BOSLEY PRESS BALTIMORE MD

19100003249

The Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, date of birth, and full name and residence of parents. The form of each certificate shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or person in charge of the child, at the time of the visit next preceding the date of birth, and a second visit between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in charge of such child to report its birth to the Commissioner of Health, it shall be the duty of the parent or person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall be delivered by the same on or before the fifth day of the month next after that in which the births have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur in the absence of such physician or practitioner, or if there be no such physician or practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* April 2 1910
6. *Place of Birth, (Street and number)* 1809 E Fayette St.
6. *Full name of Mother,* Ida Kramer
7. *Mother's Maiden Name,* Ida Kramer
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Israel Kramer
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, A. A. Lacar

Address,

Remarks,

RECEIVED FOR RECORD
APR 1 1910
BALTIMORE MD.
BOARD OF HEALTH

1910 00 03250

RETURN OF A BIRTH.

A55773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

GIVEN NAME ADDED 4-21-64

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Evelyn Kellert
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth, Dec 6th 1909
6. Place of Birth, (Street and number) 296 W Fremont St
6. Full name of Mother, Fannie Kellert
7. Mother's Maiden Name, Fannie Friedlander
8. Mother's Birthplace, U S
9. Full name of Father, Michael Kellert
10. Father's Occupation, Tailor
11. Father's Birthplace, U S

Name of Medical Attendant, or other person who makes this Return, A. E. Lazar

Address, 2008 E Madison Ave.

Remarks,

DEC 4 1910

1910 0003251

U.S. BUREAU OF HEALTH

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born and not named,) the full name and residence of the parents, the date of birth, and such other facts as may be required by the Commissioner of Health. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required to report the same, it shall be the duty of the parent or person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55774

CERTIFICATE CORRECTED 2-4-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex, the color, the date of birth, and the full name and residence of the parents; the date and place of birth and the name of the attending physician or midwife. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents or person in charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of Child, Jeanne Mossovitz
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race)
4. Date of Birth, March 22nd 1910
6. Place of Birth, (Street and number) 121 N. Bond
6. Full name of Mother, ~~Fannie Mossovitz~~
7. Mother's Maiden Name, Fannie Gofedman
8. Mother's Birthplace, Baltimore ~~Mossovitz~~
9. Full name of Father, Abraham ~~Mossovitz~~
10. Father's Occupation, Contractor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, A. L. Lacia

Address,

Remarks,

RECORDED
MAY -4 1910
REGISTRAR OF VITAL STATISTICS

19100003252

RETURN OF A BIRTH.

A55775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd both living

1. Name of Child, Nellie Maxie Wheeler Legitimate
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) White — Parents
4. Date of Birth, April 22nd
6. Place of Birth, (Street and number) 142 Stone Hill
6. Full name of Mother, Lizzie V Wheeler at 22
7. Mother's Maiden Name, " " Lentz
8. Mother's Birthplace, Balto
9. Full name of Father, John E Wheeler at 24
10. Father's Occupation, Mill Hand
11. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, Mrs. A. F. Dennis

Address, 8 00 W. 33rd

Remarks,

1 9 1 0 0 0 0 3 2 5 3

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born,) the sex, the color, the parentage, the residence of the parents, the date of birth, and such other facts as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required by this section to report such birth, the owner or agent of the house where such child is born shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A55776

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Name of Child,* Ruth Naomi
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* Apr. 16th 1910
6. *Place of Birth, (Street and number)* 238 Dellwood Ave.
6. *Full name of Mother,* Olive Virginia Yingling
7. *Mother's Maiden Name,* O. V. Smith
8. *Mother's Birthplace,* New Market, Md.
9. *Full name of Father,* Amos Irvin Yingling
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Westminster, Md.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Shower, M.D.

Address, 431 Roland Ave.

Remarks,

RECEIVED FOR RECORD MAY -4 1910 H.S. DORSEY M.D. BOARD OF HEALTH

1910000 03254

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of every person who shall be present at the birth of any child born within the limits of the City of Baltimore, or in case there be no person present, or in case the child be born elsewhere than in the City of Baltimore, then of the father or mother of such child, or in case of the death or inability of the father or mother, then of the person in charge of the house or tenement in which such child shall be born, within ten days after the birth of such child, to report the same to the Registrar of Vital Statistics, Board of Health, at his office in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or practitioner in midwifery, or other person in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the event of the failure of the person required to report as aforesaid to do so within the time specified. Any person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 th

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth April 30. 1910
5. Place of Birth, (Street and number) 1721 Covington st
6. Full name of Mother, Mary E. Evans
7. Mother's Maiden Name, Harvey
8. Mother's Birthplace, American
9. Full name of Father, Charles A. Evans
10. Father's Occupation, Laborer
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Carlin Schwartz

Address, 434 S. Fort ave

Remarks,

MAY -1 1910

BUREAU OF VITAL STATISTICS BALTIMORE MD

19100003255

If the child be born dead, or die before the same can be ascertained, the fact must be stated. Any midwife, nurse or other person who shall neglect or refuse to furnish to the Commissioner of Health the information required by this section, as far as the same can be ascertained, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Name of Child,* Josephine Richardson
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* April 28th 1910
6. *Place of Birth, (Street and number)* 533 N. Central Ave.
6. *Full name of Mother,* Drucilla Richardson
7. *Mother's Maiden Name,* Drucilla Lomax
8. *Mother's Birthplace,* Baltimore City
9. *Full name of Father,* Daniel J. Richardson
10. *Father's Occupation,* Coal Heaver.
11. *Father's Birthplace,* Hamilton Bermuda

Name of Medical Attendant, or other person who makes this Return. Annie Castel

Address, 532 McElderry Court

Remarks, Mother and Child are doing nicely.

19100003256

RECEIVED FOR RECORD
MAY -4 1910
JAS. BOSLEY, M.D.
SUP. OF HEALTH

Health. This schedule shall contain a list of the births that have occurred under his or her care during the last month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without attendance of a physician or midwife, or should neither such physician or midwife nor other person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-28-36

RETURN OF A BIRTH. 455779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

#1 GEORGE HAMILTON MANN #2 Helen Agnetta Mann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins 3 + 4

1. Name of Child, ——— Legdomala + White
2. Sex, (state whether male or female) 1st Male 2nd Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Apr 4/10
5. Place of Birth, (Street and number) 443 W. 24th St
6. Full name of Mother, act 28 Rosa A Mann White
7. Mother's Maiden Name, " " Krout
8. Mother's Birthplace, York Co Pa
9. Full name of Father, Milton M Mann act 33
10. Father's Occupation, R.R. Conductor
11. Father's Birthplace, York Co Pa

Name of Medical Attendant, or other person who makes this Return, Wm. H. & Dr Truman

Address, 800 W. 33rd St

Remarks, Children now living = 4

1910000 3257

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, or by the parent or person having charge of such child, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and such parent or parents who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A 55780

(1) PLACE OF BIRTH — Registered No. B 4256

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			no	May 1912

FATHER	MOTHER
(8) FULL NAME: Edward mason	(14) FULL MAIDEN NAME: Henerietta mason
(9) RESIDENCE: 1624 Gatrde	(15) RESIDENCE: 1624 Gatrde
(10) COLOR: Colored	(16) COLOR: Colored
(11) AGE AT LAST BIRTHDAY: 22 (Years)	(17) AGE AT LAST BIRTHDAY: 19 (Years)
(12) BIRTHPLACE: Bal City	(18) BIRTHPLACE: Bal City
(13) OCCUPATION: Larner	(19) OCCUPATION: her own work
(20) Number of children born to this mother, including present birth: Two	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Alive a.m., on the date above stated.

(23) Signature: [illegible] (Physician or Midwife)

Address: 20 23 St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY -5 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report Henerietta mason, 19

Filed ____, 19 .

Registrar ____ Registrar

(READ THE REVERSE SIDE)

number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455781

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2428, Fait Ave St.; Ward)

(2) FULL NAME OF CHILD William Mitchell [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male		2nd	Married	April 3rd, 1910

FATHER

(8) FULL NAME: Andrew Mitchell

(9) RESIDENCE: 2428 Fait Ave

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 33 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Laborer

MOTHER

Mitchell

(14) FULL MAIDEN NAME: Dtof Sommer

(15) RESIDENCE: 2428 Fait Ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 32 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housekeeper

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 A.M., on the date above stated.

RECEIVED FOR RECORD MAY — 4 1910 JAS. BOSLEY M.D. COMMISSIONER OF HEALTH

(23) Signature: Mrs Henrietta Kron

(Physician or Midwife)

Address: 1103 W. Washington Street

Filed May 4th, 1910.

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

T 00 03259

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55782

(1) PLACE OF BIRTH — Registered No. B 1236

CITY OF BALTIMORE. (No. 203 20½ St. ; Ward)

(2) FULL NAME OF CHILD — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			yes	april 10 1910

FATHER	MOTHER
(8) FULL NAME: Humphry broon	(14) FULL MAIDEN NAME: Hattie Arron
(9) RESIDENCE: 203 20½ st	(15) RESIDENCE: 213 20½ st
(10) COLOR: colored	(11) AGE AT LAST BIRTHDAY: 29 (Years)
(16) COLOR: colored	(17) AGE AT LAST BIRTHDAY: 33 (Years)
(12) BIRTHPLACE: va	(18) BIRTHPLACE: va
(13) OCCUPATION: Labr	(19) OCCUPATION: her own work

(20) Number of children born to this mother, including present birth: three

(21) Number of children of this mother now living: three

Number of each, in order of birth, equal

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.15 a.m., on the date above stated.

(23) Signature: Wiggs Slater (Physician or Midwife)

Address: 2[illegible] FOR RECORD 23 st

Filed MAY -5 1910 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

{* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.}

(24) Given name added from a supplemental report Mallie broon 19

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55783

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 319 21½ 24 St.; Ward)

Registered No. B 1236

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
male			Yes	April 2, 1910

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: richard henry

(9) RESIDENCE: 319 21½ 24

(10) COLOR: Colored

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Maryland

(13) OCCUPATION: Later

MOTHER

(14) FULL MAIDEN NAME: arrila henry

(15) RESIDENCE: 319 21½

(16) COLOR: Colored

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Maryland

(19) OCCUPATION: her own home

(20) Number of children born to this mother, including present birth: five

(21) Number of children of this mother now living: three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.30 A.M., on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature: Virginia Slater (Physician or Midwife)

Address: 24 20 23 St

Filed April 2 1910

Registrar

(24) Given name added from a supplemental report: arrila henry

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY 5 1910 JAS. ROSLEY WOOD REGISTRAR OF HEALTH

Item of date, in order of birth, state:

0 0 3 2 6 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455784

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 26 S. Fulton Ave. St.; Ward)

(2) FULL NAME OF CHILD Mildred Martin

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F	—	2	no	May 8, 1910

FATHER

(8) FULL NAME: George B. Troutner

(9) RESIDENCE: Dallas, Pa.

(10) COLOR: W. (11) AGE AT LAST BIRTHDAY: 20 (Years)

(12) BIRTHPLACE: Dublin Md.

(13) OCCUPATION: Confectioner

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME: Elizabeth Martin

(15) RESIDENCE: 26 S Fulton Ave

(16) COLOR: W (17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: York Pa.

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.10 A. M., on the date above stated.

(23) Signature: Beatrice M. Patiello

Midwife (Physician or Midwife)

Address: 26 S. Fulton Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

5 10 U 0 0 3 2 6 2

RECEIVED FOR RECORD MAY 5 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55785

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 427, Pemkey Place — St.; Ward)

(2) FULL NAME OF CHILD Charles Louis Hare — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
m	0	2	yes	Apr. 1, 1910

FATHER	MOTHER
(8) FULL NAME Lehr to Hare	(14) FULL MAIDEN NAME Mary Roxbaugh
(9) RESIDENCE 427 Pemkey Place	(15) RESIDENCE 427 Pemkey Place
(10) COLOR wht — (11) AGE AT LAST BIRTHDAT 30 (Years)	(16) COLOR wht — (17) AGE AT LAST BIRTHDAT 30 (Years)
(12) BIRTHPLACE Md	(18) BIRTHPLACE Penna
(13) OCCUPATION Sheet steel Carpet Stores	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5.30 A. M., on the date above stated.

(23) Signature G Lane Tanneyhill (Physician or Midwife)

Address 1103 Madison Ave

* When there was an attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 3 2 6 3

RECEIVED FOR RECORD

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed MAY -5 1910, 19 .

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

(OVER—READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455786

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1703 Edmonson ave St.; Ward)

(2) FULL NAME OF CHILD John Dennis Scully — If child is not yet named, make supplemental report, as directed

(3) Sex of Child: Male

(4) Twin, triplet, or other? ~~—~~

(5) ~~Number in~~ order of birth

(To be answered only in event of plural births)

(6) Legitimate? Yes

(7) Date of Birth: May (Month) 3 (Day) 1910 (Year)

FATHER

(8) FULL NAME: Peter John Scully

(9) RESIDENCE: 1703 Edmonson ave

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 32 yr (Years)

(12) BIRTHPLACE: Balto City Md

(13) OCCUPATION: Merchant

(20) Number of children born to this mother, including present birth: 1st

MOTHER

(14) FULL MAIDEN NAME: Emma Holtess

(15) RESIDENCE: 1703 Edmonson ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 30 yr (Years)

(18) BIRTHPLACE: Louisville Kentucky

(19) OCCUPATION: House Wife

(21) Number of children of this mother now living: 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at One o'clock a.M., on the date above stated.

(23) Signature: Robt. H. L. Lumpkin M.D.

Address: 117 N. Fulton ave (Physician or Midwife) Balto Md.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 3 2 6 4

RECEIVED FOR RECORD MAY -5 1910

(24) Given name added from a supplemental report ____, 19

Filed May 4th, 1910

COMR. OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Baltimore Maryland Registered No. B 8th 55487

CITY OF BALTIMORE. (No. 1400, Towson St. St.; 24th Ward)

(2) FULL NAME OF CHILD Not Named James LeRoy Martin (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male			yes	April	29th	1910

FATHER

(8) FULL NAME Winfield Martin

(9) RESIDENCE 1400 Towson St

(10) COLOR White (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION Labor

(20) Number of children born to this mother, including present birth 8th

MOTHER

(14) FULL MAIDEN NAME Mary E Franklin

(15) RESIDENCE 1400 Towson St

(16) COLOR White (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION

(21) Number of children of this mother now living 8th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1400 Towson St and on the date above stated.

RECEIVED FOR RECORD MAY 10 1910

(23) Signature Mrs Lodina Rye Midwife (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

No. 2265

(24) Given name added from a supplemental report ____, 19

Address 1475 Reynolds St

Filed 4th May 1910

JAS. BOSLEY, M.D. COMM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455738

Registered No. B

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 4004 Rolandair St.; 13 Ward)

(2) FULL NAME OF CHILD Roland E. Parrish

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		3	Yes	April 4 1910

FATHER		MOTHER	
(8) FULL NAME	W. C. Parrish	(14) FULL MAIDEN NAME	Arnetta Ertz
(9) RESIDENCE	4004 Rolandair	(15) RESIDENCE	4004 Rolandair
(10) COLOR	W	(16) COLOR	W
(11) AGE AT LAST BIRTHDAY (Years)	31	(17) AGE AT LAST BIRTHDAY (Years)	33
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Ohio
(13) OCCUPATION	Ordained Minister	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 P M., on the date above stated.

(23) Signature Stacy C. Ayler M.D.

1340 Rolandair (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 2 6 4

RECEIVED FOR RECORD MAY -5 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report_____, 19

Address

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 455789

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No.) 719 Carroll ave St.; 13 Ward)

(2) FULL NAME OF CHILD Radford F. Rinder

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
male		1	Yes	April	11	1910

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Walter Rinder

(9) RESIDENCE 719 Carroll ave

(10) COLOR W

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Missouri

(13) OCCUPATION Rail road Electric

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Elizabeth Massemore

(15) RESIDENCE 719 Carroll ave

(16) COLOR W

(17) AGE AT LAST BIRTHDAY 22 Yrs (Years)

(18) BIRTHPLACE Mary Land

(19) OCCUPATION House wife

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at A. M., on the date above stated.

(23) Signature Harry C. Hyde Physician (Physician or Midwife)

Address 340 N. Calvert ave

Filed MAY -5 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

** When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

0 0 3 2 6 7

CERTIFICATE RECEIVED MAY -5 1910

RETURN OF A BIRTH. A55790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twenty seventh child

1. Name of child, Helga Fletzel
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth Born April 26 th 19[illegible]
5. Place of Birth, (Street and number) Baltimore Street between [illegible]
6. Full name of Mother, Eva Fletzel
7. Mother's Maiden Name, Eva Newmanland
8. Mother's Birthplace, Baltimore
9. Full name of Father, John Fletzel
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Helen Smith

Address, 1108 Towson Street

Remarks,

RECEIVED FOR RECORD MAY -5 1910 JAS. BOSLEY M.D. COMR OF HEALTH

1910 0 0 0 3 2 6 8

It is hereby made the duty of every physician or midwife to report to the Commissioner of Health every birth attended by him or her, within ten days after such birth, and if no physician or midwife was in attendance upon the mother, then it shall be the duty of the father or mother of such child, or the householder or owner of the premises where such birth occurred, to report such birth to the Commissioner of Health, in the manner and within the period above required. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* Charles Milton Borchers
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* May 1 — 1910.
5. *Place of Birth, (Street and number)* 6 4½ Pitcher St
6. *Full name of Mother,* Margarite Kinzer Borchers
7. *Mother's Maiden Name,* Margarite Kinzer Bernard
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* John A. Borchers
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, G. A. Friede M.D.

Address, 1130 N. Eutaw St

Remarks, 1910000003269

REVIEWED RECORD MAY -5 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

He or she care during the month and shall set forth as far as the same can be ascertained the full name of each child that have been born to her, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. If no child shall be born during the month, then a schedule to that effect shall be delivered as aforesaid. If the mother be delivered of a child and there be no attendant upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Name of child, Wilhelm Becker
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Born April 16th 1910
5. Place of Birth, (Street and number) Baltimore Street Entre Lindze 1808
6. Full name of Mother, Helene Becker
7. Mother's Maiden Name, Helene Rausch
8. Mother's Birthplace, Germany
9. Full name of Father, Paul Becker
10. Father's Occupation, Laborer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Helen Fitch Cagney

Address, 1308 Towson Street

Remarks, 1910000 3270

RECEIVED FOR RECORD
MAY -5 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

The father, if living, or the mother, if the father be dead, or the parent having charge of the child, if both parents be dead, shall report to the Commissioner of Health, in the manner and within the period above required, the birth of any such person or persons as shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Third child

1. *Name of child,* Josefa Inenzidor
2. *Sex,* (*state whether male or female*) Male
3. *Race or color,* (*if not of the White Race*) White
4. *Date of Birth* Born April 6th 1910
5. *Place of Birth,* (*Street and number*) Baltimore Street Andu 1858
6. *Full name of Mother,* Elizabeth Inenzidor
7. *Mother's Maiden Name,* Elizabeth Wagner
8. *Mother's Birthplace,* Hungarian
9. *Full name of Father,* Peter Inenzidor
10. *Father's Occupation,* Tabner
11. *Father's Birthplace,* Hungarian

Name of Medical Attendant, or other person who makes this Return, Helen Inglesby

Address, 1308 Edison Street

Remarks, 1910003271

RECEIVED FOR RECORD
MAY -5 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the office of Commissioner of ...s certificate between the date of such birth and the attendance of a physician or practitioner at ...delivery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First to child
1. Name of child, John Lawrence Inalone
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Born April 10 th 1910
5. Place of Birth, (Street and number) Baltimore Street house 1846
6. Full name of Mother, Lottie Inalone
7. Mother's Maiden Name, Lottie Bechtold
8. Mother's Birthplace, Baltimore
9. Full name of Father, Harry Inalone
10. Father's Occupation, Saloon Keeper
11. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Helen Dutrow Lafferty
Address, 1308 Eutaw Street
Remarks,

RECEIVED FOR RECORD
MAY 5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

1910000032 72

Sec. 2. Every midwife or other person who shall be in attendance upon the birth of a child, and every householder in whose house a child shall be born, when there is no midwife or other person in attendance upon the birth, shall, within the time prescribed in section 1 of this ordinance, report to the Commissioner of Health the name and residence of the parents of such child, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the midwife or householder, to the person who shall be appointed to receive the same, and a certificate between the date and third day of each month of the attendance of a physician or practitioner of the healing art upon any woman during her confinement shall be delivered to the Commissioner of Health. In case the birth of any child shall occur in a house where there is no midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any midwife or person who shall hereafter fail to comply with the requirements of this section of this ordinance shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. *Name of child,* Joseph Gordon Cregan Daly
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Born April 23rd to 1910
5. *Place of Birth, (Street and number)* Baltimore Street 1302 Linden Ave
6. *Full name of Mother,* Rose [illegible] Daly
7. *Mother's Maiden Name,* Rose Daly
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* John Daly
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Helen Gutekaj[illegible]
Address, 1308 Fawn Street
Remarks,

RECEIVED FOR RECORD
MAY -5 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

1910000032 73

or her care during [illegible] of each child, if any shall have been conferred by law, the full name and occupation of its parent, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate aforesaid, to the parent, guardian or other person having the care of such child. If the birth of any child shall occur without the attendance of a physician or practitioner of Medicine, or Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who shall thereupon cause the said schedule to be delivered to the parent, who shall thereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...LTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55796

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Md. Homeopathic Hospital St.; Ward)

(2) FULL NAME OF CHILD Katherine Pearl Georgianna Bodley (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		(To be answered only in event of plural births)	No	April 23 1910

FATHER	MOTHER
(8) FULL NAME Thomas Jones	(14) FULL MAIDEN NAME Ida Valree Bodley
(9) RESIDENCE Green Spring Valley	(15) RESIDENCE Green Spring Valley
(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE Green Spring Valley	(18) BIRTHPLACE Long Green, Md
(13) OCCUPATION Waiter	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Md Hom. Hosp. 1045 A. M., on the date above stated.

(23) Signature George H Whitaker M.D. (Physician or Midwife)

Address Md Hom. Hosp.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 5 2 7 4

RECEIVED FOR RECORD MAY 6 1910

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

WM. A. S. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE...

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made f... number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55797

CITY OF BALTIMORE. (No. 1628 Grover Place St.; Ward)

(2) FULL NAME OF CHILD Marie Weiners { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female			yes	May 1, 1910

FATHER	MOTHER
(8) FULL NAME: John Weiners	(14) FULL MAIDEN NAME: Elisabeth Hruenyk
(9) RESIDENCE: 1628 Grover Place	(15) RESIDENCE: 1628 Grover Place
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 23 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Printer	(19) OCCUPATION: Home Wife
(20) Number of children born to this mother, including present birth: one	(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 9 a.m., on the date above stated.

(23) Signature John T Avery M.D. (Physician or Midwife)

Address 1823 Broadway

Filed MAY -6 1910, 19 . Registrar

JAS BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 3 2 7 5

REGISTERED

(24) Given name added from a supplemental report , 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55798

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1332 Mott St.; Ward)

(2) FULL NAME OF CHILD — Katharine Elizabeth Burns

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female			Yes	April 26 1910

FATHER		MOTHER	
(8) FULL NAME	Martin Burns	(14) FULL MAIDEN NAME	Mary Brannan
(9) RESIDENCE	1332 Mott St	(15) RESIDENCE	1332 Mott St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	27	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Ireland	(18) BIRTHPLACE	Ireland
(13) OCCUPATION	Butler	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 15 A. M., on the date above stated.

(23) Signature J. H. Robinson M.D. (Physician or Midwife)

Address 1226 Mott St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 003276

(24) Given name added from a supplemental report ____, 19

Filed MAY -6 1910, 19

Registrar

RECEIVED FOR JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(SEE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE CORRECTED 4-11-51

(1) PLACE OF BIRTH — Registered No. B. A55799

CITY OF BALTIMORE (No. 605 Wolfe St.; St.; Ward)

(2) FULL NAME OF CHILD Sophia Evelyn Marie Bentz

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female			Yes	April 23 1910

FATHER

(8) FULL NAME: Richard P. Bentz

(9) RESIDENCE: 605 Wolfe St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 23 (Years)

(12) BIRTHPLACE: Md

(13) OCCUPATION: Laborer

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Kate Smith

(15) RESIDENCE: 1605 Wolfe St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 19 (Years)

(18) BIRTHPLACE: Md

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30 a. M., on the date above stated.

(23) Signature: J. H. Robinson M.D. (Physician or Midwife)

Address: 726 Broadway

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD MAY -6 1910 JAS BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 55800

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2711 Greenmount Ave St.; Ward)

(2) FULL NAME OF CHILD _____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 17 1910

FATHER	MOTHER
(8) FULL NAME: Wm Hartman	(14) FULL MAIDEN NAME: Alice Price
(9) RESIDENCE: 2711 Greenmount Ave	(15) RESIDENCE: 2711 Greenmount Ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 29 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Brick Paver	(19) OCCUPATION: Housekeeper

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 a. M., on the date above stated.

(23) Signature J. E. Robinson M.D. (Physician or Midwife)

Address 726 Cathedral St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003278

(24) Given name added from a supplemental report _____, 19 _____ Registrar

BIRTH RECORD

Filed MAY -6 1910, 19 _____ Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55801

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1215 Greenmount Ave St.; Ward)

(2) FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 10 1910

FATHER	MOTHER
(8) FULL NAME: Tyler B. Courtney	(14) FULL MAIDEN NAME: Elizabeth Sprout
(9) RESIDENCE: 1215 Greenmount Ave	(15) RESIDENCE: 1215 Greenmount Ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 32 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Md.	(18) BIRTHPLACE: Massachusetts
(13) OCCUPATION: Decorator Interiors	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.45 a. M., on the date above stated.

(23) Signature: J. A. Robinson (Physician or Midwife)

Address: 1268 E. Preston St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD MAY -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report _____, 19 _____ Registrar

Filed _____, 19 _____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55802

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 29 N Eden St St.; Ward)

(2) FULL NAME OF CHILD Rosa Rubinstein — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl		One	Yes	April 12, 1910

FATHER	MOTHER
(8) FULL NAME: Isaac Rubinstein	(14) FULL MAIDEN NAME: Sharry Climan
(9) RESIDENCE: 29 N Eden	(15) RESIDENCE: 29 N Eden St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 24 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Plumber	(19) OCCUPATION: housewife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING ~~PHYSICIAN~~ OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 29 Eden St M., on the date above stated.

(23) Signature Rosa Sullivan (Attending Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003280

(24) Given name added from A supplemental report ____, 19

Address 1621 E. Baltimore St

RECEIVED FOR RECORD
Filed MAY -6 1910, 19

Registrar

Registrar

JAS. BOSLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55803

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 614 S. Broadway St.; Ward)

(2) FULL NAME OF CHILD Etha Hugger (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl		three	Yes	April 20 1910

FATHER	MOTHER
(8) FULL NAME: Dave Hugger	(14) FULL MAIDEN NAME: Edde Stein
(9) RESIDENCE: 614 S. Broadway	(15) RESIDENCE: 614 S Broadway
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY (Years)
	(16) COLOR: White
	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Cigar store	(19) OCCUPATION: house Wife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 614 S Broadway M., on the date above stated.

(23) Signature Rasa Sullivay (Physician or Midwife)

Address 1642 E Baltimore st

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report _____, 19

Filed MAY -6 1910, 19

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE CORRECTED 5-6-60

Registered No. B A55804

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 49 N Carolin St.; Ward)

(2) FULL NAME OF CHILD ~~Elly K~~ Eleanor Kramer (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Girl			Yes	April 19 (Month) (Day) 1960 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
(8) FULL NAME	~~Hyman~~ David A. Kramer	(14) FULL MAIDEN NAME Gena ~~Lonman~~ Hurwitz
(9) RESIDENCE	49 N Carolin st	(15) RESIDENCE 49 N Carolin st
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION	Tailor	(19) OCCUPATION house wife

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING ~~PHYSICIAN~~ OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 49 N Carolin St., on the date above stated.

(23) Signature Rosa Sullivan (Physician or Midwife)

Address 1021 E Baltimore st

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

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RECEIVED FOR RECORD MAY -6 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report _____, 19 _____

Registrar

Filed _____, 19 _____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55805

CITY OF BALTIMORE. (No. 130 N Front St.; Ward)

(2) FULL NAME OF CHILD Rose Friedman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl		One	Yes	April 15, 1910

FATHER	MOTHER
(8) FULL NAME: Lime Friedman	(14) FULL MAIDEN NAME: Sharry Kline
(9) RESIDENCE: 245 N High st	(15) RESIDENCE: 245 N High st
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 25 (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION: House Wife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 130 N. Front St. on the date above stated.

(23) Signature Rosa Sullivan (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003283

(24) Given name added from a supplemental report _____, 19

Address 1624 Baltimore St.

Filed MAY -6 1910, 19 .

Registrar

Registrar

JAS. BOSLEY M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55806

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 608 N Bond St.; Ward)

(2) FULL NAME OF CHILD Edwin Carlin [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), (Year)
Female			Yes	April 28, 1910

FATHER	MOTHER
(8) FULL NAME: Edwin Carlin	(14) FULL MAIDEN NAME: Florence Rhodes
(9) RESIDENCE: 608 N Bond St	(15) RESIDENCE: 608 N Bond St
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 21 (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 19 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Clerk	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: One	(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P. M., on the date above stated.

(23) Signature John T Avery MD (Physician or Midwife)

Address 1823 Broadway

Filed MAY -6 1910, 19 . Registrar

(24) Given name added from a supplemental report ____, 19 . Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 3284

DIRECTOR RECORDS

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 455807

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 5 Dorsey Lane St.; 20 Ward)

(2) FULL NAME OF CHILD George Louis Peregoy

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) 25 April (Day) (Year) 19 11
Male				

FATHER	MOTHER
(8) FULL NAME Walter Brant Peregoy	(14) FULL MAIDEN NAME Lena B Flamer
(9) RESIDENCE 5 Dorsey Lane	(15) RESIDENCE 5 Dorsey Lane
(10) COLOR White (11) AGE AT LAST BIRTHDAT 30 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAT 25 (Years)
(12) BIRTHPLACE 3 Dorsey Lane Balto Md	(18) BIRTHPLACE Germany
(13) OCCUPATION Painter	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Mrs Stipetina Wicks Midwife (Physician or Midwife)

62 Hope Lane

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 0 0 7 3 2 8 5

RECEIVED FOR RECORD MAY 6 1910 JAS. ROSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55808

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. Md. Homeopathic Hosp. St.; Ward)

(2) FULL NAME OF CHILD George Douglass Handy — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			Yes	April, 30, 1910

FATHER

(8) FULL NAME George Henry Handy

(9) RESIDENCE 2004 Falls Road Md

(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Dypomico Co. Md

(13) OCCUPATION Waiter

MOTHER

(14) FULL MAIDEN NAME Bertha Handy

(15) RESIDENCE 2004 Falls Road Md

(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Prince George Co. Md.

(19) OCCUPATION Housework

(20) Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Md Hom Hosp. 1045P M., on the date above stated.

(23) Signature George H Whitaker M.D. (Physician or Midwife)

Address Md Hom. Hosp.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 2 8 6

(24) Given name added from a supplemental report , 19

Registrar

RECEIVED FOR RECORD

Filed MAY -6 1910 , 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55809

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1817 N. Broadway St.; Ward)

(2) FULL NAME OF CHILD Dorothy Eva Vain — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
fem	single	1	yes	March 3 1910

FATHER

(8) FULL NAME: Harry E. Vain

(9) RESIDENCE: 1817 N. Bdway

(10) COLOR: white

(11) AGE AT LAST BIRTHDAY: 27 yrs (Years)

(12) BIRTHPLACE: Balto Md

(13) OCCUPATION: Clerk

MOTHER

(14) FULL MAIDEN NAME: Annie M. Snyder

(15) RESIDENCE: 1817 N. Bdway

(16) COLOR: white

(17) AGE AT LAST BIRTHDAY: 24 yrs (Years)

(18) BIRTHPLACE: Balto Md

(19) OCCUPATION: housewife

(20) Number of children born to this mother, including present birth: 0

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.45 a. M., on the date above stated.

(23) Signature: R. Preston Dill M.D. (Physician or Midwife)

Address: 1433 Lombard St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 2 8 7

RECEIVED FOR RECORD

MAY -5 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Give name added from a supplemental report _____, 19

Filed _____, 19

Registrar

Registrar

(SEE THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A55810

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2654 Young St.; Ward)

(2) FULL NAME OF CHILD Fredk. Conrad Chas. Gimbel (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	—	2nd	yes	April 27 1910

FATHER		MOTHER	
(8) FULL NAME	Fredk Gimbel	(14) FULL MAIDEN NAME	Rosa Baehmann
(9) RESIDENCE	2654 Young St	(15) RESIDENCE	2654 Young St
(10) COLOR	white	(16) COLOR	white
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	U.S.	(18) BIRTHPLACE	U.S.
(13) OCCUPATION	Plumber	(19) OCCUPATION	—
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.15 a M., on the date above stated.

(23) Signature P. Gustav Dillner (Physician or Midwife)

Address 2753 Lombard St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 2 8

RECEIVED FOR RECORD

(24) Given name added from a supplemental report ____, 19

Filed MAY -5 1910, 19

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

Registrar

(SEE THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55811

CITY OF BALTIMORE. (No. 1926 w Pratt St.; Ward)

(2) FULL NAME OF CHILD Charles Lauer — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	—	1st	yes	apl. 28 1910

	FATHER	MOTHER
(8) FULL NAME	Frank Jos. Lauer	(14) FULL MAIDEN NAME Sophie A. Flowther
(9) RESIDENCE	1926 w Pratt St	(15) RESIDENCE 1926 w Pratt St
(10) COLOR	white	(16) COLOR white
(11) AGE AT LAST BIRTHDAY (Years)	26	(17) AGE AT LAST BIRTHDAY (Years) 26
(12) BIRTHPLACE	U.S.	(18) BIRTHPLACE U.S.
(13) OCCUPATION	tool - maker	(19) OCCUPATION —
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.45 a. M., on the date above stated.

(23) Signature R. Gustav Diel M.D. (Physician or Midwife)

Address 1743 w Lombard St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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HEALTH DEPT. BALTO. MD. MAY -5 1910

(24) Given name added from a supplemental report ____, 19

Filed ____ 19 ____

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 455812

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1516 Aliceanna St.; 3rd Ward)

(2) FULL NAME OF CHILD: John Drobinski

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
M			yes	July	15	1909

	FATHER	MOTHER
(8) FULL NAME	Peter Drobinski	(14) FULL MAIDEN NAME: Mary Von Sarowski
(9) RESIDENCE	1516 Aliceanna St.	(15) RESIDENCE: 1516 Aliceanna St.
(10) COLOR	White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years)	27 yrs	(17) AGE AT LAST BIRTHDAY (Years): 25 yrs
(12) BIRTHPLACE	Poland	(18) BIRTHPLACE: Poland
(13) OCCUPATION	Laborer	(19) OCCUPATION: housewife
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8:30 a. M., on the date above stated.

(23) Signature: Peter X Drobinski

(Physician or Midwife)

Address: 1516 Aliceanna St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this form. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 5 1909 JAS. BOSLEY, M.D. COMM'R OF HEALTH

0 0 0 2 9 0

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, M

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 & children

1. *Name of Child,* Sanders
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* April 26th 1910
6. *Place of Birth, (Street and number)* 547 Cam
6. *Full name of Mother,* Lizzie Sanders
7. *Mother's Maiden Name,* Lizzie Yates
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Charles Sanders
10. *Father's Occupation,* Bootblack
11. *Father's Birthplace,* Baltimore Md
    Name of Medical Attendant, or other person who makes this return, Mrs Mora Wright
    Address, 716 Spring st
    Remarks, Col

CITY REGISTRATION RECORD
MAY -6 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

1910000329

month, or shall not be given, the full name and occupation of its parents; the date and place of birth, as near as can be ascertained; and in the case of a child born alive after the first and before the expiration of the second month

RETURN OF A BIRTH. 455814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Name of child,*	Florence L. Blackwell
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	Colored
4. *Date of Birth*	May 1. 1910
5. *Place of Birth, (Street and number)*	715 Pierce St
6. *Full name of Mother,*	Sadie Blackwell
7. *Mother's Maiden Name,*	Sadie Day
8. *Mother's Birthplace,*	Northumberland co Va
9. *Full name of Father,*	Frederick Blackwell
10. *Father's Occupation,*	Laboring
11. *Father's Birthplace,*	Northumberland Co Va
Name of Medical Attendant, or other person who makes this return	Mrs Margaret Freeman
Address,	2106 Eutaw Pl Balto
Remarks,	Home address

RECEIVED RECORD MAY -6 1910

CASSELEY M.D. COMMISSIONER

1910 COLORED 5292

Sec. 7. And be it further enacted, That it shall be the duty of the midwife, physician, or other person who shall attend upon the mother at the birth of any child, to ascertain the full name of such child, if any shall have been conferred, and the full name and occupation of the parents, the date and place of birth, and the said midwife, physician, or other person shall, within ten days after the birth of any child, make a return thereof in writing, duly signed by the practitioner in the form of a certificate to be furnished by the Commissioner of Health, and shall immediately thereafter file the same with the Commissioner of Health, or shall deliver the same to the midwife, physician, or other person who shall be in attendance upon the mother at the birth of any child shall occur without the attendance of a physician, midwife or other person, then the parent or parents of such child shall make such return and report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall become the duty of the person in charge of any lying-in asylum, hospital, almshouse, infirmary, or boarding house, to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55815

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1641 E. Baltimore St.; 3rd Ward)

(2) FULL NAME OF CHILD Carmela Crocetti

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 3, 1910

FATHER	MOTHER
(8) FULL NAME Nicholas Crocetti	(14) FULL MAIDEN NAME Concetta Della Noce
(9) RESIDENCE 1641 E. Balto-St.	(15) RESIDENCE 1641 E. Baltimore St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Italy	(18) BIRTHPLACE Italy
(13) OCCUPATION Tailor	(19) OCCUPATION housewife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7 a. M., on the date above stated.

(23) Signature A. Palmisano

Physician (Physician or Midwife)

Address 316 S. Exeter St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003293

(24) Given name added from a supplemental report ____, 19

Filed MAY -7 1910 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 455816

CITY OF BALTIMORE. (No. 1108 N Carey St.; Ward)

(2) FULL NAME OF CHILD Anne Elizabeth Lee — If child is not yet named, make supplemental report, as directed

(3) Sex of Child Female | (4) Twin, triplet, or other? — (To be answered only in event of plural birth) | (5) Number in order of birth 4 | (6) Legitimate? Yes | (7) Date of Birth April 25 (Month) (Day) 1910 (Year)

FATHER

(8) FULL NAME James Lee

(9) RESIDENCE 1108 Carey

(10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Va

(13) OCCUPATION Foreman

(20) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME Margaret a Loomer

(15) RESIDENCE 1108 N Carey

(16) COLOR White (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Md

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 P. M., on the date above stated.

(23) Signature Hubert C Blake MD

1614 N La Fayette (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 000329 A

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Address ____

RECEIVED FOR RECORD

Filed MAY -7 1910, 19 ____

JAS. BOSLEY M.D. COM'R OF HEALTH Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B A55817

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 710, Mosher. St.; Ward)

(2) FULL NAME OF CHILD: Mary Armintia Gray. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Female

(4) Twin, triplet, or other? (To be answered only in event of plural births)

(5) Number in order of birth

(6) Legitimate? Yes

(7) Date of Birth: April 26, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME: Charles M Gray.

(9) RESIDENCE: 710 Mosher

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 40. (Years)

(12) BIRTHPLACE: Ill.

(13) OCCUPATION: School teacher

MOTHER

(14) FULL MAIDEN NAME: Flonnie Gray.

(15) RESIDENCE: 710 Mosher.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 36. (Years)

(18) BIRTHPLACE: Va.

(19) OCCUPATION: Housekeeper

(20) Number of children born to this mother, including present birth: 3

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 a. M., on the date above stated.

(23) Signature: Herbert C Blade M.D.

Address: 1414 N Lafayette Ave (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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BUREAU OF VITAL STATISTICS RECORD

MAY -7 1910

(24) Given name added from a supplemental report _____, 19

Filed JAS. BOSLEY M.D. COM'R OF HEALTH, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55818

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 537 N. Mount. St.; Ward)

(2) FULL NAME OF CHILD Bertha Julia Clarke — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	5	Yes	April 10 1910

	FATHER	MOTHER
(8) FULL NAME	Pitts Clarke	(14) FULL MAIDEN NAME Margaret Cole
(9) RESIDENCE	537 Mount.	(15) RESIDENCE 537 Mount
(10) COLOR	White.	(16) COLOR White.
(11) AGE AT LAST BIRTHDAY (Years)	39.	(17) AGE AT LAST BIRTHDAY (Years) 35
(12) BIRTHPLACE	City	(18) BIRTHPLACE City.
(13) OCCUPATION	Salesman	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P— M., on the date above stated.

(23) Signature Herbert C Blake MD

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 2 9 6 — 14 W La Fayette Ave (Physician or Midwife)

(24) Given name added from a supplemental report ——— , 19 ———

Address ———

Filed MAY -7 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

RECEIVED FOR RECORD

Registrar ——— Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55819

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 613 Cumberland St.; Ward)

(2) FULL NAME OF CHILD Dorsey Fred. Geneslen — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3	Yes	April 25 1910

FATHER		MOTHER	
(8) FULL NAME	Frederick L Geneslen	(14) FULL MAIDEN NAME	Sarah Dorsey
(9) RESIDENCE	613 Cumberland	(15) RESIDENCE	Cumberland
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	39	(17) AGE AT LAST BIRTHDAY (Years)	37
(12) BIRTHPLACE	Md	(18) BIRTHPLACE	Maine
(13) OCCUPATION	Motorman	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 a.m., on the date above stated.

(23) Signature Herbert C Blake MD

(Physician or Midwife)

Address 1014 W La Fayette Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 2 9

RECEIVED FOR RECORD MAY -7 1910

(24) Given name added from a supplemental report ____, 19

Filed CHAS. S. BOSLEY M.D. COMM'R OF HEALTH, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 455820

CITY OF BALTIMORE. (No. 1335 West St. ; St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male			yes	April 8 1910

FATHER	MOTHER
(8) FULL NAME: Martin Donnelly	(14) FULL MAIDEN NAME: Mary Donnelly
(9) RESIDENCE: 1335 West St	(15) RESIDENCE: 1335 West St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY (Years):	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY (Years):
(12) BIRTHPLACE: Ireland	(18) BIRTHPLACE: Ireland
(13) OCCUPATION: Motorman	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 7	(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 a. M., on the date above stated.

(23) Signature: J. R. Robinson (Physician or Midwife)

Address: 726 E. Fayette St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 007298

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed MAY -6 1910, 19 .

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B a 55821

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2226 Jefferson St.; Ward)

(Chin Chin Mee)

(2) FULL NAME OF CHILD Mercia Chin Suon

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	Yes	March 30 1910

FATHER

(8) FULL NAME: Chin Suon

(9) RESIDENCE: 2226 Jefferson St

(10) COLOR: Chinese

(11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: China

(13) OCCUPATION: Merchant

MOTHER

(14) FULL MAIDEN NAME: Lee Shee

(15) RESIDENCE: 2226 Jefferson St

(16) COLOR: Chinese

(17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: China

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 o'clock, a. M., on the date above stated.

(23) Signature: U 0 0 3 2 9 C. H. Scudder M.D. (Physician)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Address: Lexington Baltimore Md

Filed May 7, 1910

CERTIFICATE AMENDED - 9/2/70

RETURN OF A BIRTH. A55822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ELIZABETH MARTHA MATTINGLY

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, may 5th 1910
4. Place of Birth, (Street and Number) 27th st & Maryland av
5. Full Name of Mother, Mary Mattingly
6. Mother's Maiden Name, Mary Dean
7. Mother's Birthplace, D. C
8. Full Name of Father, John Wyman Mattingly
9. Father's Occupation, Editor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Spencer Ellis M.D.

Address, The Baltimore

Remarks, 1910000309 Chas & Lafayette av

RECEIVED FOR RECORD MAY -7 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

~~month, and shall set forth as far as the same can be ascertained the full name of each parent, the place and date of birth; and the name, sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.~~

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A55823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~ &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 24th 1910
4. Place of Birth, (Street and Number) 1019 Arlington Ave
5. Full Name of Mother, Annie May Harding
6. Mother's Maiden Name, " " Ramsey
7. Mother's Birthplace, N.C.
8. Full Name of Father, Harry A. Harding
9. Father's Occupation, Clerk
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Nyman F. Hill M.D.

Address, The Walbert

Remarks, 19100 [illegible] 01 Chas Lafayette

RECEIVED FOR RECORD MAY -7 19[illegible] J. S. BOSLEY COMM'R OF HEA[illegible]

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, which have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 55824

CITY OF BALTIMORE. (No. _____ St.; _____ Ward)

(2) FULL NAME OF CHILD Joel C. & C. Perry (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				March 3, 1910

FATHER	MOTHER
(8) FULL NAME: William H Perry Jr	(14) FULL MAIDEN NAME: Clara M. B. Perry
(9) RESIDENCE: 1124 N Cross St	(15) RESIDENCE: 1124 N Cross St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 42 (Years)	(17) AGE AT LAST BIRTHDAY: 38 (Years)
(12) BIRTHPLACE: Baltimore City	(18) BIRTHPLACE: Baltimore City
(13) OCCUPATION: Stove Worker	(19) OCCUPATION: House Keeper
(20) Number of children born to this mother, including present birth: 7	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at _____ M., on the date above stated.

(23) Signature Mrs Bangs (Physician or Midwife)

Address 1124 Cross St

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED BY REGISTRAR OF RECORD
MAY -7 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55825

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Marion E. Seifert (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female	—	—	Yes	Feb 3, 1910

FATHER	MOTHER
(8) FULL NAME: Jacob Seifert	(14) FULL MAIDEN NAME: Margaret Musch
(9) RESIDENCE: 2518 Foster ave Balto md	(15) RESIDENCE: Balto City
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY (Years): 28
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY (Years): 26
(12) BIRTHPLACE: Balto Md	(18) BIRTHPLACE: Balto City
(13) OCCUPATION: Laborer in Coffee Mills	(19) OCCUPATION: Housework home
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 — P. M., on the date above stated.

(23) Signature: A O L Long
2729 E Fait Ave
(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

FILE NO. 100033 03

RECEIVED FOR RECORD MAY — 7 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Address ____

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455826

(1) PLACE OF BIRTH GIVEN NAME ADDED 6-17-60 Registered No. B

CITY OF BALTIMORE. (No. , St. ; Ward)

(2) FULL NAME OF CHILD Theresa Ruth Wielgosz (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 20, 1916

	FATHER	MOTHER
(8) FULL NAME	Peter Wielgosz	(14) FULL MAIDEN NAME Mary Mateczalski
(9) RESIDENCE	814 S. Lakewood ave	(15) RESIDENCE Lakewood ave Balto
(10) COLOR	White	(16) COLOR W
(11) AGE AT LAST BIRTHDAY	33 (Years)	(17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE	Austria	(18) BIRTHPLACE Balto Md.
(13) OCCUPATION	Bricklayer	(19) OCCUPATION Housework home
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 P. M., on the date above stated.

(23) Signature D C L Long

2429 Fait ave (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD NOV 7 1916

17 10 0 0 53 0 4

(24) Given name added from a supplemental report , 19

Address

Filed , 19

WM. S. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55827

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 18 N Potomac St.; Ward)

(2) FULL NAME OF CHILD Norman Edgar Cooper — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3	Yes	May 7 1910

FATHER	MOTHER
(8) FULL NAME Charles C Cooper	(14) FULL MAIDEN NAME Emma L. Cooper
(9) RESIDENCE 18 N Potomac	(15) RESIDENCE 18 N Potomac
(10) COLOR White — (11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR White — (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Upholster	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.40 a. M., on the date above stated.

(23) Signature R P Carman M D (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10003305

RECEIVED FOR RECORD MAY -7 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Address 1701 N Carolina Ave

(24) Given name added from a supplemental report....., 19 ..... Registrar

Filed ....., 19 ..... Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED-1/18/72 A55828

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1152 Hood St; Ward)

(2) FULL NAME OF CHILD ~~Not Named~~ ROBERT EUGENE SIMMONT

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	April 12, 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: John J. Simont	(14) FULL MAIDEN NAME: Maggie R Simont
(9) RESIDENCE: 1152 Hood St	(15) RESIDENCE: 1152 Hood St
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 42 (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 41 (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Sailor	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: 10	(21) Number of children of this mother now living: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature: Mrs Buyl (Physician or Midwife)

Address: 711 Eutaw St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

T-G 0003306

RECEIVED FOR RECORD MAY -7 1910

(24) Given name added from a supplemental report ____, 19

Filed ____ 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55829

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2355 West Fairmount Ave. Ward)

(2) FULL NAME OF CHILD Not as yet named — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 4 1910

FATHER	MOTHER
(8) FULL NAME: William H. Shelton	(14) FULL MAIDEN NAME: Margaret A. Green
(9) RESIDENCE: 2355 West Fairmount Ave	(15) RESIDENCE: 2355 West Fairmount Ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 42 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 35 (Years)
(12) BIRTHPLACE: Springfield Ill	(18) BIRTHPLACE: Baltimore Md
(13) OCCUPATION: Clerk	(19) OCCUPATION: House Work

(20) Number of children born to this mother, including present birth 7

(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Mrs. M. Savage (Physician or Midwife)

Address 0 0 0 3 3 0 7 Hillcrest P.O.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor showed other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD
MAY -7 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Filed ____ 19 .

Registrar

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CERTIFICATE CORRECTED 7-30-59

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 455830

CITY OF BALTIMORE. (No. 1171 Dester St; St.; Ward)

(2) FULL NAME OF CHILD Henry J. Knauss — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
white		one		[illegible] 19 59

	FATHER	MOTHER
(8) FULL NAME	John George Knauss	(14) FULL MAIDEN NAME Mary C. Stevens
(9) RESIDENCE	1171 Dester St	(15) RESIDENCE 1171 Dester St
(10) COLOR	White	(16) COLOR W
(11) AGE AT LAST BIRTHDAY (Years)	27	(17) AGE AT LAST BIRTHDAY (Years) 25
(12) BIRTHPLACE	Baltimore City	(18) BIRTHPLACE Baltimore St
(13) OCCUPATION	[illegible]	(19) OCCUPATION no
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Nellie Baugh (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

T-9 0 0 0 3 3 0 8

RECEIVED FOR RECORD MAY – 7 1910 CHAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19__. Address ____ Filed ____, 19__.

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55831

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 430 S. Pulaski St. St.; Ward)

(2) FULL NAME OF CHILD Harry Rockmill { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	5th	Yes	Apr. 11 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Samuel Rockmill	Bessie Rockmill
(9) RESIDENCE / (15) RESIDENCE	430 S. Pulaski St.	430 S. Pulaski St.
(10) COLOR / (11) AGE AT LAST BIRTHDAY (Years)	White / 30	(16) COLOR White / (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION	Salesman	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 a. M., on the date above stated.

(23) Signature Nathan B. Bodensky, M.D. (Physician or Midwife)

Address 605 S. Pulaski St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Registrar

SECRETARY'S RECORD

Filed MAY 7 1910, 19

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55832

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2103 Eagle St. St.; Ward)

(2) FULL NAME OF CHILD Samson Rubin — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	4th	Yes	Apr. 6 1910

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	David Rubin	(14) FULL MAIDEN NAME	Rose Rubin
(9) RESIDENCE	2103 Eagle St.	(15) RESIDENCE	2103 Eagle St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years)	29
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Merchant Tailor	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth 4th

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.30 P. M., on the date above stated.

(23) Signature Nathan T. Bordenaky, M.D. (Physician or Midwife)

Address 507 S. Pulaski St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD

(24) Given name added from a supplemental report ____, 19

Filed MAY -7 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55833

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 111 S. Paca St. St.; 21 Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female			Yes.	April 22, 1910

FATHER

(8) FULL NAME: Joseph Wagner

(9) RESIDENCE: 111 S. Paca St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 40 (Years)

(12) BIRTHPLACE: Germany

(13) OCCUPATION: Moulder

(20) Number of children born to this mother, including present birth: 5

MOTHER

(14) FULL MAIDEN NAME: Anna Hartmann

(15) RESIDENCE: 111 S. Paca St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 32 (Years)

(18) BIRTHPLACE: Germany

(19) OCCUPATION: Hat Maker

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: Wm. Range, M.D. (Physician or Midwife)

Address: 711 Cross St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECORDED FOR RECORD MAY -7 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455834

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 137 Vanmeter st St.; Ward)

(2) FULL NAME OF CHILD Not as Yet Named { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	April 2, 1910

FATHER	MOTHER
(8) FULL NAME Thos B Richmond	(14) FULL MAIDEN NAME Carrie Lee Bass
(9) RESIDENCE 137 vanmeter st	(15) RESIDENCE 137 Hunt st
(10) COLOR white	(16) COLOR
(11) AGE AT LAST BIRTHDAY 34 (Years)	(17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Balto Md	(18) BIRTHPLACE Balto Md
(13) OCCUPATION Assistant Engineer	(19) OCCUPATION House Work
(20) Number of children born to this mother, including present birth 6	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Mrs Bowge.

Physician or Midwife

711 Gross st

Address

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 0003312

RECEIVED FOR RECORD, MAY -7 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55835

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 22 S Mount St St. ; 19th Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 25, 1910

FATHER

(8) FULL NAME	James R Graham
(9) RESIDENCE	22 S. Mount St
(10) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	41
(12) BIRTHPLACE	Gordonsville Va
(13) OCCUPATION	Salesman

MOTHER

(14) FULL MAIDEN NAME	Mary P. Kennaman
(15) RESIDENCE	22 S. Mount St
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	43
(18) BIRTHPLACE	Baltimore City
(19) OCCUPATION	House Wife

(20) Number of children born to this mother, including present birth 9

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature Mrs Bonzyl

U 0 0 3 3 1 3 711 Mount St

(Physician or Midwife)

RECEIVED FOR RECORD MAY -7 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Address

Filed , 19 .

Registrar

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 55836

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Nettie Georgie Reulbing — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		6th	yes	April 17, 1910

FATHER

(8) FULL NAME: Leonard Reulbing

(9) RESIDENCE: 2425 E Hoffman St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 48

(12) BIRTHPLACE: Germany

(13) OCCUPATION: Electrician

MOTHER

(14) FULL MAIDEN NAME: Ida B Kaffenberger

(15) RESIDENCE: 2425 E Hoffman St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 32

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 5

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: Mrs Bangs — (Physician or Midwife)

Address: 711 Guilford Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD MAY -7 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55837

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 113 E. Fremont St.; Ward)

(2) FULL NAME OF CHILD Lida Lee Duncan

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	Yes	Apr. 4, 1910

FATHER

(8) FULL NAME: Wm Howard Duncan

(9) RESIDENCE: 113 E Fremont

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 28 yrs (Years)

(12) BIRTHPLACE: Harford Co. Maryland

(13) OCCUPATION: Clerk in Wholesale dry Goods

MOTHER

(14) FULL MAIDEN NAME: Kate G. Rusk

(15) RESIDENCE: 113 E Fremont

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Balto. Md

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: one

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30 P M., on the date above stated.

(23) Signature: William E Burton M.D. Physician (Physician or Midwife)

Address: 722 Dolphin St

Filed MAY -7 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 00 03 31 5

(24) Given name added from a supplemental report, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55838

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. 232 N Bruce St.; 19 Ward)

(2) FULL NAME OF CHILD Edna Ennis — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Fem	S.	4	Yes	March 6th 1910

	FATHER	MOTHER
(8) FULL NAME	John A Ennis	
(14) FULL MAIDEN NAME		Edna Scott
(9) RESIDENCE	202 ~~W~~ Bruce St	202 W Bruce St
(10) COLOR	Col	Col
(11) AGE AT LAST BIRTHDAY (Years)	32	
(16) COLOR		Col
(17) AGE AT LAST BIRTHDAY (Years)		
(12) BIRTHPLACE	Md.	Va.
(13) OCCUPATION	Laborer	Home Wife
(18) BIRTHPLACE		"
(19) OCCUPATION		
(20) Number of children born to this mother, including present birth	4	
(21) Number of children of this mother now living		3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 A M., on the date above stated.

(23) Signature E. Stanley Mortimer

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10U 003316 (Physician or Midwife)

Address 125 N Fulton Ave

(24) Given name added from a supplemental report _____, 19

Filed MAY -6 1910, 19 .

Registrar

Registrar

BIRTH RECORD

(SEE ON THE REVERSE SIDE)

JAS. BOSLEY
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55839

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1254 N Fulton Ave St.; 19 Ward)

(2) FULL NAME OF CHILD Rosamond Mortimer — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	3	Yes	March 26 1910

FATHER	MOTHER
(8) FULL NAME Ernest L Mortimer	(14) FULL MAIDEN NAME Gertrude Marie Hildebrand
(9) RESIDENCE 1254 N Fulton Ave	(15) RESIDENCE 1254 N Fulton Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Va	(18) BIRTHPLACE N York
(13) OCCUPATION Physician	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 P M., on the date above stated.

(23) Signature Ernest L Mortimer M.D.
Assisted by Dr. W. Brashears
(Physician or Midwife)

Address 2001 Linden Pl

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 000 3817

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19 .

Registrar

RECEIVED FOR RECORD MAY -6 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55840

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1623 Mosher St.; Ward)

(2) FULL NAME OF CHILD Harold Franklin

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	3	Yes	March 31 1910

FATHER	MOTHER
(8) FULL NAME Chas Thos Franklin	(14) FULL MAIDEN NAME Minnie Clara Robb
(9) RESIDENCE 1623 Mosher St	(15) RESIDENCE 1623 Mosher St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY about 33 (Years)
(12) BIRTHPLACE Md	(18) BIRTHPLACE Md
(13) OCCUPATION Foreman P.R.R. Co	(19) OCCUPATION Home Maker
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 A.M., on the date above stated.

(23) Signature Edith B. Watkins M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003 18

(Physician or Midwife)

Address 1623 Mosher St

(24) Given name added from a supplemental report _____, 19

Filed MAY -6 1910 19 .

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55841

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. 11 S Payson St.; Ward)

(2) FULL NAME OF CHILD Anna Rose McGuckin — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	13	Yes	March 9th 1910

FATHER		MOTHER	
(8) FULL NAME	Geo. A. McGuckin	(14) FULL MAIDEN NAME	Anna Keaney
(9) RESIDENCE	11 S Payson St	(15) RESIDENCE	11 S Payson
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	41	(17) AGE AT LAST BIRTHDAY (Years)	36
(12) BIRTHPLACE	Md	(18) BIRTHPLACE	Pa
(13) OCCUPATION	Carpenter	(19) OCCUPATION	House wife
(20) Number of children born to this mother, including present birth	13	(21) Number of children of this mother now living	9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P M., on the date above stated.

(23) Signature Robt H Mortimer

(Physician or Midwife)

Address 1210 Eutaw Pl

Filed MAY -6 1910, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor showed other evidence of life after birth.

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RECEIVED FOR RECORD

(24) Given name added from a supplemental report ____, 19

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55842

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1630 Guilford Av St.; Ward)

(2) FULL NAME OF CHILD Charles E Bortner Jr

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 23 1910

FATHER		MOTHER	
(8) FULL NAME	Charles E Bortner Jr	(14) FULL MAIDEN NAME	Katherine Leber
(9) RESIDENCE	1630 Guilford av	(15) RESIDENCE	1630 Guilford av
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	23
(12) BIRTHPLACE	Baltimore City	(18) BIRTHPLACE	York Pennsylvania
(13) OCCUPATION	Clerk B & O R.R. General B'k'd	(19) OCCUPATION	None

(20) Number of children born to this mother, including present birth One

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.30 a. M., on the date above stated.

(23) Signature C. W. Duker M.D.

(Physician or Midwife)

Address 928 E. North Av

Filed MAY -6 1910, 19

WM. S. BOSLEY M.D. COM'R OF HEALTH

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55843

(1) PLACE OF BIRTH — CITY OF BALTIMORE (No. 1638 E Pratt St.; Ward) — Registered No. B.

(2) FULL NAME OF CHILD: Milton M (Gretzky) Salkin — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	S	1	Yes	April 14th 1910

FATHER	MOTHER
(8) FULL NAME: Raymond (Gretzky) Salkin	(14) FULL MAIDEN NAME: Lilly Mollen
(9) RESIDENCE: 845 N Lombard St	(15) RESIDENCE: 845 N Lombard St
(10) COLOR: W	(16) COLOR: W
(11) AGE AT LAST BIRTHDAY (Years): 24	(17) AGE AT LAST BIRTHDAY (Years): 22
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor tailor	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 a.m., on the date above stated.

(23) Signature: [illegible] (Physician or Midwife)

Address: 1225 N Fulton Ave

Filed MAY -6 1910, 19

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 3 3 2 1

RECORD

JAS. BOSLEY M.D. (READ THE REVERSE SIDE)
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55844

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 613 Gorman St.; Ward)

(2) FULL NAME OF CHILD Isack Lanshine (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
M	—	6	Yes	Dec 14th 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Jno Lanshine	Annie Levy
(9) RESIDENCE / (15) RESIDENCE	613 Gorman St	613 Gorman St
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	34	31
(12) BIRTHPLACE / (18) BIRTHPLACE	Russia	Russia
(13) OCCUPATION / (19) OCCUPATION	Merchant	Home Wife
(20) Number of children born to this mother, including present birth	6	
(21) Number of children of this mother now living		6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P M., on the date above stated.

(23) Signature Geo W. Mortimer M.D. (Physician or Midwife)

Address 1250 Fulton Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1000 3322

(24) Given name added from a supplemental report ____, 19

Filed MAY -6 1913, 19

Registrar

RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

Registrar

11/12/73 H-55845

GIVEN NAME ADDED

RETURN OF A BIRTH

A55845

To the Office of Registrar of Vital Statistics, Board of Health, Balti

VERNON EVERETT Sullivan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Name of Child, Illegitimate
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White Parents
4. Date of Birth, Apr 10th
6. Place of Birth, (Street and number) 2703 Cedar Ave
6. Full name of Mother, Bessie E Sullivan
7. Mother's Maiden Name, " " McCullough
8. Mother's Birthplace, Washington D.C.
9. Full name of Father, Clarence P Sullivan
10. Father's Occupation, B & R.R. Conductor
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm H. Fortney

Address, 800 W. 33rd St

Remarks,

RECEIVED FOR RECORD

DEC - 2 1910

BOARD OF HEALTH

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month, and shall set forth as far as is in the name and occupation of its parents, the date and place of birth, and such other facts as may be required by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55846

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 509 N Canolleton Ave St.; 16 Ward)

(2) FULL NAME OF CHILD — Godwin

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	1st	Yes	Dec 17th 1909

FATHER	MOTHER
(8) FULL NAME: James E. Godwin	(14) FULL MAIDEN NAME: Manda R. Godwin
(9) RESIDENCE: 509 N. Canolleton Ave	(15) RESIDENCE: 509 N. Canolleton Ave
(10) COLOR: W. (11) AGE AT LAST BIRTHDAY (Years):	(16) COLOR: W. (17) AGE AT LAST BIRTHDAY (Years):
(12) BIRTHPLACE: Norfolk Va	(18) BIRTHPLACE: Balto. Md
(13) OCCUPATION: Lawyer	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.45 A.M., on the date above stated.

(23) Signature: Geo. B. Scholl M.D. (Physician or Midwife)

Address: 1008 W. Lanvale St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

0 0 3 3 2 4
RECEIVED FOR RECORD
JAN 1910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A55847

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1126 East Fayette St.; Ward)

(2) FULL NAME OF CHILD Not Named (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		5th	yes	Apr 28th 1910

FATHER	MOTHER
(8) FULL NAME Benjiman Hettelman	(14) FULL MAIDEN NAME Jennie Hettelman
(9) RESIDENCE 1126 E Fayette St	(15) RESIDENCE 1126 E Fayette St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Tailor	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 5th	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Baltr M.d on the date above stated.

(23) Signature Mrs E Fenge Midwife (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

A 1 0 0 0 0 3 3 2 5

Address 427 N Higbs St

(24) Given name added from a supplemental report_____, 19

Filed May 9th, 1910

Registrar

RECEIVED FOR RECORD MAY 10 1910 JAS. BOSLEY M.D. COMM'R OF HEALTH Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE AMENDED 6/7/14

CERTIFICATE OF BIRTH

A55848

(1) PLACE OF BIRTH 938 Sterling St. Registered No. B.

CITY OF BALTIMORE. (No. 938 Sterling St.; Ward)

(2) FULL NAME OF CHILD Richard Paul ~~Brockmeyer~~ BROCKMEYER

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.	—	4th		April 30th 1910

	FATHER	MOTHER
(8) FULL NAME	Richard BROCKMEYER Brockmeyer	
(14) FULL MAIDEN NAME		Catherine E. Hoffman
(9) RESIDENCE	938 Sterling St.	(15) RESIDENCE 938 Sterling St
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	36 yrs.	(17) AGE AT LAST BIRTHDAY (Years) 29 yrs.
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION	Cigar Maker.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 938 Sterling St. 7:15 P. M., on the date above stated.

(23) Signature [signature] (Physician or Midwife)

Address 1541 E. Eager St.

Filed MAY 19 1914 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1910 0 0 0 3 3 2 4

RECORD

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55849

(1) PLACE OF BIRTH 1020 N. Wm St. Registered No. B.

CITY OF BALTIMORE. (No. 1020 N. Wm St. St.; Ward)

(2) FULL NAME OF CHILD Clarke Spaulding. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.	—	2nd	yes	April 2nd 1910

FATHER	MOTHER
(8) FULL NAME Herbert L. Carpenter.	(14) FULL MAIDEN NAME Elizabeth D. Clarke.
(9) RESIDENCE 1020 N. Wm St.	(15) RESIDENCE 1020 N. Wm St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 29 yrs. (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 25 yrs. (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Solicitor	(19) OCCUPATION Domestic
(20) Number of children born to this mother, including present birth Two.	(21) Number of children of this mother now living Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 20 P M., on the date above stated.

(23) Signature [signature] (Physician or Midwife)

Address 1201 Eutaw Pl

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 00 33 27

(24) Given name added from a supplemental report ____, 19

Filed MAY 10 1910 JAS. BOSLEY, M.D., COM'R OF HEALTH, 19

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55850

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 29, St.; 12 Ward)

(2) FULL NAME OF CHILD Rachel Ed Wm Wilson (Child not named) (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Male		9	Yes	May 8, 1910

FATHER		MOTHER	
(8) FULL NAME	Wm Wm Wilson	(14) FULL MAIDEN NAME	Rachel Fenton
(9) RESIDENCE	29 Huntington Ave	(15) RESIDENCE	29 Huntington
(10) COLOR	W	(11) AGE AT LAST BIRTHDAY (Years) 45	(16) COLOR W	(17) AGE AT LAST BIRTHDAY (Years) 43
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Engineer NCRR	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth 7		(21) Number of children of this mother now living 6	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 a. M., on the date above stated.

(23) Signature G H Everhart

G H Everhart (Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 3 2 8

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(24) Given name added from a supplemental report ____, 19

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55851

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 215 South Carroline St.; Ward)

(2) FULL NAME OF CHILD — Esther Levy (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Female | (4) Twin, triplet, or other? | (5) Number in order of birth: 6th (To be answered only in event of plural births) | (6) Legitimate? yes | (7) Date of Birth: 5 (Month) May (Day) 19 10 (Year)

FATHER

(8) FULL NAME: Nathan Levy

(9) RESIDENCE: 215 S Carroline St

(10) COLOR: White | (11) AGE AT LAST BIRTHDAY: 34 (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Baker

MOTHER

(14) FULL MAIDEN NAME: Etta Siberman

(15) RESIDENCE: 215 S Carroline St

(16) COLOR: White | (17) AGE AT LAST BIRTHDAY: 30 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: Housework

(20) Number of children born to this mother, including present birth: 6th | (21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Balto Md. on the date above stated.

(23) Signature: Geo L Fenge Midwife (Physician or Midwife)

Address: 427 N High St

Filed May 9th, 1910 — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 U 0 0 3 3 2 9

(24) Given name added from a supplemental report ____, 19 ____

Registrar

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RECEIVED FOR RECORD MAY 10 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

GIVEN NAME ADDED 5-17-65

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55852

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 219 N. Monroe St.; Ward)

(2) FULL NAME OF CHILD — Not named. Jessie MacSmall (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	April 29 1910

FATHER

(8) FULL NAME: Jesse Small.

(9) RESIDENCE: 219 N. Monroe St.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 34. (Years)

(12) BIRTHPLACE: Indiana

(13) OCCUPATION: Letter Carrier.

MOTHER

(14) FULL MAIDEN NAME: Nora Ella Baish

(15) RESIDENCE: 219 N. Monroe St

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 35 (Years)

(18) BIRTHPLACE: Cumberland Co. Penna.

(19) OCCUPATION: Housewife.

(20) Number of children born to this mother, including present birth: 3.

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.15 a. M., on the date above stated.

(23) Signature: George C Shannon M.D. Physician (Physician or Midwife)

Address: 700 N. Fulton Ave. Baltimore Md.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD MAY 10 1910

Filed ____ 19__ JAS. BOSLEY, M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19__

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55853

(1) PLACE OF BIRTH 1028 N Central ave. Registered No. B.

CITY OF BALTIMORE, (No. 1028 N Central Ave. St.; Ward)

(2) FULL NAME OF CHILD Catherine Elizabeth | If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	4th	Yes	April 26th 1910

FATHER	MOTHER
(8) FULL NAME Catherine Elizabeth Foust Hilbert	(14) FULL MAIDEN NAME Elizabeth Storr.
(9) RESIDENCE 1028 N Central ave.	(15) RESIDENCE 1028 N Central Ave.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 yrs. (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 yrs. (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Balto. Md.
(13) OCCUPATION Book Keeper.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth Four.	(21) Number of children of this mother now living Three.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 10 A M., on the date above stated.

(23) Signature [signature] (Physician or Midwife)

Address 1507 Eager St

Filed MAY 10 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 3 3 1

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55854

(1) PLACE OF BIRTH 824 E. Baltimore St. Registered No. B.

CITY OF BALTIMORE. (No. 824 E. Baltimore St. St.; Ward)

(2) FULL NAME OF CHILD Rhoda. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female.	—	1st	Yes.	April 24th 19 10.

FATHER	MOTHER
(8) FULL NAME Harry Caplain	(14) FULL MAIDEN NAME Rose Smullen
(9) RESIDENCE 1639 Westwood Ave.	(15) RESIDENCE 1639 Westwood Ave.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 29 years (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 22 yrs. (Years)
(12) BIRTHPLACE England	(18) BIRTHPLACE England.
(13) OCCUPATION Salesman.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 20 P M., on the date above stated.

(23) Signature Geo E Lowndes (Physician or Midwife)

Address 1501 E Eager

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 1 0 0 0 3 3 3 2

(24) Given name added from a supplemental report_____, 19

Registrar

Filed MAY 10 1910 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55855

(1) PLACE OF BIRTH: St. Luke's Hospital — Registered No. B

CITY OF BALTIMORE. (No. ; St. ; Ward)

(2) FULL NAME OF CHILD: Baby Marshall — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	1st	No.	Apr. 26. 1910.

FATHER	MOTHER
(8) FULL NAME: Kenneth	(14) FULL MAIDEN NAME: Bessie V. Marshall
(9) RESIDENCE:	(15) RESIDENCE: 516 E. Stockton St
(10) COLOR: Negro. (11) AGE AT LAST BIRTHDAY (Years):	(16) COLOR: Negro. (17) AGE AT LAST BIRTHDAY (Years): 14
(12) BIRTHPLACE:	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Driver of wagon	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: 1.	(21) Number of children of this mother now living: 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 P. M., on the date above stated.

(23) Signature: F. S. Bootay, M.D. (Physician or Midwife)

Address: St. Luke's Hospital

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 3 3 3

(24) Given name added from a supplemental report , 19 .

Registrar

RECEIVED FOR RECORD Filed -9 1910 , 19 .

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55856

(1) PLACE OF BIRTH St. Luke's Hospital. Registered No. B

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD — Baby Smith

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	18	Yes.	May 7, 1910.

FATHER	MOTHER
(8) FULL NAME William H. Smith	(14) FULL MAIDEN NAME Lucy V. Hall
(9) RESIDENCE 57 Brick Hill	(15) RESIDENCE 57 Brick Hill
(10) COLOR White (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Virginia
(13) OCCUPATION Mechanic	(19) OCCUPATION Cotton Mill Worker
(20) Number of children born to this mother, including present birth 18	(21) Number of children of this mother now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature F. S. Bootay, M.D. (Physician or Midwife)

Address Saint Luke's Hospital.

* *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

1 10 0 0 0 3 3 3 4

(24) Given name added from a supplemental report , 19

Registrar

RECEIVED FOR RECORD

Filed MAY -3 1910 , 19 .

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55857

(1) PLACE OF BIRTH St. Luke's Hospital Registered No. B

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Patrick Henry Bevens. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single	1st	No.	April, 17, 1910

FATHER		MOTHER	
(8) FULL NAME	James Johnson	(14) FULL MAIDEN NAME	Rosa Bevens
(9) RESIDENCE	410 Parrish alley	(15) RESIDENCE	410 Parrish St.
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	65	(17) AGE AT LAST BIRTHDAY (Years)	14 yrs.
(12) BIRTHPLACE	Virginia	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Laborer	(19) OCCUPATION	Housework.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 15 P. M., on the date above stated.

(23) Signature F. S. Bootay, M.D. (Physician or Midwife)

Address St. Luke's Hospital

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD
MAY -9 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55858

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 206 / Bruce St.; Ward)

(2) FULL NAME OF CHILD Mildred Virginia Snell (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				April 21 1910

FATHER	MOTHER
(8) FULL NAME: William Snell	(14) FULL MAIDEN NAME: Emma Griffin
(9) RESIDENCE: 206 Bruce W. St	(15) RESIDENCE: 206 N. Bruce St
(10) COLOR: Colored	(16) COLOR: Colored
(11) AGE AT LAST BIRTHDAY: 38 (Years)	(17) AGE AT LAST BIRTHDAY: 38 (Years)
(12) BIRTHPLACE: Howard Co. Md.	(18) BIRTHPLACE: Balto. Md.
(13) OCCUPATION: Laborer	(19) OCCUPATION: Laundress
(20) Number of children born to this mother, including present birth: 6	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.20 P. M., on the date above stated.

(23) Signature: Eliza Winston (Physician or Midwife)

Address: 844 N. Bro 5th St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19

Filed MAY -9 1910

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55859

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. 2011 Brent st St.; 14 Ward)

(2) FULL NAME OF CHILD No Name (6 Months Fetus) (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		One	Yes	May 8th 1910

FATHER	MOTHER
(8) FULL NAME Thomas Hart	(14) FULL MAIDEN NAME Anna Conroe
(9) RESIDENCE 2011 Brent st	(15) RESIDENCE 2011 Brent st
(10) COLOR Black (11) AGE AT LAST BIRTHDAT (29) (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAT (20) (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Chas Co. Md
(13) OCCUPATION Janitor	(19) OCCUPATION Servant
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Three A. M., on the date above stated.

(23) Signature J. Allston Dent Physician, (Physician or Midwife)

Address 1602 Penna Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ____, 19 10

Registrar

Filed ____, 19 .

Registrar

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RECEIVED FOR RECORD MAY 10 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE AMENDED 1/31/69

A55860

(1) PLACE OF BIRTH (Registered No. B.)

CITY OF BALTIMORE. (No. 1907 Riggs Ave St.; Ward)

(2) FULL NAME OF CHILD HENRY GEORGE QUATMANN (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	—	—	Yes	May 10 19 18

FATHER	MOTHER
(8) FULL NAME THEODORE CHARLES QUATMANN	(14) FULL MAIDEN NAME Sophia C Hamel
(9) RESIDENCE 1907 Riggs Av	(15) RESIDENCE 1907 Riggs
(10) COLOR white (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE City	(18) BIRTHPLACE City
(13) OCCUPATION Gilder	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 6	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 a. M., on the date above stated.

(23) Signature Gilman S. Evans M.D. (Physician or Midwife)

Address 833 N Fulton av

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0033338

(24) Given name added from a supplemental report_____, 19

Filed _____, 19

Registrar

RECEIVED FOR RECORD MAY 10 1918

JAS. BOSLEY M.D. COMR. OF HEALTH Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55861

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 2458 York Road St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD — John P. Coughlin

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M			Yes	May 4th 1910

FATHER

(8) FULL NAME — Peter J Coughlin

(9) RESIDENCE — 2458 York Road

(10) COLOR — white

(11) AGE AT LAST BIRTHDAY — 30 (Years)

(12) BIRTHPLACE — Ireland

(13) OCCUPATION — Patrolman

MOTHER

(14) FULL MAIDEN NAME — Margaret Cummy Lane

(15) RESIDENCE — 2458 York Road

(16) COLOR — white

(17) AGE AT LAST BIRTHDAY — 26 (Years)

(18) BIRTHPLACE — City

(19) OCCUPATION — Housewife

(20) Number of children born to this mother, including present birth — 2

(21) Number of children of this mother now living — 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 a. M., on the date above stated.

(23) Signature — Herman F. Evans

Physician (Physician or Midwife)

U 0003339

RECEIVED FOR RECORD JUN 10 1910 JAS BOSLEY M.D. COM'R OF HEALTH

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from ~~a supplemental report~~ by father Sept. 16 1936

D. C. Wehn Registrar

Address — 833 N Fulton Ave

Filed ____, 19 .

Registrar

Peter J Coughlin Father

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

55862

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 3120 Cedar Ave., St.; Ward)

(2) FULL NAME OF CHILD Dorothy (Dortha) Sybilla Bond. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth April 29, 1910 (Month) (Day) (Year)
	(To be answered only in event of plural births)			

FATHER

(8) FULL NAME Milton Bond

(9) RESIDENCE 3120 Cedar Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Balto. Co.

(13) OCCUPATION Motorman

MOTHER

(14) FULL MAIDEN NAME Maud Burnhart

(15) RESIDENCE 3120 Cedar Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Carroll Co.

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5-30 A.M. on the date above stated.

(23) Signature H. L. Farr

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 3 4 0 Physician (Physician or Midwife)

RECEIVED FOR RECORD MAY -9 1910 S. BOGLEY M.D. COM'R OF HEALTH

Address 12 E. 25th St.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55863

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 115 Warren Ave St.; Ward)

(2) FULL NAME OF CHILD Margaret Malvina Sadler — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female		First	Yes	July 11, 1910

FATHER

(8) FULL NAME	Vernon Lee Sadler
(9) RESIDENCE	2006 Oakley St
(10) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	23
(12) BIRTHPLACE	Warrenton N. C.
(13) OCCUPATION	Conductor

MOTHER

(14) FULL MAIDEN NAME	Jessica Elizabeth Sadler
(15) RESIDENCE	2006 Oakley St
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	19
(18) BIRTHPLACE	Baltimore
(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.40 A M., on the date above stated.

(23) Signature: Henry L Kolb MD (Physician or Midwife)

Address: 703 Light St

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

U 003341

RECEIVED FOR RECORD MAY -9 1910 JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55864

(1) PLACE OF BIRTH 1018 N. Central Ave. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Elizabeth

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	—	3rd	Yes	April 1st 1910
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Anthony H. Barranger.	(14) FULL MAIDEN NAME	Juliette Cecelia McCall Barranger.
(9) RESIDENCE	1018 N Central Ave.	(15) RESIDENCE	1018 N Central Ave.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	25 yrs (Years)	(17) AGE AT LAST BIRTHDAY	22 yrs. (Years)
(12) BIRTHPLACE	Balto City	(18) BIRTHPLACE	New York City
(13) OCCUPATION	Salesman.	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	Three.	(21) Number of children of this mother now living	Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30 P.M. on the date above stated.

(23) Signature [signature] (Physician or Midwife)

Address 1007 Eutaw Pl

Filed MAY -9 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 3 4 2

SEE OTHER SIDE FOR RECORD

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55865

(1) PLACE OF BIRTH ~~Boston Md.~~ 2642 Guilford Ave Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Louise Wiley Dreyer

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	1st	Yes	March 31st 1910

FATHER	MOTHER
(8) FULL NAME Henry Dietrich Dreyer.	(14) FULL MAIDEN NAME Emma Louise Wiley
(9) RESIDENCE 2642 Guilford Ave.	(15) RESIDENCE 2642 Guilford Ave.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Balto. Md.	(18) BIRTHPLACE Balto Md.
(13) OCCUPATION Box Manufacturer	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 P. M., on the date above stated.

(23) Signature Dr. S. Meredith

(Physician or Midwife)

Address 1307 Eutaw St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE FILE NO. 003343

RECEIVED FOR RECORD MAY -9 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ....., 19

Registrar

Filed ....., 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455866

(1) PLACE OF BIRTH Baltimore — Registered No. B.

CITY OF BALTIMORE. (No. 1837 Jefferson St. St.; Ward)

(2) FULL NAME OF CHILD Mary Evelyn Deffrey. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	1st	Yes	April 9th 19 10

FATHER	MOTHER
(8) FULL NAME William F. Deffrey.	(14) FULL MAIDEN NAME Mary Elizabeth Hoffman.
(9) RESIDENCE 1837 Jefferson St.	(15) RESIDENCE 1837 Jefferson St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 46 (Years)	(16) COLOR (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Philadelphia Penna.	(18) BIRTHPLACE Baltimore Md.
(13) OCCUPATION Merchant	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth One.	(21) Number of children of this mother now living One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.15 P. M., on the date above stated.

(23) Signature J. O. Donovan

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

U 0 0 3 3 4 (Physician or Midwife)

(24) Given name added from a supplemental report....., 19

Address 1541 Madison Ave

Filed MAY -3 1910, 19.

Registrar

Registrar

(SEE OTHER SIDE FOR INSTRUCTIONS AND READ THE REVERSE SIDE)

RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55867

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1120 West Pratt St. ; Ward)

(2) FULL NAME OF CHILD _____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	1	3rd	yes	May 24 1910

FATHER	MOTHER
(8) FULL NAME: Charles Edwin Lauenroth	(14) FULL MAIDEN NAME: Marion Alice Lockey
(9) RESIDENCE: 120 W. Pratt street	(15) RESIDENCE: 1120 W. Pratt Street
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 27 (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 29 (Years)
(12) BIRTHPLACE: Baltimore Md	(18) BIRTHPLACE: Philadelphia Pa
(13) OCCUPATION: Cashier	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1120 Pratt St. M., on the date above stated.

(23) Signature: Mary A Leddy (Physician or Midwife)

Address: 1116 W. Lexington St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 3 3 4 5

(24) Given name added from a supplemental report _____, 19

Registrar

BOARD OF HEALTH RECORD

Filed MAY -9 1910, 19 .

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55868

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 17 Bartlett Ave St; 12 Ward)

(2) FULL NAME OF CHILD Mary Catherine Brooks. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) ~~Twin, triplet,~~ or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	one (To be answered only in event of plural birth)	7th	Yes	April 29 1910

FATHER	MOTHER
(8) FULL NAME Richard L. Brooks.	(14) FULL MAIDEN NAME Margaret McKennedy.
(9) RESIDENCE 17 Bartlett Ave.	(15) RESIDENCE 17 Bartlett Av.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Baltimore.	(18) BIRTHPLACE Ireland
(13) OCCUPATION Grocer Grocer at Market	(19) OCCUPATION Housewife.

(20) Number of children born to this mother, including present birth 7

(21) Number of children of this mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 A. M., on the date above stated.

(23) Signature Hugh Forsythe.

Address 642 E. North Av. (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 3 4

RECEIVED FOR RECORD MAY -9 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

A-55869

SEE CORRECTION BOOK

NAME: HENRIETTA RANDALL

BIRTH DATE: MAY 8, 1910

BIRTHPLACE: Balto. City

1 9 1 0 0 0 0 3 3 4 7

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 455870

CITY OF BALTIMORE. (No. 2305 Oliver St.; Ward)

(2) FULL NAME OF CHILD Margaret Norton — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 12th, 1910

FATHER

(8) FULL NAME: Andrew M. Norton

(9) RESIDENCE: 2305 Oliver St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Howard County

(13) OCCUPATION: Bookkeeper

MOTHER

(14) FULL MAIDEN NAME: Mary Brownell

(15) RESIDENCE: 2305 Oliver St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 32 (Years)

(18) BIRTHPLACE: Baltimore Co.

(19) OCCUPATION: House duties

(20) Number of children born to this mother, including present birth: Four

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12:45 A. M., on the date above stated.

(23) Signature: Albert S. Fingerwood (Physician or Midwife)

Address: 2503 Eutaw Place

Filed MAY -9 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 3 4 8

RECEIVED FOR RECORD

(24) Given name added from a supplemental report ____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55871

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2026. Ellsworth St.; Ward)

(2) FULL NAME OF CHILD — Nolte

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 26, 1910

FATHER

(8) FULL NAME: Henry Nolte

(9) RESIDENCE: 2026 Ellsworth St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Bookmaker

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Gussie Landsburger

(15) RESIDENCE: 2026 Ellsworth St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Baltimore Md.

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living: One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9:15 A. M., on the date above stated.

(23) Signature: Albert S. Singewald (Physician or Midwife)

Address: 1538 North Ave

Filed MAY -3 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 00 03349

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55872

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2300, E. Biddle St.; Ward)

(2) FULL NAME OF CHILD Thelma Hoffman

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 31, 1910

FATHER

(8) FULL NAME: Hiram Hoffman

(9) RESIDENCE: 2300 E. Biddle St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 22 (Years)

(12) BIRTHPLACE: Baltimore Md.

(13) OCCUPATION: Pipe Fitter

(20) Number of children born to this mother, including present birth: One

MOTHER

(14) FULL MAIDEN NAME: Lula Dawn

(15) RESIDENCE: 2300 E. Biddle St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 20 (Years)

(18) BIRTHPLACE: Baltimore Md.

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 6:30 P. M., on the date above stated.

(23) Signature: Clark F. Dungerald (Physician or Midwife)

Address: 1504 E. North Ave.

Filed MAY -9 1910, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

P U 0 0 3 3 5 0

(24) Given name added from a supplemental report , 19

Registrar

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55873

(1) PLACE OF BIRTH Baltimore — Registered No. B.

CITY OF BALTIMORE. (No. 612 Ann St St.; Ward)

(2) FULL NAME OF CHILD Helena Jankowska — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		2nd	yes	April 28 1910

FATHER	MOTHER
(8) FULL NAME: James Jankowski	(14) FULL MAIDEN NAME: Frances Jarzynska
(9) RESIDENCE: 612 Ann St	(15) RESIDENCE: ~~West~~ 612 Ann St.
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 23 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Baltimore MD	(18) BIRTHPLACE: Poland
(13) OCCUPATION: Labor	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 2nd	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 a M., on the date above stated.

(23) Signature: Mary Pabiszka

(Physician or Midwife) 816 E Bond St

Address

Filed MAY -3 1910

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 8 1 0 0 0 7 3 5 1

RECORD

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55874

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1515 Denver St.; 22 Ward)

(2) FULL NAME OF CHILD Frank Harris Smelter Md. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male White		9	Yes	April 2 1910

FATHER	MOTHER
(8) FULL NAME: John J Smelter	(14) FULL MAIDEN NAME: Sarah Backwith
(9) RESIDENCE: 1515 Denver St	(15) RESIDENCE: 1515 Denver St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 39 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 37 (Years)
(12) BIRTHPLACE: Germany	(18) BIRTHPLACE: M. D.
(13) OCCUPATION: crabs Piece Harman J Smith	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 9	(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1515 Denver St Md M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature Mrs Carrie Brady (Physician or Midwife)

B 0 0 0 7 3 5 2

RECEIVED FOR RECORD MAY -3 1910 J.S. BOGLEY M.D. COM'R OF HEALTH

Address 1525 Ridgley St

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

CERTIFICATE CORRECTED 12-3-57

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55875

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 300 N. Mount St.; Ward)

(2) FULL NAME OF CHILD George Austin Farris, Jr. — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
	(To be answered only in event of plural births)			May (Month) 2 (Day) 1960 (Year)

FATHER

(8) FULL NAME George Farris

(9) RESIDENCE 300 N. Mount St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Va

(13) OCCUPATION Clerk

MOTHER

(14) FULL MAIDEN NAME Mary Dannenfelser

(15) RESIDENCE 300 N. Mount St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE City

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 M., on the date above stated.

(23) Signature H. L. Fair, Physician (Physician or Midwife)

Address 2 E. 25th St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 3 5 0

RECEIVED FOR RECORD MAY 2 1960 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55876

CITY OF BALTIMORE. (No. 1572 W. Mulberry St.; Ward)

(2) FULL NAME OF CHILD Garrett P. Boos (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male	Single		yes	April 20, 10

	FATHER	MOTHER
(8) FULL NAME	Evod. C. Boos	(14) FULL MAIDEN NAME Florence M. Berry
(9) RESIDENCE	1512 W. Mulberry St.	(15) RESIDENCE 1572 W. Mulberry St.
(10) COLOR	White.	(16) COLOR White.
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years) 28
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION	Salesman	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 A. M., on the date above stated.

(23) Signature Otz V Edmunds M.D. (Physician or Midwife)

(Address) RECEIVED FOR RECORD 1310 Edmondson Ave

Filed MAY -9 1910, 19

JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

(24) Given name added from a supplemental report, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(READ THE REVERSE SIDE)

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A55877

CITY OF BALTIMORE (No. 1024 N. Fulton St.; Ward)

(2) FULL NAME OF CHILD Francis Morgan Harris

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Male	—	—	Yes	May 6th, 1910

FATHER	MOTHER
(8) FULL NAME Francis P. Harris	(14) FULL MAIDEN NAME Myrtle I. Hardesty
(9) RESIDENCE 1024 N. Fulton Ave	(15) RESIDENCE 1024 N. Fulton Ave
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Maryland	(13) OCCUPATION Clerk
	(16) COLOR White
	(17) AGE AT LAST BIRTHDAY 22 (Years)
	(18) BIRTHPLACE Maryland
	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.30 A. M., on the date above stated.

(23) Signature Dr. Edmunds M.D. (Physician or Midwife)

Address 1735 Edmondson Ave

Filed MAY -9 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55878

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 459 N. 24th St.; St.; Ward)

(2) FULL NAME OF CHILD John Leonard Wilhelm — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
	(To be answered only in event of plural births)			April (Month) 24 (Day) 1910 (Year)

FATHER

(8) FULL NAME Herbert Wilhelm

(9) RESIDENCE 459 N. 24th St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Balto. Co.

(13) OCCUPATION Stationary Engineer

(20) Number of children born to this mother, including present birth 17

MOTHER

(14) FULL MAIDEN NAME Ella Painter

(15) RESIDENCE 459 N. 24th St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Balto Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12, M., on the date above stated.

(23) Signature J. L. Fair

0 0 0 3 3 5 6 Physician (Physician or Midwife)

Address 1228 N. 26th St.

Filed MAY -9 1910 19

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was an attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

RECEIVED FOR RECORD MAY -9 1910

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A55879

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1919 N. Mulberry St.; Ward)

(2) FULL NAME OF CHILD Carl Rausenbergen — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2	Yes	2 17 1910

FATHER	MOTHER
(8) FULL NAME John Rausenbergen	(14) FULL MAIDEN NAME Wilhelmina Molitor
(9) RESIDENCE 1919 N. Mulberry St	(15) RESIDENCE 1919 N. Mulberry St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Germany	(18) BIRTHPLACE Germany
(13) OCCUPATION Brewer	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 A.M., on the date above stated.

(23) Signature Eman Pillsbury (Physician or Midwife)

Address 2208 Maynard St

Filed MAR -9 1910, 19

Registrar

JAS. BOSLEY M.D. REGISTRAR BOARD OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 0 3 3 5 7

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455880

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 927 Forest St.; Ward)

(2) FULL NAME OF CHILD John Durant Conrad — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	yes	4, 14, 1910

FATHER	MOTHER
(8) FULL NAME: John Conrad	(14) FULL MAIDEN NAME: Annie Darby
(9) RESIDENCE: 927 Forest St	(15) RESIDENCE: 927 Forest St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 22 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Balto. Md	(18) BIRTHPLACE: Balto. Md
(13) OCCUPATION: Cloth Sponger	(19) OCCUPATION: Trimmer
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 6.30 P. M., on the date above stated.

(23) Signature: Emma Phillips (Physician or Midwife)

Address: 2nd & August St

Filed MAY -3 1910 19 .

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

{ 10 0 0 3 3 5 8 }

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

A 55881

SEE CORRECTION BOOK A55881

NAME: Harold Roland Corkran

DATE OF BIRTH: May 3, 1910

PLACE OF BIRTH: Baltimore City

1 9 1 0 0 0 0 3 3 5 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455382

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 19 E. Montgomery St.; Ward)

(2) FULL NAME OF CHILD Wilson Black Pearson } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	X	4th	yes	May 7 1910

FATHER	MOTHER
(8) FULL NAME William Pearson	(14) FULL MAIDEN NAME Grace Bittle
(9) RESIDENCE 193 E. Montgomery St.	(15) RESIDENCE 193 E. Montgomery St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Virginia
(13) OCCUPATION Express Clerk	(19) OCCUPATION House wife
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 a. M., on the date above stated.

(23) Signature Wm E. McDonald, M.D.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 3 6 0 (Physician or Midwife)

(24) Given name added from a supplemental report_____, 19

Address 1 E. Fort Ave. Linden Ave.

Filed MAY -9 1910, 19 .

Registrar

Registrar

(SEE OTHER SIDE)

BALTIMORE RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455883

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 333 N. Gilmor St.; Ward)

(2) FULL NAME OF CHILD — { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		Yes	4 . 23. 1910

FATHER

(8) FULL NAME: Benjamin F. Chapman

(9) RESIDENCE: 333 N. Gilmor St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 24

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Steam-fitter

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME: Maud M. Frazier

(15) RESIDENCE: 333 N. Gilmor St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 21

(18) BIRTHPLACE: Garrett Co. Md.

(19) OCCUPATION: At home.

(21) Number of children of this mother now living: Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 2 P. M., on the date above stated.

(23) Signature: Homer U. Todd, M.D. (Physician or Midwife)

Address: 1027 N. Gilmor St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 3 3 6 1

(24) Given name added from a supplemental report_____, 19__

Filed _____, 19__

Registrar

Registrar

BUREAU OF VITAL STATISTICS RECORD MAY -3 1910

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55884

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1437 Reynolds St.; Ward)

(2) FULL NAME OF CHILD John Anton Laudler — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	May 7th, 1910

(To be answered only in event of plural births) (Month, Day, Year)

FATHER

(8) FULL NAME: Charles Laudler

(9) RESIDENCE: 1437 Reynolds St

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 21 (Years)

(12) BIRTHPLACE: Hungary

(13) OCCUPATION: Barber

MOTHER

(14) FULL MAIDEN NAME: Sophie Marie Kerosh

(15) RESIDENCE: 1437 Reynolds St

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 20 (Years)

(18) BIRTHPLACE: Hungary

(19) OCCUPATION: Housework

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.30 A. M., on the date above stated.

(23) Signature: Howard Lyle Mack M.D. (Physician or Midwife)

Address: 5329 Liberty Heights Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003362

(24) Given name added from a supplemental report _____, 19

Registrar

Filed MAY -9 1910

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(OVER)

RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55885

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 713 N. Patterson Park Ave St.; Ward)

(2) FULL NAME OF CHILD William Allen Harrison — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes.	May 3rd, 1910

FATHER	MOTHER
(8) FULL NAME: William Thomas Harrison	(14) FULL MAIDEN NAME: Gertrude Allen
(9) RESIDENCE: 713 N. Patterson Park Ave.	(15) RESIDENCE: 713 N. Patterson Park Ave.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 37 (Years)	(17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Baltimore Md.	(18) BIRTHPLACE: Baltimore Md.
(13) OCCUPATION: Driver	(19) OCCUPATION: House Duties
(20) Number of children born to this mother, including present birth: One	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.10 P. M., on the date above stated.

(23) Signature: Albert L. Dingwall (Physician or Midwife)

Address: 1508 E. North Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 3 3 6 3

RECEIVED FOR
MAY -9 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55886

(1) PLACE OF BIRTH Balto md — Registered No. B.

CITY OF BALTIMORE. (No. 815 Ann St; Ward)

(2) FULL NAME OF CHILD Frank Paska — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	?	3	yes	May 5 1910

FATHER

(8) FULL NAME	Tom Paska
(9) RESIDENCE	815 Ann St
(10) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	28
(12) BIRTHPLACE	Polen
(13) OCCUPATION	Labor
(20) Number of children born to this mother, including present birth	3rd

MOTHER

(14) FULL MAIDEN NAME	Frony Jones
(15) RESIDENCE	815 Ann St
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	25
(18) BIRTHPLACE	Polen
(19) OCCUPATION	Housework
(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P. M., on the date above stated.

(23) Signature Mary Pablosky
811 S. Bond St
(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

T 0 0 0 3 3 6 4

(24) Given name added from a supplemental report....., 19 11

Address

Filed MAY -9 1910 JAS BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55887

CERTIFICATE CORRECTED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

10-19-64

CERTIFICATE (NOT VALID)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 cl

1. Name of child, EMMA Louise Suesse
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth May. 4. 10
5. Place of Birth, (Street and number) 1811 Bolt Ave
6. Full name of Mother, ~~Ellen Seit~~ Nellie Suesse
7. Mother's Maiden Name, ~~Schmidt~~ Nellie Sch
8. Mother's Birthplace, America
9. Full name of Father, August Seit Suesse
10. Father's Occupation, Laborer
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Carlene Schum

Address, 934 E Fort Ave

Remarks,

19100 00736

To the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the care of the undersigned since the last return was rendered, and shall set forth as far as the same can be ascertained the full name, sex, color, and parentage of each child born, the date of birth, and the residence of the parents; the name and residence of the physician, midwife, or other person in attendance upon the mother at such birth; and the name, color, and residence of each person who may have died during the month, and the date of death. And the said schedule shall be delivered every month to the office of Commissioner of Health. In case the birth or death occur without the attendance of a physician, midwife, or other person, the duty of the person or parents of such child, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Name of Child, Lucy V. Rice
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) Color
4. Date of Birth, May 9, 1910
6. Place of Birth, (Street and number) 1 W. Montgomery, St 2.C.S
6. Full name of Mother, Sadie Rice
7. Mother's Maiden Name, Sadie Lane
8. Mother's Birthplace, Bath Co
9. Full name of Father, Samuel Rice
10. Father's Occupation, Laber
11. Father's Birthplace, Readville Va

Name of Medical Attendant, or other person who makes this Return,

Address, W. Hamilton St. 439

Remarks, Midwife Emory

RECEIVED FOR RECORD
MAY 10 1910
JAS. BOSLEY, M.D.
COMR OF HEALTH

1910000336 5

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the midwife or attendant, as certified to the correctness of the facts therein set forth. And the third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child, to report the birth to the Commissioner of Health in the manner and form herein provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Name of Child, Walter Warner
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Color
4. Date of Birth, May 6, 1910
6. Place of Birth, (Street and number) 707 Greene St.
6. Full name of Mother, Blanch. Warner
7. Mother's Maiden Name, Blanch. Garder
8. Mother's Birthplace, Balto City
9. Full name of Father, Edward Warner
10. Father's Occupation, Laper
11. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return,

Address, W. Henrietta St. #439

Remarks, Midwife. Sworn.

RECEIVED
RECORDED
MAY 10 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

1910 00 03367

Health Law, Section 14. It shall be the duty of every person in charge of any lying-in institution, or of any midwife, to cause a certificate to be made and delivered to the parent or parents of each child born therein, immediately thereafter, containing the full name of each child, if any shall have been given, the full name and occupation of its parents, the date and place of birth, and the house number and street in which the parents reside, which certificate shall be signed by the person in charge of such institution or by the midwife, or by the attending physician or trained nurse, if there be one present at the birth, and if no such person be present, then by the parent or parents of such child, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case a birth shall occur without the presence of a physician or trained nurse, and the child be not reported by the parent or parents, the midwife or person in charge of such lying-in institution shall report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A55890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
MAY 10 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Name of child,* [illegible]
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* colored
4. *Date of Birth* May 9 1910
5. *Place of Birth, (Street and number)* Baltimore 1812 Hollins St.
6. *Full name of Mother,* Edith Ayers
7. *Mother's Maiden Name,* Edith Stewart
8. *Mother's Birthplace,* Baltimore Maryland
9. *Full name of Father,* Isaac Ayers
10. *Father's Occupation,* Labor Work
11. *Father's Birthplace,* Richmond Virginia

Name of Medical Attendant, or other person who makes this Return. Julia Sherman

Address, 2125 Etting St

Remarks,

19100003368

the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as near as may be ascertained the full name of each child, if any shall be given, the sex, color, the full name and occupation of the parents, the number of a child of the same parents to which the birth belongs, and such other information as may be required by the Board of Health. In case the birth of any child shall be unattended upon the mother, immediately thereupon or as soon as practicable, the midwife, or physician or person who shall be in attendance upon the mother, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and in default thereof such midwife, physician or person shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A55891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been named,) the name and residence of its parents, the date and place of birth, and the sex, color, (if not white,) and whether the child was born alive or dead, (and if dead, whether it was stillborn or died during delivery,) and whether it was the first, second, third or other child born of the mother; and shall be signed by the practitioner in the form of a certificate. In case the birth of any child should occur without the attendance of a physician or practitioner, the duty of reporting such birth shall devolve upon the parent or parents of such child, and it shall become the duty of the person or parents of such child to report the same to the office of the Commissioner of Health, in the manner and within the period above specified. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 30th 1910.
4. Place of Birth, (Street and Number) 120 N. Poppleton st.
5. Full Name of Mother, Katie C. Valentine
6. Mother's Maiden Name, Katie C Pfeiffer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas. H. Valentine Jr.
9. Father's Occupation Driver
10. Father's Birthplace, Shelton Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs Mollie Quigley Visiting Nurse

Address, 106 N Poppleton st

Remarks,

1910 00003369

RECEIVED FOR RECORD
MAY 10 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

RETURN OF A BIRTH. A55892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child, Harry L Hart
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, May 6 1910
6. Place of Birth, (Street and number) Baltimore 1031 Gordon St
6. Full name of Mother, Mrs Carrie Hart
7. Mother's Maiden Name, Miss Carrie Kearnie
8. Mother's Birthplace, Baltimore
9. Full name of Father, Mr Harry L Hart
10. Father's Occupation, Fishing
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Margaret L Lent

Address, 17 E Hill St

Remarks, Mother door Mill

1910000370

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Sec. 13. And be it further enacted, That the full name of each child, (if any shall have been given at the time) the sex and color of such child, the time and place of birth, and the name, age and birthplace of each parent, and the occupation of the father of such child, shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter provided, to the Commissioner of Health, within the period of ten days after the birth, and if such birth shall occur without the attendance of a physician or midwife, then by the father or mother of such child within the period of ten days after such birth; or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in whose house or on whose premises such birth shall occur, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Name of Child, Elizabeth Pauline Schertle
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, 20 day of April 1910
6. Place of Birth, (Street and number) Baltimore M. D. 24 27 E. Chase
6. Full name of Mother, Annie Schertle
7. Mother's Maiden Name, Annie Schaaf
8. Mother's Birthplace, Baltimore, Maryland
9. Full name of Father, Charles Schertle
10. Father's Occupation, Seat Blocker
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Chas Martinus Steinb

Address, 1517 E Preston

Remarks,

RECEIVED RECORD MAY 9 1910 JAS BOSLEY M.D. COMMISSIONER OF HEALTH

19100003371

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) shall have been born alive within the said district during the previous month; the date and place of birth; and the full name, residence and occupation of the parents. The date and place of birth; and the full name, residence and occupation of the parents. The said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then the person or parents of such child alone upon him shall be required to give information of the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

A55894

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Name of child, Ruth Silvia Holley.
2. Sex, (state whether male or female) Femal.
3. Race or color, (if not of the White Race)
4. Date of Birth 4th. H May.
5. Place of Birth, (Street and number) 2334 Division st
6. Full name of Mother, Mrs Agnes Holley.
7. Mother's Maiden Name, Agnes Smith
8. Mother's Birthplace, Maryland
9. Full name of Father, George Holley
10. Father's Occupation, Driver.
11. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Stevens

Address, 2123 Pettigrew st.

Remarks,

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MAY -9 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Section 7.—And be it further enacted and ordained, that every person having charge of any lying-in house, shall keep a true and correct register of such birth, and shall enter therein the name, color, the full name and occupation of the father, and the full name and maiden name of the mother of each child born therein, and the day of the month, and shall set forth as far as the same can be ascertained the full name and description of each child (if any shall have been conferred)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55895

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 909 St Barnabas Ct St.; Ward)

(2) FULL NAME OF CHILD none — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			yes	April 20 1910

FATHER	MOTHER
(8) FULL NAME Irvin Plater	(14) FULL MAIDEN NAME Selena Morris
(9) RESIDENCE Mulliken St	(15) RESIDENCE 909 St Barnabas Ct
(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE Baltimore City	(18) BIRTHPLACE Maryland
(13) OCCUPATION Framster	(19) OCCUPATION Laundress
(20) Number of children born to this mother, including present birth —	(21) Number of children of this mother now living —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.30 P. M., on the date above stated.

(23) Signature Samuel A. Bain M.D. (Physician or Midwife)

Address 937 Madison Ave

Filed MAY 14 1910 JAS. SOSLEY, M.D. COM'R OF HEALTH

Registrar

(24) Given name added from a supplemental report , 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455896

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1010, E. Fayette St.; Ward)

(2) FULL NAME OF CHILD Joe Chiet { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Boy			Yes	Apr. 7, 1910

FATHER	MOTHER
(8) FULL NAME: Louis Chiet	(14) FULL MAIDEN NAME: Annie Chiet
(9) RESIDENCE: 1010 E. Pratt St.	(15) RESIDENCE: 1010 E Pratt St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years): 38	(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years): 34
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION: House-wife

(20) Number of children born to this mother, including present birth: 2 (21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: Yetta Feldman (Physician or Midwife)

Address: 1330 E. Exeter St.

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth. }

C U 0 0 3 3 7 4

RECEIVED FOR RECORD

(24) Given name added from a supplemental report ____, 19

Filed MAY 11 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

155897

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1029 N Madison St.; Ward)

(2) FULL NAME OF CHILD Nathan Siegle { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Boy			Yes	Apr. 23, 1910

FATHER	MOTHER
(8) FULL NAME: Sam Siegle	(14) FULL MAIDEN NAME: Jennie Siegle
(9) RESIDENCE: 1029 Madison St	(15) RESIDENCE: 1029 Madison St.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 24 (Years)	(17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Stationer	(19) OCCUPATION: Stationer
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature Yetta Feldman (Physician or Midwife)

Address 1023 N. Bowler St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003375

(24) Given name added from a supplemental report , 19

Filed MAY 11 1910 , 19 .

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JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55898

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1914 ½ Pulaski St. St.; Ward)

(2) FULL NAME OF CHILD James Linder Hardesty — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	—	—	Yes	April 23 1910 (Month, Day, Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: William Howard Hardesty	(14) FULL MAIDEN NAME: Daisy Gertrude Cooper
(9) RESIDENCE: 1914 Pulaski St.	(15) RESIDENCE: 1914 Pulaski St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 30 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Talbot Co. Md.	(18) BIRTHPLACE: Talbot Co Md.
(13) OCCUPATION: Police officer	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.25 P. M., on the date above stated.

(23) Signature C. W. Hoffman

Physician (Physician or Midwife)

Address 1914 Pulaski st

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 000376

(24) Given name added from a supplemental report _____, 19 _____

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Filed MAY 11 1910, 19 .

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 455899

CITY OF BALTIMORE (No. 2129 E. Oliver St.; Ward)

(2) FULL NAME OF CHILD Edward George Justus Ellenberger — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2	Yes	April 8 1910

FATHER	MOTHER
(8) FULL NAME Geo. Ellenberger	(14) FULL MAIDEN NAME Lina Schilling
(9) RESIDENCE 2129 E. Oliver St.	(15) RESIDENCE 2129 E. Oliver St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 39 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Germany	(18) BIRTHPLACE Germany
(13) OCCUPATION Blacksmith	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~2129~~ 8 A. M., on the date above stated.

(23) Signature Wm Gombel M D (Physician or Midwife)

Address 1704 Madison Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

D 0 0 0 3 3 7

(24) Given name added ~~from a supplemental report~~ by sister. March 23, 1938

L E Mehn
Registrar

Filed MAY 11 1910

RECORD

JAS. BOSLEY
COM'R OF HEALTH

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Registrar

Edna Ellenberger - Sister

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55900

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 321, Forrest St.; Ward)

(2) FULL NAME OF CHILD Ethel Berman { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 23, 1909

FATHER	MOTHER
(8) FULL NAME: George Berman	(14) FULL MAIDEN NAME: Ida Bucker
(9) RESIDENCE: 321 Forrest St	(15) RESIDENCE: 321 Forrest St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 36 (Years)	(17) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Ingrainmaker	(19) OCCUPATION: House-wife
(20) Number of children born to this mother, including present birth: 10	(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Yetta Feldman (Physician or Midwife)

Address 1325 Exeter St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 3 7 8

(24) Given name added from a supplemental report ____, 19

Filed MAY 11 1910, 19

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JAS. BOSLEY M.D. COM'R OF HEALTH

(SEE ALSO THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55901

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1024 E. Baltimore, St.; Ward)

(2) FULL NAME OF CHILD Belle Green — If child is not yet named, make supplemental report, as directed

(3) Sex of Child Female (4) Twin, triplet, or other? (5) Number in order of birth (To be answered only in event of plural births) (6) Legitimate? yes (7) Date of Birth Apr. (Month) 15 (Day) 19 10 (Year)

FATHER	MOTHER
(8) FULL NAME Daniel Green	(14) FULL MAIDEN NAME Lina Berkerfield
(9) RESIDENCE 1020 E Baltimore St	(15) RESIDENCE 1020 E. Baltimore St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Tailor	(19) OCCUPATION House Wife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Yetta Feldman (Physician or Midwife)

Address 139 N Gaster St City

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003379

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JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

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Filed ____, 19

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 455902

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2027 Payson St. St.; Ward)

(2) FULL NAME OF CHILD Anna Louisa Mertz { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	April 3, 19 10.

FATHER

(8) FULL NAME Fredrick William Mertz

(9) RESIDENCE 2027 Payson St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Printer

MOTHER

(14) FULL MAIDEN NAME Caroline Louisa Reiplinger

(15) RESIDENCE 2027 So Payson St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Germany

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 4

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.00 a. M., on the date above stated.

(23) Signature A W Hoffman Physician (Physician or Midwife)

Address 2110 N. North ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED OCT 3 1910 RECORD

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

JAS BOSLEY M.D. COM'R OF HEALTH

Registrar Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~CERTIFICATE OF BIRTH~~ 9/8/91

CERTIFICATE AMENDED

A55903

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 3339 Beach Ave, ~~PEARCE~~ Ward)

(2) FULL NAME OF CHILD Ethel Louise ~~Pearce~~ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2nd	yes	5, 7, 1910

	FATHER	MOTHER
(8) FULL NAME	John B. ~~PEARCE~~	(14) FULL MAIDEN NAME Cora C. ~~PEIRCE~~
(9) RESIDENCE	3339 Beach Ave	(15) RESIDENCE 3339 Beach Ave
(10) COLOR	W	(16) COLOR W
(11) AGE AT LAST BIRTHDAY (Years)	34	(17) AGE AT LAST BIRTHDAY (Years) 32
(12) BIRTHPLACE	Balto. Co. Md.	(18) BIRTHPLACE Balto. Co. Md.
(13) OCCUPATION	Conductor (Railroad)	(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 2 (21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11-25 A M., on the date above stated.

(23) Signature W H Smith M.D. (Physician or Midwife)

Address 3107 Chestnut Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003381

RECORD

(24) Given name added from a supplemental report ____, 19

Filed MAY 11 1910, 19 .

Registrar

Registrar

JAS BOSLEY M.D. COM'R OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55904

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1919 E. Chase St.; Ward)

(2) FULL NAME OF CHILD Evelyn Norwood

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	yes	May 2, 1910

FATHER

(8) FULL NAME Herbert Norwood

(9) RESIDENCE 1919 E. Chase St

(10) COLOR W. (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Frederick Co. Md.

(13) OCCUPATION Car-builder

MOTHER

(14) FULL MAIDEN NAME Angela Dillon

(15) RESIDENCE 1919 E. Chase St.

(16) COLOR W. (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Balto. City

(19) OCCUPATION Domestic

(20) Number of children born to this mother, including present birth one

(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 a.m., on the date above stated.

(23) Signature W. H. Smith M.D. (Physician or Midwife)

Address 429 Chestnut Ave

Filed MAY 11 1910, 19 Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD

MAY 11 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55905

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — Jean Estabrook Shuler. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April, 5, 1910

FATHER	MOTHER
(8) FULL NAME: William Rice Shuler	(14) FULL MAIDEN NAME: Elberta Stehl
(9) RESIDENCE: 2846 N. Calvert st.	(15) RESIDENCE: 2846 N Calvert st.
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 30 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: ~~Maryland~~ Marlboro, Md.	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Automobile agent.	(19) OCCUPATION: None
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1:45 P M., on the date above stated.

(23) Signature: W. H. Hill M.D. (Physician or Midwife)

Address: 56 W. 32nd St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RESERVED FOR RECORD

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed MAY 11 1910, 19 ____ Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

55906

(1) PLACE OF BIRTH — Registered No. B 5

CITY OF BALTIMORE. (No. ____, St.; ____ Ward)

(2) FULL NAME OF CHILD Marjorie Hanson

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Girl				April	16	1910

FATHER	MOTHER
(8) FULL NAME: Aquilla Brown Hanson	(14) FULL MAIDEN NAME: Eleanor Gittinger Williams
(9) RESIDENCE: The Mt Royal	(15) RESIDENCE: The Mt Royal Baltimore Md
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 30 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Churchville Harford Co Md.	(18) BIRTHPLACE: Baltimore Md.
(13) OCCUPATION: Clerk	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 A M., on the date above stated.

(23) Signature GEORGE W. DOBBIN, M. D. 58 WEST BIDDLE ST. (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 3 8 4

RECEIVED RECORD MAY 10 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Address ____

Filed May 10 1910. Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55907

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No.) 2738 St Paul St. (St.; Ward)

(2) FULL NAME OF CHILD — Francis Adam Foster

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Boy	One	First		April	14	1918

FATHER		MOTHER	
(8) FULL NAME	Henry M. Foster	(14) FULL MAIDEN NAME	Catherine Gilbert Adams
(9) RESIDENCE	2738 St. Paul St.	(15) RESIDENCE	2738 St Paul St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	33
(12) BIRTHPLACE	Baltimore Md.	(18) BIRTHPLACE	Virginia
(13) OCCUPATION	Iron and Steel	(19) OCCUPATION	
(20) Number of children born to this mother, including present birth	Four	(21) Number of children of this mother now living	Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12,45 A M., on the date above stated.

(23) Signature GEORGE W. DOBBIN, M. D. (Physician or Midwife)
58 WEST BIDDLE ST.

RECORD
MAR 13 1918

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Address BOSLEY M.D.
COM'R OF HEALTH

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55908

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 903 N. Fremont St.; Ward)

(2) FULL NAME OF CHILD Not named. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	—	3	Yes	April 9 1910

FATHER	MOTHER
(8) FULL NAME F. Byard Clark	(14) FULL MAIDEN NAME Frances A. Donovan
(9) RESIDENCE 903 N. Fremont St	(15) RESIDENCE 903 N. Fremont St
(10) COLOR white (11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Wash. DC	(18) BIRTHPLACE Balto. Md.
(13) OCCUPATION Salesman.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 903 Fremont Ave. M., on the date above stated. at 2 P.M.

(23) Signature Sidney Bowdoin M.D. Physician (Physician or Midwife)

RECEIVED FOR RECORD MAY 14 1910 JAS. BOSLEY M.D. COMR OF HEALTH.

Address 708 W. Lafayette Ave

Filed ____, 19 ____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

I U U 0 0 5 3 3 8 A

(24) Given name added from a supplemental report ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55909

To the Office of Registrar of Vital Statistics, Board of Health, Balti.

A55909

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of child, Bernadetta Steinacker
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race) white
4. Date of Birth May 8th 1909
5. Place of Birth, (Street and number) 529 Bentalou St
6. Full name of Mother, Julia Steinacker
7. Mother's Maiden Name, " Tuttle.
8. Mother's Birthplace, Baltimore City
9. Full name of Father, Alvin Paul Steinacker (deceased 20 days)
10. Father's Occupation, Stone mason
11. Father's Birthplace, Baltimore County - Md.

Name of Medical Attendant, or other person who makes this Return, R. Billerson MD

Address, 2015 Wilkens Ave

Remarks, Father died with Phthisis about a month ago

RECEIVED FOR RECORD MAY 11 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

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his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child of any female whose delivery he shall attend, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be verified by the practitioner in the form of a certificate between the first and third day of each and every month thereafter. If any midwife or other person shall attend the delivery of any female in labor, or shall become the duty of the person or parties in attendance upon the mother, immediately thereafter it shall be the duty of such person or parties to report the birth to the Commissioner of Health, in the manner and within the period above required, and any midwife or other person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 455910

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 201 Hoffman St.; Ward)

(2) FULL NAME OF CHILD Harriett Julia Scott. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural births)		Yes	May 1st 1910 (Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Thurman Scott	(14) FULL MAIDEN NAME	Bertha Hudson
(9) RESIDENCE	201 Hoffman St.	(15) RESIDENCE	201 Hoffman St.
(10) COLOR	Ed	(16) COLOR	Ed
(11) AGE AT LAST BIRTHDAY	33 Yrs (Years)	(17) AGE AT LAST BIRTHDAY	24 (Years)
(12) BIRTHPLACE	Va.	(18) BIRTHPLACE	Va.
(13) OCCUPATION	Waiter	(19) OCCUPATION	Domestic
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6:30 A. M., on the date above stated.

(23) Signature A. Lee Ellis (Physician or Midwife)

Address 722 Madison Ave.

Filed MAY 11 1910 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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REGISTERED RECORD

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1524 Carey st — Registered No. B 55911

CITY OF BALTIMORE. (No. Balto & Fod st 507 St.; Ward)

(2) FULL NAME OF CHILD William Henry Hughes — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth 9 May (Month) (Day), 19 10 (Year)

FATHER	MOTHER
(8) FULL NAME William Henry Hughes	(14) FULL MAIDEN NAME Annie Snowden
(9) RESIDENCE 1524 Carey	(15) RESIDENCE 1524 Carey st
(10) COLOR Color	(11) AGE AT LAST BIRTHDAY 30 (Years)
(16) COLOR Color	(17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Virginia	(18) BIRTHPLACE Baltimore md
(13) OCCUPATION Waiter	(19) OCCUPATION maide
(20) Number of children born to this mother, including present birth one	(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1524 Carey M., on the date above stated.

(23) Signature Mollie Gibson (Physician or Midwife)

Address 1524 Carey st

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED
REGISTERED

(24) Given name added from a supplemental report, 19

Filed MAY 11 1910, 19

Registrar

JAS. BOSLEY M.D.
COM'R OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

455912

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2906, Cedar Ave St.: 13 Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female	(To be answered only in event of plural births)		Yes	April	2	1910

FATHER	MOTHER
(8) FULL NAME: Clyde Pierce	(14) FULL MAIDEN NAME: Alice L. West
(9) RESIDENCE: 2906 Cedar Ave	(15) RESIDENCE: 2906 Cedar Ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 20 (Years)
(12) BIRTHPLACE: Md	(18) BIRTHPLACE: Md
(13) OCCUPATION: R. R. Trackman	(19) OCCUPATION: Wife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 3-4 M., on the date above stated.

(23) Signature: A. B. Vornert

Address: ~~2906 Cedar Ave~~ (Physician or ~~Midwife~~)

2906 Cedar Ave

* *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

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RECEIVED FOR RECORD

MAY 11 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report _____, 19

Registrar

Filed MAY 11 1910, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 65913

CITY OF BALTIMORE. (No. 704, Lemmell Ave St.; 13 Ward)

(2) FULL NAME OF CHILD — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 24, 1911

FATHER	MOTHER
(8) FULL NAME: Emory C Spencer	(14) FULL MAIDEN NAME: Anna E Ulrich
(9) RESIDENCE: 704 Lemmell Ave	(15) RESIDENCE: 704 Lemmell Ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Md.	(18) BIRTHPLACE: D. C.
(13) OCCUPATION: Stationary Engineer	(19) OCCUPATION: Wife.
(20) Number of children born to this mother, including present birth: 6	(21) Number of children of this mother now living: 6

number of sons, or daughter of this, alone

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 10 P M., on the date above stated.

(23) Signature: R B Truman M.D. Physician (Physician or Midwife)

Address: 2057 Hartwick Ave

Filed MAY 11 1911, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report , 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55914

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 3330, Chestnut St.; Ward)

(2) FULL NAME OF CHILD Margaret Anna Fitch — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 24, 1910

FATHER

(8) FULL NAME Robert C. C. Fitch

(9) RESIDENCE 3330 Chestnut

(10) COLOR White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION Laborer

MOTHER

(14) FULL MAIDEN NAME Anna Babel Fitch

(15) RESIDENCE 3330 Chestnut Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION Wife

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 4. P. M., on the date above stated.

(23) Signature R. D. Nugent, Physician (Physician or Midwife)

0 0 0 3 3 9

Address 3330 Chestnut Ave

Filed _____, 19 _____ Registrar

(24) Given name added from a supplemental report _____, 19 _____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 11 1910 JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

(READ THE REVERSE SIDE)

number of each, in or of birth, given

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455915

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 241, Bennett Pl St.; 12 Ward)

(2) FULL NAME OF CHILD — Baby Griffith — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	2, 2, 1910

FATHER	MOTHER
(8) FULL NAME: Geo. N. Griffith	(14) FULL MAIDEN NAME: Sarah Bell
(9) RESIDENCE: 2910 Bennett Pl.	(15) RESIDENCE: 2910 Bennett Pl.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Carpenter	(19) OCCUPATION: None
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

Number of each, in order of birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 A. M., on the date above stated.

(23) Signature: Robt. B. Norwood M.D. (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 3 9 3

(24) Given name added from a supplemental report ____, 19

Address ____

Filed ____, 19 .

Registrar

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CITY DOCTOR'S RECORD
MAY 11 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH
Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55916

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 262, Hamilton Ave St.; 12 Ward)

(2) FULL NAME OF CHILD Elizabeth Mary Robinson

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 2, 1910

FATHER

(8) FULL NAME Henry O Robinson

(9) RESIDENCE 2621 Hamilton Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION R.R. Engineman

(20) Number of children born to this mother, including present birth 5

MOTHER

(14) FULL MAIDEN NAME Mary Barrow

(15) RESIDENCE 2621 Hamilton Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at * * M., on the date above stated.

(23) Signature R B Norment - M.D.

{* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.}

U 0 0 3 3 9 Physician (Physician or Midwife)

(24) Given name added from a supplemental report_____, 19____

Address 3147 Chestnut Ave

Filed _____, 19____

RECEIVED FOR RECORD MAY 11 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

55917

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 219, Council St.; 13 Ward)

(2) FULL NAME OF CHILD Richard Hornsby. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1	Yes	Jan. 27, 1910

FATHER	MOTHER
(8) FULL NAME Richard Hornsby.	(14) FULL MAIDEN NAME Daisy Allen
(9) RESIDENCE 219 Council St.	(15) RESIDENCE 219 Council St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE France
(13) OCCUPATION Letter Carrier	(19) OCCUPATION Housekeeping
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 A M., on the date above stated.

(23) Signature E. E. Hammett M.D. (Physician or Midwife)

Address 3547 Chestnut Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report_____, 19

Filed _____, 19 .

RECEIVED FOR RECORD MAY 11 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

5918

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 3703, Chestnut Ave St.; 13 Ward)

(2) FULL NAME OF CHILD Alfred Lewis Webb { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		Yes	Feb. 8, 1911

FATHER	MOTHER
(8) FULL NAME Oliver A Webb	(14) FULL MAIDEN NAME Mary Chappell
(9) RESIDENCE 3703 Chestnut Ave	(15) RESIDENCE 3703 Chestnut Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Machinist	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7:40 A. M., on the date above stated.

(23) Signature R B Norment-MD Physician (Physician or Midwife)

Address 3547 Chestnut Ave

Filed , 19 .

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report , 19

Registrar

RECEIVED FOR RECORD MAY 11 1910 JAS BOSLEY, M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455919

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 715, Penna St.; 13 Ward)

(2) FULL NAME OF CHILD — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legit. imate?	(7) Date of Birth (Month) (Day) (Year)
Male			No	Feb. 2, 1910

FATHER		MOTHER	
(8) FULL NAME		(14) FULL MAIDEN NAME	Grace Spence
(9) RESIDENCE		(15) RESIDENCE	715 Penna St.
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	White (17) AGE AT LAST BIRTHDAY 15 (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	Maryland
(13) OCCUPATION		(19) OCCUPATION	Mill Operative.
(20) Number of children born to this mother, including present birth 1		(21) Number of children of this mother now living 1	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.40 P. M., on the date above stated.

(23) Signature R B Norment

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 3 9 Physician or Midwife

RECEIVED FOR RECORD Feb 4 1910

3543 Chestnut Ave

JAS. BOSLEY M.D. COM'R OF HEALTH Registrar

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

355920

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1537, Pulaski Park Ave St.; Ward)

(2) FULL NAME OF CHILD Brown

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	2, 1, 1910

FATHER

(8) FULL NAME Howard Brown

(9) RESIDENCE 1537 Pulaski Park Ave

(10) COLOR Mulatto (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION Laundry Operator

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Mary Hines

(15) RESIDENCE 1537 Pulaski Park Ave

(16) COLOR Mulatto (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION None.

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6. P. M., on the date above stated.

(23) Signature R. L. Townsend M.D. Physician (Physician or Midwife)

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* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Address

Filed ____, 19 .

RECEIVED FOR RECORD MAY 11 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55921

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 733, Thirty-first St.; 13 Ward)

(2) FULL NAME OF CHILD Donald Long

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	June 7 1910

FATHER

(8) FULL NAME Roy Percival Long

(9) RESIDENCE 733 W. Thirty-first St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION Mechanic

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Nellie G. Driskill

(15) RESIDENCE 733 Thirty-first St. N.W.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 10. A. M., on the date above stated.

(23) Signature R B Warnick M.D. (Physician or Midwife)

Address 314 Medical Bldg

{* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.}

U 0003399

RECEIVED FOR RECORD JUL 11 1910

JAS. BOSLEY, M.D. COM'R OF HEALTH. Registrar

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th (2nd of Twins)

1. *Name of child,* Keigler
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* April 24 th - 1910 - 11.25 P M
5. *Place of Birth, (Street and number)* 2571 E. Fayette St
6. *Full name of Mother,* Mary Keigler
7. *Mother's Maiden Name,* " Kerr
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* William Henry Keigler
10. *Father's Occupation,* Butcher
11. *Father's Birthplace,* Balto, Md

Name of Medical Attendant, or other person who makes this Return, Thos. A. Chaffee M.D.

Address, 2500 E. Balto St

Remarks,

RECEIVED FOR RECORD MAY 11 1910 JAS BOSLEY M.D. COMR OF HEALTH

1910 00 7400

the Commissioner of Health. This schedule shall contain a list of the names and residences of all persons who shall have been in attendance upon the mother, and shall set forth as far as the same can be ascertained the full name, date and place of birth, and the said schedule shall be signed by the attendant or person making the return. Every person who shall be in attendance upon the mother, immediately thereafter to make the birth of any child shall occur without the attendance of a physician or midwife, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall fail, neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th (1st of Twins)

1. *Name of child,* Keigler
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* April 29th 1910 - 11.05 P.M.
5. *Place of Birth, (Street and number)* 2571 W. Fayette St
6. *Full name of Mother,* Mary Keigler
7. *Mother's Maiden Name,* Hess
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* William Henry Keigler
10. *Father's Occupation,* Butcher
11. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Thos A Schaefer M.D.

Address, 2500 W Balto St

Remarks,

RECEIVED FOR RECORD MAY 11 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

19100007401

The Commissioner of Health. This schedule shall contain a list of the births [illegible] occurring in each district during the Month, and shall set forth as far as the same can be ascertained the name of each child, if named, the sex, race or color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the Practitioner in the form of a certificate between the first and third day of each month to the Registrar of the district. In the absence of a physician or midwife, or should any child be born dead or die before the attendance of a physician or midwife, or should any child shall occur without the attendance of a physician or midwife, the Commissioner of Health may require the testimony of any person in attendance upon the mother, immediately thereafter, to be reported as other births and deaths are reported. Any person who shall fail to report a birth to the Commissioner of Health, in the manner and within the period above required, or who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 155924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd -

1. *Name of child,* Gratiele
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* May 9th - 1910 - 6.45 P. M.
5. *Place of Birth, (Street and number)* 2516 E. Fayette St
6. *Full name of Mother,* Minnie E. Gratiele
7. *Mother's Maiden Name,* " " Jones
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Silas D. Gratiele
10. *Father's Occupation,* Steel Worker
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Geo. A. Schaefer M.D.

Address, 2500 E. Balto St.

Remarks,

RECEIVED FOR RECORD MAY 11 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

1910000003402

the Commissioner of Health. The schedule shall contain a list of the Births which have occurred in his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the said Commissioner upon the issuance of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or midwife, the person in charge of the house or the mother immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Victor
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* April 22 - 1910 - 11 A. M.
5. *Place of Birth, (Street and number)* 18 Bentalou St
6. *Full name of Mother,* Marie Victoria Miller
7. *Mother's Maiden Name,* " " Sauter
8. *Mother's Birthplace,* Balto Md
9. *Full name of Father,* Albert Henry Miller
10. *Father's Occupation,* Pianomaker & Electrician
11. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Theo. A. Schaefer M.D.

Address, 2500 E. Balto St

Remarks,

1910000003403

RECEIVED FOR RECORD
MAY 11 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his observation during the month, and shall set forth as far as the same can be ascertained the full name of each child, if it has been determined, sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered every month at the office of the Commissioner of Health. In case of the birth of any child shall occur without the attendance of a physician or midwife, a certificate between the first and third day of each month, duly signed by the practitioner in the form of a certificate between the first and third day of each month, duly signed by the householder or owner of the house in which such birth shall occur without the attendance of a physician or midwife, or shall become the duty of the person or persons residing in such house to report its birth to the Commissioner of Health, in the manner and within the period above required, and a like report of every birth

RETURN OF A BIRTH. A55926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 12

1. *Name of Child,* William McFett
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* W
4. *Date of Birth,* May 4, 1910
6. *Place of Birth, (Street and number)* 1639 E. Fayette St
6. *Full name of Mother,* Lillian M. McFett
7. *Mother's Maiden Name,* Lillian M Carroll
8. *Mother's Birthplace,* Chester Penn
9. *Full name of Father,* Geo. McFett
10. *Father's Occupation,* Engineer
11. *Father's Birthplace,* Harford Co Md

Name of Medical Attendant, or other person who makes this Return, M. L Barkland

Address, 3242 Hudson St

Remarks,

1 9 1 0 0 0 0 3 4 0 4

RECEIVED FOR RECORD
MAY 12 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex, color, the full name and residence of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in his or her official character, to the office of Commissioner of Health, on the first third day of each and every month, to the office of Commissioner of Health, in the form of a certificate between the hours of 9 A. M. and 3 P. M. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of the premises where the birth occurs, or in which the child is first known to be, to report the birth as required of physicians and midwives. Immediately thereafter, or practitioner of midwifery, or any person having charge of such child to report, in the manner and to the Commissioner of Health, in the manner and within the period above required of physicians and midwives, the name and residence of the mother, and such other particulars as may be required by the Commissioner of Health, in the premises. Any physician or midwife who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55927

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 511 Myrtle Ave St.; Ward)

(2) FULL NAME OF CHILD Pleasant Duncan } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Dec. (Day) 20th, (Year) 1917
Female				

FATHER

(8) FULL NAME Robt. J. Duncan

(9) RESIDENCE 511 Myrtle Ave

(10) COLOR Col. (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Newark N. J.

(13) OCCUPATION Driver

(20) Number of children born to this mother, including present birth 8

MOTHER

(14) FULL MAIDEN NAME Addie Wilson

(15) RESIDENCE 511 Myrtle Ave

(16) COLOR Col. (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Domestic

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Jane Malinda Green Midwife (Physician or Midwife)

Address 511 W. Pratt St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 13 1918 at 2 P.M.

JAS. BOSLEY M.D. COMR. OF HEALTH

2 10 0 0 3 4 0 5

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A55928

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 913 Pierce St.; Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male				May 2, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME: Ernest C. Brown

(9) RESIDENCE: 913 Pierce St.

(10) COLOR: Col (11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Porter

MOTHER

(14) FULL MAIDEN NAME: Ada B. Mason

(15) RESIDENCE: 913 Pierce St

(16) COLOR: Col. (17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Domestic

(20) Number of children born to this mother, including present birth 4

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: Jane Malinda Gunn
Midwife (Physician or Midwife)

Address: 913 E. Poppleton St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1910 00034015

RECEIVED FOR RECORD MAY 13 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55929

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 217 W Hoffman St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	No	X	Yes	Apr. 13, 1910

FATHER	MOTHER
(8) FULL NAME: Harry Joyce	(14) FULL MAIDEN NAME: Bessie R. Marshall
(9) RESIDENCE: 217 W Hoffman St	(15) RESIDENCE: 217 W Hoffman St
(10) COLOR: Mulatto	(11) AGE AT LAST BIRTHDAY: 31 (Years)
(16) COLOR: Mulatto	(17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Balto Co Md	(18) BIRTHPLACE: Balto Co Md
(13) OCCUPATION: Waiter.	(19) OCCUPATION: Laundress
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.50 a. M., on the date above stated.

(23) Signature: E. K. Ballard MD (Physician or Midwife)

Address

Filed MAY 13 1910 19

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 4 0 0 7

RECORD

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 55930

CITY OF BALTIMORE. (No. 1460 N. Carey St.; Ward)

(2) FULL NAME OF CHILD — { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				May 6th, 1910

FATHER		MOTHER	
(8) FULL NAME	Wayne Marcellus Dawes	(14) FULL MAIDEN NAME	Lucy Elizabeth Casey
(9) RESIDENCE	1460 N. Carey St.	(15) RESIDENCE	1460 N Carey St.
(10) COLOR	Col.	(16) COLOR	Col.
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	Danville, Va.	(18) BIRTHPLACE	Lancaster C. Va.
(13) OCCUPATION	Laborer	(19) OCCUPATION	Domestic
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Jane Malinda Green Mid wife (Physician or Midwife)

Address 1460 N. Poppleton St.

Filed ____ 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 3 4 0 8

REGISTERED FOR RECORD

MAY 13 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 55931

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 1407 Entre St.; Ward)

(2) FULL NAME OF CHILD — Maria Zornek (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl			Married	11 May 1910

FATHER

(8) FULL NAME — Anton Zornek

(9) RESIDENCE — Baltimor Locust Point

(10) COLOR — white (11) AGE AT LAST BIRTHDAY — 20 Mai (Years) 1890

(12) BIRTHPLACE — Temes K Andras Ungarn

(13) OCCUPATION — Laborer

MOTHER

(14) FULL MAIDEN NAME — Lina Hügel

(15) RESIDENCE — Baltimor Locust Point

(16) COLOR — white (17) AGE AT LAST BIRTHDAY — 23 (Years) December 7 1886

(18) BIRTHPLACE — Temes Gyarmatha Ungarn

(19) OCCUPATION — Hauswife

(20) Number of children born to this mother, including present birth — 1 te Baby (21) Number of children of this mother now living — 1 te Baby

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature — Margret Tierny Midwife (Physician or Midwife)

Address — Haubert St 1133

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 1910

Filed 12 May 1910

Registrar

RECEIVED FOR RECORD MAY 13 1910 JAS. BOSLEY M.D. COMM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

55932

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child: Female | (4) Twin, triplet, or other? 1.. (To be answered only in event of plural birth) | (5) Number in order of birth: 4 | (6) Legitimate? | (7) Date of Birth: 5 (Month), 3 (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME: George Busch	(14) FULL MAIDEN NAME: Nellie Dudrow
(9) RESIDENCE: Wolf St 914	(15) RESIDENCE: Wolf St 914
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Trimmer	(19) OCCUPATION: housework
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Wolf St 914 M., on the date above stated.

(23) Signature: Mrs. M. Hamlik

1925 E Eager St (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

P 0 0 0 3 4 1 0

RECEIVED FOR RECORD MAY 13 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Address ____

Filed ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455933

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Adeline Beydutz — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	/			4 , 23 19 10

FATHER	MOTHER
(8) FULL NAME: Frank Beydutz	(14) FULL MAIDEN NAME: Adeline Kachak Beydutz
(9) RESIDENCE: 924 Dallas St	(15) RESIDENCE: 924 Dallas St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Europe	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Tailor	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: /	(21) Number of children of this mother now living: /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 924 Dallas St M., on the date above stated.

(23) Signature Mrs. M. Hanglik

Address 1925 E Baltimore St (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 4 1

(24) Given name added from a supplemental report ____, 19

Registrar

RECORD
MAY 13 1910
Filed S. BOSLEY M.D., 19 .
COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 6/18/74

(1) PLACE OF BIRTH — Registered No. B. 455934

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Madeline Hanus — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	-/-	9		4 / 4 / 19 10

FATHER	MOTHER
(8) FULL NAME: Joseph Hanus	(14) FULL MAIDEN NAME: Emma Fischer
(9) RESIDENCE: Castle St 1804	(15) RESIDENCE: Castle St 1804
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Germany	(18) BIRTHPLACE: Germany.
(13) OCCUPATION: Brewery Worker	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: 9	(21) Number of children of this mother now living: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Mrs. Mary Hamlik

Address 1925 Eager st. (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 13 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

1 0 0 0 3 4 1 2

(24) Given name added from a supplemental report ____, 19

Filed 5/13/10 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH CERTIFICATE CORRECTED # 5-59 Registered No. B 55935

CITY OF BALTIMORE. (No. _____ St.; _____ Ward)

(2) FULL NAME OF CHILD Mary Elizabeth Schaefer

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	/			4, 26 1910

FATHER	MOTHER
(8) FULL NAME John ~~Schaefer~~ Schaefer	(14) FULL MAIDEN NAME Irene ~~Gaethor~~ Geelhaar
(9) RESIDENCE Castle St 1804	(15) RESIDENCE Castle St 1804
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Balto
(13) OCCUPATION shirt Cutter	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at _____ M., on the date above stated.

(23) Signature Mrs Hamlik 925 E. Lagent St. (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 4 1 5

CERTIFIED FROM RECORD

(24) Given name added from a supplemental report _____, 19

Address _____

Filed MAY 13 1910 19

JAS BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 55936

(1) PLACE OF BIRTH 1026 Chapel St

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Gustav Nickel

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	1.	4		April 29 1910

FATHER		MOTHER	
(8) FULL NAME	John Nickel	(14) FULL MAIDEN NAME	Carrie Hurt
(9) RESIDENCE	Chapel St 1026	(15) RESIDENCE	Chapel St 1026
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE	Balto.
(13) OCCUPATION	Potter worker	(19) OCCUPATION	Domestic
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Chapel St 1026 M., on the date above stated.

(23) Signature Ino. M. Hamilton (Physician or Midwife) Address 1923 E Eager St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD 1 0 0 0 0 3 4 1 4

MAY 13 1910

(24) Given name added from a supplemental report....., 19

Filed CHAS. BOSLEY, M.D., 19 .

COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455937

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male	1.	6		4	23	1910

FATHER		MOTHER	
(8) FULL NAME	Joseph Tyc.	(14) FULL MAIDEN NAME	Sofiia Kuceva
(9) RESIDENCE	Barnes St 1628	(15) RESIDENCE	Barnes St 1610
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	Europe	(18) BIRTHPLACE	Balt
(13) OCCUPATION	Baker	(19) OCCUPATION	Housework.
(20) Number of children born to this mother, including present birth	6.	(21) Number of children of this mother now living	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Barnes St 1628 M., on the date above stated.

(23) Signature Mrs. M. Hanzlik

Address 1610 Barnes St

(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD MAY 13 1910 JAS BOSLEY M.D. COM'R OF HEALTH

Filed ____ 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 55938

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2826 E Lanvale Ave St.; Ward)

(2) FULL NAME OF CHILD Benjamin Haslup, Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1	Yes	April 24, 1910

FATHER

(8) FULL NAME Benjamin Haslup

(9) RESIDENCE 2826 E Lanvale Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE City

(13) OCCUPATION

MOTHER

(14) FULL MAIDEN NAME Minnie Barrell

(15) RESIDENCE 2826 E Lanvale Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE City

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth One

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7, 80 A.M., on the date above stated.

(23) Signature E. L. Peterson M.D.

(Physician or Midwife)

Address 1103 N Eden St

Filed JAS. BOSLEY M.D. 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY 25 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

O O 3 4 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE AMENDED - 7-18-66

(1) PLACE OF BIRTH — Registered No. B 455939

CITY OF BALTIMORE. (No. 12 15 N Bond St.; Ward)

(2) FULL NAME OF CHILD Carroll ~~Lawrence~~ CRUM (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1	Yes	April 17, 19

FATHER	MOTHER
(8) FULL NAME: David ~~Lawrence~~ CRUM	(14) FULL MAIDEN NAME: ~~Maud~~ MAUDE Whitehurst
(9) RESIDENCE: City 12 15 N Bond St	(15) RESIDENCE: 12 15 N Bond St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 28 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: City	(18) BIRTHPLACE: City
(13) OCCUPATION: Cleark	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: Two	(21) Number of children of this mother now living: One

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6. P.M., on the date above stated.

(23) Signature E. L. Peterson M.D.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 00 0 0 3 4 1 7

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 1103 N FOR ST

Filed MAY 13 1918

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A559440

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 804 Cathedral St.; Ward)

(2) FULL NAME OF CHILD Katharine Bowdoin Knox

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			Yes	April 29 1900

number of each, in order of birth, stated

FATHER		MOTHER	
(8) FULL NAME	J. Mason Knox Jr.	(14) FULL MAIDEN NAME	Marion Gordon Knox
(9) RESIDENCE	Baltimore	(15) RESIDENCE	Baltimore
(10) COLOR	W.	(16) COLOR	W.
(11) AGE AT LAST BIRTHDAY (Years)	37	(17) AGE AT LAST BIRTHDAY (Years)	31
(12) BIRTHPLACE	Philadelphia, Pa	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Physician	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.30 P M., on the date above stated.

(23) Signature John D. Wm

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 4 1 8 256 a Biddle St.

(Physician or Midwife)

(24) Given name added from a supplemental report_____, 19

Address

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55940

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 804 Cathedral St.; Ward)

(2) FULL NAME OF CHILD Katherine Bowdoin Knox

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth (To be answered only in event of plural birth)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female.			Yes	Apr. 29 1910

	FATHER	MOTHER
(8) FULL NAME	J. K. Mason Knox Jr	(14) FULL MAIDEN NAME Marion Gudon Bowdoin
(9) RESIDENCE	804 Cathedral	(15) RESIDENCE 804 Cathedral St
(10) COLOR	White.	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	37	(17) AGE AT LAST BIRTHDAY (Years) 31
(12) BIRTHPLACE	Philadelphia, Pa	(18) BIRTHPLACE Baltimore.
(13) OCCUPATION	Physician	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 12 20 P M., on the date above stated.

(23) Signature GEORGE W. DOBBIN, M. D. (Physician or Midwife)
58 WEST BIDDLE ST.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003419

(24) Given name added from a supplemental report _____, 19

Address _____

Filed _____, 19 .

RECEIVED FOR RECORD
MAY 13 1910
JAS. BOSLEY M.D. Registrar
BD. OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55941

(1) PLACE OF BIRTH Baltimore — Registered No. B

CITY OF BALTIMORE. (No. 2426 McCulloh St.; Ward)

(2) FULL NAME OF CHILD Richard Simon Goodman (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		(To be answered only in event of plural births)	yes	May 1, 1910

	FATHER	MOTHER
(8) FULL NAME	Louis E. Goodman	(14) FULL MAIDEN NAME Rose Hochheimer
(9) RESIDENCE	2426 McCulloh	(15) RESIDENCE 2426 McCulloh
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY	31 (Years)	(17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE Phila Pa
(13) OCCUPATION	Manager of Mercantile agency	(19) OCCUPATION housewife
(20) Number of children born to this mother, including present birth	first	(21) Number of children of this mother now living this child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

GEORGE W. DOBBIN, M. D.
58 WEST BIDDLE ST

(23) Signature ____ (Physician or Midwife)

RECEIVED FOR RECORD
MAY 13 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 3 4 2 0

(24) Given name added from a supplemental report ____, 19

Address ____

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A55942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Name of Child,* Rosie Provenza.
2. *Sex, (state whether male or female)* F.
3. *Race or color, (if not of the White Race)* W.
4. *Date of Birth,* 5 - 12 - 10
5. *Place of Birth, (Street and number)* 427 S Paca St.
6. *Full name of Mother,* Rosa Provenza.
7. *Mother's Maiden Name,* Rosa Tamburro.
8. *Mother's Birthplace,* Italy.
9. *Full name of Father,* Luciano Tamburro.
10. *Father's Occupation,* Fruit vender
11. *Father's Birthplace,* Italy.

Name of Medical Attendant, or other person who makes this Return. S. Dinuzzo M.D.

Address, 1604 E. Lombard

Remarks,

FILED FOR RECORD MAY 14 1910 JAS. BOSLEY, M.D. REGISTRAR OF VITAL STATISTICS

1910003421

Every midwife or person other than a physician or surgeon who shall attend upon any birth, shall, within ten days after such birth, report the same to the Commissioner of Health, in the manner and within the period above required, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinbefore required. Any midwife or person other than a physician or surgeon who shall neglect or refuse to report any birth at which she or he shall be in attendance as aforesaid, within the time and in the manner above required, shall forfeit and pay for each offense a sum not exceeding ten dollars, to be recovered as other fines and forfeitures are recoverable.

Every physician or surgeon who shall attend upon any birth, shall, within ten days after such birth, report the same to the Commissioner of Health, in the manner and within the period above required, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the midwife, if there be one present at the birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinbefore required. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such parent shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 455943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of Child,* Salvatrice Irena Montellaro
2. *Sex, (state whether male or female)* F.
3. *Race or color, (if not of the White Race)* W
4. *Date of Birth,* 6-5-10
5. *Place of Birth, (Street and number)* 911 John St.
6. *Full name of Mother,* Concetta Montellaro.
7. *Mother's Maiden Name,* Concetta Fortuna.
8. *Mother's Birthplace,* Italy
9. *Full name of Father,* Paul Montellaro
10. *Father's Occupation,* Shoemaker
11. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who made this Return. S. J. Emanuel

Address, 1604

Remarks,

RECEIVED FOR RECORD
MAY 14 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

19100 422

Every midwife or person other than a physician or surgeon who shall attend upon any birth shall, within ten days after the birth, report the same to the Commissioner of Health, in the manner and with the particulars required, and if the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the street and number, if in a city, where such birth took place; and the midwife shall be delivered duly signed by the practitioner in the form prescribed by the Commissioner of Health. In case no physician or surgeon shall attend upon the mother, immediately thereafter, or should no other person be in attendance upon the mother, immediately thereafter, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person neglecting or refusing so to do shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 455944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Name of Child, Vincenza Melita.
2. Sex, (state whether male or female) F.
3. Race or color, (if not of the White Race) W
4. Date of Birth, 5-6-10
6. Place of Birth, (Street and number) 403 S Exeter St.
6. Full name of Mother, Angila melita.
7. Mother's Maiden Name, Angila Ferrara.
8. Mother's Birthplace, Italy.
9. Full name of Father, Rocco melito.
10. Father's Occupation, Laborer
11. Father's Birthplace, Italy.

Name of Medical Attendant, or other person who makes this Return S. D'Amanco M.D.

Address, 1604 Linden ave

Remarks, 1 9 1 0 0 5 0 6 0 0 4 2 3

RECEIVED FOR RECORD
MAY 14 1910
JAS. BOOLEY M.D.
COM'R OF HEALTH

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered by the officer of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are now recoverable.

RETURN OF A BIRTH. A55945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Name of child,* George William.
2. *Sex, (state whether male or female)* male.
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 5 May 1910
5. *Place of Birth, (Street and number)* 1902 E. Biddle Street.
6. *Full name of Mother,* Pearl Walls
7. *Mother's Maiden Name,* Pearl Crismar
8. *Mother's Birthplace,* Baltimore.
9. *Full name of Father,* George Edward Walls
10. *Father's Occupation,* Blacksmith.
11. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who has made this Return Marie Kluss.

Address, 304 Third Street.

Remarks, 2nd Highlandtown.

RECEIVED FOR RECORD MAY 13 1910 BOARD OF HEALTH

1 9 1 0 0 0 0 3 4 2

The Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall set forth as far as the same can be ascertained the full name or each child (if any), the name, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the Commissioner of Health, or such person as he may appoint to receive the same, on the first Monday of each month. Any midwife, or other person who shall attend upon the mother immediately thereafter it shall become the duty of the person or parents of such child, or in case of their absence from the house, the householder in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C.

A55946

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Name of child, Howard Lee Biggers.
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) Colord.
4. Date of Birth April 23.
5. Place of Birth, (Street and number) Baltimore, Md. 1316 Stricker St
6. Full name of Mother, Ida Cora Biggers.
7. Mother's Maiden Name, Ida Cora Mills.
8. Mother's Birthplace, Easton Shor Maryland.
9. Full name of Father, Harry George Biggers.
10. Father's Occupation, Tanory
11. Father's Birthplace, Virginia.

Name of Medical Attendant, or other person who makes this Return, H Holley.

Address, 1716 Mulberry St

Remarks,

RECEIVED FOR RECORD
MAY 13 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

19100003425

the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be returned to the office of Commissioner of Health. In case the first and third day of each month shall be Sunday, the physician or practitioner or midwife, or should no other child shall occur without the attendance of any physician or midwife, become the duty of the person or parent in attendance upon the mother, immediately to report the birth to the Commissioner of Health, as in this section provided. And if such person or persons who shall hereafter fail to comply with this provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, M

A55947

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

RECEIVED FOR RECORD
MAY 16 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* May 10, 1910
6. *Place of Birth, (Street and number)* 8 Blair Ave
6. *Full name of Mother,* Dolly Lind
7. *Mother's Maiden Name,* Dolly Muller
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Brad Lind
10. *Father's Occupation,* Broom-maker
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who made this Return, Wilhelmine Schmidt
Address, 7 Nine Bark Lane
Remarks, 1900003426

Within ten days after the birth of any child born in the City of Baltimore, it shall be the duty of the attending physician or midwife, or in case there be no physician or midwife in attendance, then the father, mother, householder or other person having knowledge of the facts, to report to the Commissioner of Health the full name of the child (if it have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the name and address of the person by whom the certificate is furnished; and the certificate of birth shall be delivered, duly signed by the person so reporting the same, to the Registrar of Vital Statistics in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, as herein required, and in default of so doing shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A55948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, M

A55948

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Name of Child, John Callahan
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, May 8/10
6. Place of Birth, (Street and number) 1213 Fulton Ave
6. Full name of Mother, Ann Callahan
7. Mother's Maiden Name, Ann McDonald
8. Mother's Birthplace, England
9. Full name of Father, Thomas Callahan
10. Father's Occupation, Laborer
11. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Dr Lee

Address, 502 E Lexington St

Remarks, 1910000003427

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY M.D. REGISTER OF HEALTH

Penalty. If the attendant, midwife or other person who fails to report the birth of any child, (if any shall have been born) in any family, or to report the full name of each child, (if any shall have been born) in such family, or to report the date and place of birth of each child, (if any shall have been born) in such family, or to report the full name and occupation of its parents; the date and place of their marriage, (if also married) in such family, as far as the same can be ascertained by the practitioner in the form of a certificate between the first and third day of each and every month, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, duly signed by the person or persons required to report, at the office of the Commissioner of Health, shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of their marriage, (if also married) in such family, as far as the same can be ascertained by the practitioner in the form of a certificate between the first and third day of each and every month, duly signed by the person or persons required to report, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then the duty of the person in charge of such child, or in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such child, or in attendance upon the mother, immediately thereafter, to report the birth in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A35949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

A35949 John Cothorn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* May 12 1910
4. *Place of Birth, (Street and Number)* 767 George St
5. *Full Name of Mother,* Amanda Delous Cothorn
6. *Mother's Maiden Name,* Amanda Delous Cothorn
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Leonidas Davis
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. W. Baker M.D.

Address, 1117 Fayette St

Remarks, 1910 0003429

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY COM'R OF HEALTH

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of every physician, midwife or other person who shall attend upon any birth occurring within the limits of Baltimore City, to make a return thereof to the Commissioner of Health, which return shall contain a statement of the name and surname of the child, if any shall have been given, and if not, the fact shall be stated; the sex of the child; the color or race; the name, surname, residence and occupation of the parents; the date and place of birth, and the number of the child if born alive, and if dead, the number of the child in order of birth to the mother; and the said return shall be made in writing on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a series of blanks for the information required by this section, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given, and if not, the fact shall be stated; the sex of the child; the color or race; the name, surname, residence and occupation of the parents; the date and place of birth, and the number of the child if born alive, and if dead, the number of the child in order of birth to the mother; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter directed, to the Commissioner of Health, or to such person as he may appoint to receive the same, within the first ten days of each and every month to the Office of the Commissioner of Health. In case the child be born dead, the certificate shall so state, and the cause of death, as far as known, shall be stated therein.

Sec. 2. In attendance upon the mother, immediately thereafter it shall become the duty of such midwife or other person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such midwife or other person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A55950

To the Office of Registrar of Vital Statistics, Board of Health, Balt

A 55950

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Name of child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth May 11th 1910
5. Place of Birth, (Street and number) Bltimore 2nd Ettin
6. Full name of Mother, Lucy Cole
7. Mother's Maiden Name, Lucy Bailey
8. Mother's Birthplace, Bltimore Md
9. Full name of Father, Duncan Jacob Cole
10. Father's Occupation, Labor
11. Father's Birthplace, Carbens Ville Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Julia Stone

Address, 2125 Ettings Street.

Remarks, 1 9 1 0 0 0 0 3 4 2 9

RECEIVED
RECORD
MAY 16 19
JAS. BOSLEY
REGISTRAR OF HE

I hereby certify that the above is a true and correct return of the birth which has occurred under my observation at the place and on the date above stated, and I further certify that I have delivered a copy of this return to the parent or person having charge of the child named above.

Section 1. And be it enacted, That it shall be the duty of every father, mother, householder, or other person having knowledge of the facts, to report to the Commissioner of Health, within ten days after the birth of any child, such facts as may be required by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name, color, sex and date and place of birth of said child, (if any shall have been conferred) and such other particulars as may be required by the Commissioner of Health, and the said report shall be made in every instance by the physician or midwife in attendance upon the birth of said child, and in the absence of such physician or midwife, or when the child shall occur without the attendance of a physician or midwife, then it shall be the duty of the father, mother, householder, or other person having knowledge of the facts, to report the same to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall neglect or refuse to report as herein required, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GIVEN NAME ADDED - 10/8/70

HEALTH DEPARTMENT OF THE CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55951

CITY OF BALTIMORE. (No. 2412 Riggs Av St.; Ward)

(2) FULL NAME OF CHILD ETHEL AGNES HOBBS | If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Fem			Yes	May 12 1910

FATHER	MOTHER
(8) FULL NAME Chas A Hobbs	(14) FULL MAIDEN NAME Mary Hobbs
(9) RESIDENCE 2412 Riggs av	(15) RESIDENCE — — —
(10) COLOR white (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR whi (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Md	(18) BIRTHPLACE Ger
(13) OCCUPATION Plasterer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 9	(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at about 6.20 a M., on the date above stated.

(23) Signature Clement Evans.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003430 M.D.
(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Address 1023 N Fulton av.

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 455952

CITY OF BALTIMORE. (No. 1417 Clarkson St.; 23 Ward)

(2) FULL NAME OF CHILD Geo. D. Griffin — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	April 27 1910

FATHER

(8) FULL NAME James A. Griffin

(9) RESIDENCE 1417 Clarkson

(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Md.

(13) OCCUPATION Seaman

MOTHER

(14) FULL MAIDEN NAME Ora P. Grake

(15) RESIDENCE 1417 Clarkson St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Md.

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 A M., on the date above stated.

(23) Signature P. E. Campbell M.D. (Physician or Midwife)

Address 1644 Hanover St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 4 3 1

RECEIVED FOR RECORD MAY 1 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55953

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1710 S. Charles St.; 23 Ward)

(2) FULL NAME OF CHILD Catherine M. Hackworth — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 3 1910

FATHER	MOTHER
(8) FULL NAME Fred. C. Hackworth	(14) FULL MAIDEN NAME Catherine Dries
(9) RESIDENCE 1710 S. Charles St.	(15) RESIDENCE 1710 S. Charles St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Germany	(18) BIRTHPLACE Md.
(13) OCCUPATION Barber	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 6	(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.40 P. M., on the date above stated.

(23) Signature R. E. Campbell M.D. (Physician or Midwife)

Address 644 Hanover St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 4 3 0 2

RECEIVED FOR RECORD MAY 14 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report _____, 19 _____

Filed _____, 19 _____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

Registered No. B. 155954

(2) FULL NAME OF CHILD — Henson

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April (Day) 5th (Year) 1920
Female	✓	✓		

FATHER

(8) FULL NAME — ✓

(9) RESIDENCE — ✓

(10) COLOR — ✓ (11) AGE AT LAST BIRTHDAY ____ (Years)

(12) BIRTHPLACE — ✓

(13) OCCUPATION — ✓

(20) Number of children born to this mother, including present birth — 1

MOTHER

(14) FULL MAIDEN NAME — Henrietta Henson

(15) RESIDENCE — #1 Temple St. Balto

(16) COLOR — Black (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE — West Land.

(19) OCCUPATION — Housework.

(21) Number of children of this mother now living — 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature — Hanley, MD (Physician or Midwife)

Address — J. H. Hosp.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 7 4 3 3

RECORDED IN RECORD MAY 16 1920

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

J. S. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55955

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Nelson

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female				April	21	1910

FATHER		MOTHER	
(8) FULL NAME	Taylor Hurt	(14) FULL MAIDEN NAME	Nettie Nelson
(9) RESIDENCE	620 I. St. Sparrows P. Md	(15) RESIDENCE	616 I. St. Sparrows Point
(10) COLOR	Black.	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	20	(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	Virginia	(18) BIRTHPLACE	Virginia
(13) OCCUPATION	Laborer	(19) OCCUPATION	Housework.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature H Hanley M D (Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 3 4 3 1

RECEIVED FOR RECORD MAY 16 1910 THOS BOSLEY M.D. COMMR OF HEALTH

(24) Given name added from a supplemental report, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55956

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Johns Hopkins Hosp St.; Ward)

(2) FULL NAME OF CHILD ✓ Willis { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—		April 26 1910

FATHER

(8) FULL NAME: Alfred Perkins

(9) RESIDENCE: 1028 Morris St- Balto

(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 19 (Years)

(12) BIRTHPLACE: Maryland

(13) OCCUPATION: School boy

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Arnetta Willis

(15) RESIDENCE: 926 N. Eutaw St- Balto

(16) COLOR: Black (17) AGE AT LAST BIRTHDAY: 18 (Years)

(18) BIRTHPLACE: Maryland

(19) OCCUPATION: Housework

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature H Hanley M D (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 4 3 5

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Address 1 W Hoa Pl.

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 55957

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No.) Jno Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD: Frazier

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April (Day) 24 (Year) 1910
Female				

FATHER

(8) FULL NAME: Thomas Frazier

(9) RESIDENCE: 133 West Lee St. Balto.

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Virginia

(13) OCCUPATION: Machinest

(20) Number of children born to this mother, including present birth: 5

MOTHER

(14) FULL MAIDEN NAME: Susie Jackson

(15) RESIDENCE: 133 West Lee St. Balto

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: Virginia

(19) OCCUPATION: Housework.

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: H Ansley MD (Physician or Midwife)

Address: 1 H Hasp

Filed MAY 16 1910, 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED - 3/5/11

Registered No. B 55958

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Hamilton, Girl DA

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female				Mar. 29, 1910

FATHER		MOTHER	
(8) FULL NAME	—	(14) FULL MAIDEN NAME	Margaret Hamilton
(9) RESIDENCE		(15) RESIDENCE	1015 Woodeyan St City
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	black (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	Maryland
(13) OCCUPATION		(19) OCCUPATION	Domestic
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature H Hanley MD (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 3 4 3 7

RECEIVED MEDICAL RECORDS MAY 16 1910

Address Johns Hopkins Hosp

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 5959

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Strange

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	—	April 11 19 10

FATHER

(8) FULL NAME —

(9) RESIDENCE —

(10) COLOR — (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE —

(13) OCCUPATION —

MOTHER

(14) FULL MAIDEN NAME Estella Strange

(15) RESIDENCE 903 Forest St. - Balto.

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Maryland.

(19) OCCUPATION Housework.

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature H Ansley MD (Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003438

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

55960

(1) PLACE OF BIRTH 1034 E. Monument St — Registered No. B.

CITY OF BALTIMORE. (No.) — Sr.; — Ward)

(2) FULL NAME OF CHILD ~~Baby~~ Campbell, NATALIE — GIVEN NAME ADDED 8/23/71 — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		"		March 3rd 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: James Campbell	(14) FULL MAIDEN NAME: Mamie Mason
(9) RESIDENCE: 1034 E. Monument St	(15) RESIDENCE: 1034 E. Monument St.
(10) COLOR: Black	(16) COLOR: Black
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Driver	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth 11	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at — M., on the date above stated.

(23) Signature Arthur Morse MD (Physician or Midwife)

Address

Filed MAY 16 1910, 19 .

JAS BOSLEY M.D. COM'R OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 00 03439

RECORDED

(24) Given name added from a supplemental report — , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55961

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		10		March 1st 1910

FATHER	MOTHER
(8) FULL NAME: Pt. doesn't know	(14) FULL MAIDEN NAME: Jennie Davis
(9) RESIDENCE	(15) RESIDENCE: 1102 Webb St
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: Black	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE: Virginia
(13) OCCUPATION	(19) OCCUPATION
(20) Number of children born to this mother, including present birth: 10	(21) Number of children of this mother now living

Number of each, in order of birth, stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: Robert Morse Mc

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 4 4 0

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Address: Johns Hopkins Hospital

Filed MAY 16 1910, 19 .

Registrar

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1706 Orleans St. Registered No. B. 455962

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Coleman

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		11		March 7th 1910

FATHER

(8) FULL NAME Lewis Coleman.

(9) RESIDENCE 1706 Orleans St.

(10) COLOR Black (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Conn.

(13) OCCUPATION Laborer.

(20) Number of children born to this mother, including present birth 11

MOTHER

(14) FULL MAIDEN NAME Ruby Pallinson.

(15) RESIDENCE 1706 Orleans St.

(16) COLOR Black. (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION Housework.

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature [illegible] (Physician or Midwife)

Address [illegible]

Filed MAY 16 1910, 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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GIVEN FOR RECORD

(24) Given name added from a supplemental report , 19

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A35303

(1) PLACE OF BIRTH 814 Stirling St. Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Pinkett } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural birth) U			March 14 (Month) (Day) 1910 (Year)

FATHER

(8) FULL NAME Ferdinand Pinkett

(9) RESIDENCE 814 Stirling St.

(10) COLOR Black (11) AGE AT LAST BIRTHDAY ____ (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION Barber

(20) Number of children born to this mother, including present birth U

MOTHER

(14) FULL MAIDEN NAME Lottie Stephens

(15) RESIDENCE 814 Stirling St.

(16) COLOR Black (17) AGE AT LAST BIRTHDAY ____ (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION House wife

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature J. V. Morse M.D.

U 0 0 3 4 4 2

(Physician or Midwife)

Address Johns Hopkins Hosp

RECEIVED FOR RECORD MAY 16 1910 JAS BOSLEY M.D. COMR OF HEALTH

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 536 N. Bond St. Registered No. B. A55964

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Cooper { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		3		March 11th 1910

FATHER	MOTHER
(8) FULL NAME William Cooper.	(14) FULL MAIDEN NAME Rose Preston
(9) RESIDENCE 536 N. Bond St.	(15) RESIDENCE 536 N. Bond St.
(10) COLOR Black	(11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Laborer.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature J. V. Morse M.D. (Physician or Midwife)

Address 1010 N. Eutaw St.

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

1010003443

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Johns Hopkins Hosp

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55965

(1) PLACE OF BIRTH 1726 Mc Cubbin St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD ~~Baby~~ Robinson, Gladys Agnes (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 10 1910

FATHER	MOTHER
(8) FULL NAME Henry Robinson.	(14) FULL MAIDEN NAME Mary Evans.
(9) RESIDENCE 1726 Mc Cubbin St	(15) RESIDENCE 1726 Mc. Cubbin St
(10) COLOR Black (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Capt. of boat	(19) OCCUPATION House wife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature A Morse MD (Physician or Midwife)

Address

Filed MAY 16 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report 8-11, 1953

L.M.A. Registrar

(READ THE REVERSE SIDE)

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RECEIVED FOR RECORD
MAY 16 1910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55336

(1) PLACE OF BIRTH 1735 Carlisle Place — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Walter — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		5		March 9th 1910

FATHER	MOTHER
(8) FULL NAME: Robert Walter	(14) FULL MAIDEN NAME: Annie Brown
(9) RESIDENCE: 1735 Carlisle Place	(15) RESIDENCE: 1735 Carlisle Place
(10) COLOR: Black (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: Black (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: North Carolina
(13) OCCUPATION: Porter.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living

Number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature J. T. Morse M.D. (Physician or Midwife)

Address 1726 Eutaw Place

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 4 4 5

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55967

(1) PLACE OF BIRTH 816 Small St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Johnson. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legit. male?	(7) Date of Birth (Month) (Day) (Year)
Female				mar. 19 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: Daniel Johnson.	(14) FULL MAIDEN NAME: Ethel Brown.
(9) RESIDENCE: 816 Small St.	(15) RESIDENCE: 816 Small St.
(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY (Years):	(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY (Years):
(12) BIRTHPLACE: Maryland.	(18) BIRTHPLACE: Maryland.
(13) OCCUPATION: Driver.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth:	(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: N. Morse M.D. (Physician or Midwife)

Address: Johns Hopkins Hosp.

Filed MAY 16 1910 19

JAS. BOSLEY, M.D. Registrar

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 1 0 0 0 3 4 4 5

RECEIVED FOR BOARD OF HEALTH

(24) Given name added from a supplemental report, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455968

(1) PLACE OF BIRTH 409 S. Dallas St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Jones. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				Mar. 27 1910

FATHER	MOTHER
(8) FULL NAME James Jones.	(14) FULL MAIDEN NAME Sarah Lyles.
(9) RESIDENCE 409 S. Dallas St.	(15) RESIDENCE 409 S. Dallas St.
(10) COLOR Black. (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Washington D.C.	(18) BIRTHPLACE Arkansas
(13) OCCUPATION Laborer.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature J. V. Morse M.D.

(Physician or Midwife)

Address Bayview Hospital

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD MAY 16 1910 JAS BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55969

(1) PLACE OF BIRTH 1220 Edwards St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Webb. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				Mar. 27 1910

FATHER	MOTHER
(8) FULL NAME Zachariah Webb.	(14) FULL MAIDEN NAME Marina Anderson.
(9) RESIDENCE 1220 Edwards St.	(15) RESIDENCE 1220 Edwards St.
(10) COLOR Black. (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland.	(18) BIRTHPLACE Maryland.
(13) OCCUPATION Driver.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature N. Morse M.D. (Physician or Midwife)

Address Hopkins Hosp.

Filed MAY 16 1910, 19

JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

Registrar

(24) Given name added from a supplemental report , 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55970

Registered No. B.

(1) PLACE OF BIRTH 1423 Mulliken ST. (No. St.; Ward)

CITY OF BALTIMORE.

(2) FULL NAME OF CHILD Baby Hawkins. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		"		Mar. 31 1910

FATHER

(8) FULL NAME Luther Hawkins

(9) RESIDENCE 1423 Mulliken St.

(10) COLOR Black. (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Md.

(13) OCCUPATION Laborer.

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME Gertrude Mitchell

(15) RESIDENCE 1423 Mulliken St.

(16) COLOR Black. (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Md.

(19) OCCUPATION Housewife.

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature D. Morse M.D. (Physician or Midwife)

Address John Hopkins Hospital

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD 0 3 4 4 9

MAY 16 1910

JAS. OSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report 19 , Filed , 19 .

Registrar Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55971

(1) PLACE OF BIRTH 604 Madeira St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Fowler. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1		May 30 1910

FATHER	MOTHER
(8) FULL NAME: William Fowler.	(14) FULL MAIDEN NAME: Addie Stepney
(9) RESIDENCE: 604 Madeira St.	(15) RESIDENCE: 604 Madeira St.
(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Maryland.	(18) BIRTHPLACE: Maryland.
(13) OCCUPATION: Junker.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature: V Mosena M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 16 1910 JAS. [illegible]LEY M.D. COM'R OF HEALTH

100 00450 (Physician or Midwife)

(24) Given name added from a supplemental report, 19 Address: Hopkins Hosp

Filed, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 35972

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hosp. St.; Ward)

(2) FULL NAME OF CHILD Saunders } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April (Day) 6 (Year) 19 10
Male	—	—		

FATHER

(8) FULL NAME 2

(9) RESIDENCE 2

(10) COLOR 2 (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE 2

(13) OCCUPATION 2

MOTHER

(14) FULL MAIDEN NAME Cora Saunders

(15) RESIDENCE Maryland

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION Housework

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature H. Auvley MD (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 Address 1300 Bond

Filed ____, 19 .

RECORD
MAY 16 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455973

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Mortimer

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	—	April 5th 1910

FATHER

(8) FULL NAME	"
(9) RESIDENCE	"
(10) COLOR	"
(11) AGE AT LAST BIRTHDAY (Years)	"
(12) BIRTHPLACE	"
(13) OCCUPATION	"
(20) Number of children born to this mother, including present birth	2

MOTHER

(14) FULL MAIDEN NAME	Hilda Mortimer
(15) RESIDENCE	8 N. Bethel St. Balto
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	22.
(18) BIRTHPLACE	Maryland
(19) OCCUPATION	Cook
(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature F. C. Ansley M.D. (Physician or Midwife)

Address J. H. Hosp

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

(24) Given name added from a supplemental report ____, 19__

Filed ____, 19__

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 455974

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. Lews Typhoid Hosp. St.; Ward)

(2) FULL NAME OF CHILD: ✓ Jones (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legit. mate?	(7) Date of Birth
Male	✓	✓		April 5th 1910 (Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	✓	(14) FULL MAIDEN NAME	Lia Jones
(9) RESIDENCE	✓	(15) RESIDENCE	902 I Street - Sparrows Point
(10) COLOR	✓	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	✓	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	✓	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	✓	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature Hanley MD (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

BUREAU OF VITAL RECORD MAY 16 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

OR 3 4 5 3

(24) Given name added from a supplemental report _____, 19 . Address J H Hosp

Filed _____, 19 . _____ Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55975

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Smith

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				April 3 1910

FATHER

(8) FULL NAME —

(9) RESIDENCE —

(10) COLOR — (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE —

(13) OCCUPATION —

MOTHER

(14) FULL MAIDEN NAME Bessie Smith

(15) RESIDENCE 932 Hedwood St—

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION Housework

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Hawley MD (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD APR 16 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

Address J. H. Hosp.

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____

Registrar Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

Registered No. B 155976

(2) FULL NAME OF CHILD — Davis

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				Mar. 29, 1910

FATHER		MOTHER	
(8) FULL NAME	James Davis	(14) FULL MAIDEN NAME	Pearl Davis Gatewood
(9) RESIDENCE	Brooklyn Md	(15) RESIDENCE	Brooklyn Md.
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

Number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at _____ M., on the date above stated.

(23) Signature H. Auvil M.D. (Physician or Midwife)

Address _____

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 3 4 5 5

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report _____, 19 _____ Registrar

Filed _____, 19 _____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455977

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD — Joel

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				April 21 1910

FATHER	MOTHER
(8) FULL NAME: Thomas Joel	(14) FULL MAIDEN NAME: Emma Austin.
(9) RESIDENCE: Catonsville - Maryland	(15) RESIDENCE: Catonsville. Maryland
(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 28 (Years)	(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Maryland.
(13) OCCUPATION: Laborer.	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: H Hanley M.D

(Physician or Midwife)

Address: J H Hosp

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 0 8 4 5 4

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

RECORD MAY 16 1910 JAS. H. BLOOD LEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55978

CERTIFICATE AMENDED

(1) PLACE OF BIRTH ~~CITY OF BALTIMORE.~~ Folio 21488 10-7-7 S.W. Registered No. B.

(No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Thomas Augustus Williams

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April (Day) 18 (Year) 1910
Male				

FATHER

(8) FULL NAME Thomas Williams

(9) RESIDENCE 944 Warner St.

(10) COLOR Black

(11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Porter

MOTHER

(14) FULL MAIDEN NAME Annie White

(15) RESIDENCE 944 Warner St- Balto

(16) COLOR Black

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Virginia

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature H Manley MD (Physician or Midwife)

Address 1910

Filed ____, 19 . MS BOSLEY M.D. COM'R OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is any that neither breathes nor shows other evidence of life after birth.

T 0 0 0 3 4 5 7

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55979

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD ✓ Palmer. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	✓	—		April 26 1910

FATHER		MOTHER	
(8) FULL NAME	Forman Jayson	(14) FULL MAIDEN NAME	Margaret Palmer
(9) RESIDENCE	15 N. Ware St- Balto	(15) RESIDENCE	15 E. Ware St- Balto
(10) COLOR	Black	(11) AGE AT LAST BIRTHDAY (Years)	22
(16) COLOR	Black	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Laborer.	(19) OCCUPATION	Housework.
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature H Ainley M D (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003458

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Address J H Hosp.

(24) Given name added from a supplemental report , 19

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 620 N. Chapel St. Registered No. B. A55980

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Williams [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		1		March 5 1910

FATHER	MOTHER
(8) FULL NAME Walter Williams	(14) FULL MAIDEN NAME Annie Calbert
(9) RESIDENCE 620 N. Chapel St.	(15) RESIDENCE 620 N. Chapel St.
(10) COLOR Black (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Cook	(19) OCCUPATION House wife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Albert Morse M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003459

(Physician or Midwife)

RECEIVED FOR RECORD

(24) Given name added from a supplemental report , 19

Address 1 E. Lexington St.

Filed MAY 16 1910, 19

JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

Registrar

(OVER FOR THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55931

(1) PLACE OF BIRTH 1639 Orleans St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Daisy Brooks. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	(To be answered only in event of plural births)			March 5th 1910

FATHER	MOTHER
(8) FULL NAME William Brooks	(14) FULL MAIDEN NAME Amanda Gumpus
(9) RESIDENCE 1639 Orleans St.	(15) RESIDENCE 1639 Orleans St.
(10) COLOR black (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR black (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Virginia	(18) BIRTHPLACE Virginia
(13) OCCUPATION Waiter	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 11	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Arthur T. Moore M.D. (Physician or Midwife)

Address Johns Hopkins Hospital

Filed MAY 16 1910, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 4 6 0

(24) Given name added from a supplemental report 19

Registrar

RECEIVED FOR RECORD MAY 16 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

GIVEN NAME ADDED, 10-17-50

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55932

(1) PLACE OF BIRTH 304 N. Edew St — Registered No. B.

CITY OF BALTIMORE. (No. — St.; — Ward)

(2) FULL NAME OF CHILD Graham Baby Colburn — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				March 12 1950

FATHER

(8) FULL NAME: Daniel Colburn.

(9) RESIDENCE: 304 N. Edew St.

(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Maryland

(13) OCCUPATION: Driver.

(20) Number of children born to this mother, including present birth 01

MOTHER

(14) FULL MAIDEN NAME: Rebecca Hall

(15) RESIDENCE: 304 N. Edew St.

(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Maryland.

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at — M., on the date above stated.

(23) Signature N. Morse M.D. (Physician or Midwife)

Address 1610 Hopkins Hosp.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report — , 19

Filed — , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 221 East St. Registered No. B. 455983

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Smith (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male				March 15th 1910

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Benjamin Smith

(9) RESIDENCE 221 East St.

(10) COLOR Black (11) AGE AT LAST BIRTHDAY ____ (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION Waiter

(20) Number of children born to this mother, including present birth one

MOTHER

(14) FULL MAIDEN NAME Mary Williams

(15) RESIDENCE 221 East St.

(16) COLOR Black. (17) AGE AT LAST BIRTHDAY ____ (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION Housewife.

(21) Number of children of this mother now living ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature L. Morse Mct. (Physician or Midwife)

Address 1400 Park Ave

Filed MAY 16 1910 19 .

JAS. BOSLEY M.D.
COM'R OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

CERTIFIED COPY OF RECORD
MAY 16 1910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 128. Pegister St. Registered No. B. 65984

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Covell. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.				mar. 17th 1910.

FATHER

(8) FULL NAME Langston Covell.

(9) RESIDENCE 128. Pegister St.

(10) COLOR Black. (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Maryland.

(13) OCCUPATION Laborer.

(20) Number of children born to this mother, including present birth ✓

MOTHER

(14) FULL MAIDEN NAME Annie Morgan.

(15) RESIDENCE 128. Pegister St.

(16) COLOR Black. (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Maryland.

(19) OCCUPATION Housewife.

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature J. T. Morse M.D. (Physician or Midwife)

Address Hopkins Hosp.

Filed ____, 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

RECORDED FOR RECORD MAR 26 1910 BOSLEY M.D. COMM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55985

(1) PLACE OF BIRTH 419 N. Durham St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Towson. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		11		May 16th 1910.

FATHER	MOTHER
(8) FULL NAME Charles Towson.	(14) FULL MAIDEN NAME Ella Green.
(9) RESIDENCE 419 N. Durham St.	(15) RESIDENCE 419 N. Durham St.
(10) COLOR Black. (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland.	(18) BIRTHPLACE Maryland.
(13) OCCUPATION Stevedore.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 11	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature L. Morse M.D. (Physician or Midwife)

Address Hopkins Hosp

Filed MAY 16 1910, 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORDS MAY 16 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 722 N. Dallas St. Registered No B. A55986

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Dorman. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male.		1		March 15 1910

FATHER	MOTHER
(8) FULL NAME Frost Dorman.	(14) FULL MAIDEN NAME Marie Tremble.
(9) RESIDENCE 722 N. Dallas St.	(15) RESIDENCE 722 N Dallas St.
(10) COLOR Black. (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland.	(18) BIRTHPLACE Maryland.
(13) OCCUPATION Farmer.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature A. Monroe M.D. (Physician or Midwife)

Address Johns Hopkins Hosp.

Filed MAY 16 1910 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD MAY 16 1910

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455987

(1) PLACE OF BIRTH 1623 St. Joseph St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Jennings (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.		10		Mar. 17 1910.

FATHER	MOTHER
(8) FULL NAME: John Jennings.	(14) FULL MAIDEN NAME: Susie Thelcan.
(9) RESIDENCE: 1623 St. Joseph St.	(15) RESIDENCE: 1623 St. Joseph St.
(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Virginia	(18) BIRTHPLACE: Virginia
(13) OCCUPATION: Enamel worker.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: 10	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature: L. V. Morse M.D. (Physician or Midwife)

Address: Johns Hopkins Hosp.

Filed: MAY 16 1910 19

JAS BOSLEY M.D. COMMR OF HEALTH

Registrar

(24) Given name added from a supplemental report, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55988

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE, (No. 207 E. Collington Ave St.; Ward)

(2) FULL NAME OF CHILD Naomi Rebecca Welsh — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
♀	—		—	May 7, 1910

FATHER		MOTHER	
(8) FULL NAME	Daniel D. Welsh	(14) FULL MAIDEN NAME	Lillian May Scott
(9) RESIDENCE	207 E. Collington	(15) RESIDENCE	207 E. Collington
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	29	(17) AGE AT LAST BIRTHDAY (Years)	24
(12) BIRTHPLACE	St Marys Co Md	(18) BIRTHPLACE	D C
(13) OCCUPATION	Chauffeur	(19) OCCUPATION	Domestic
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at Balto mar 5 P M., on the date above stated.

(23) Signature Lucy M. Kipps (Physician or Midwife)

Address 2 W. Barney

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is any that neither breathes nor shows other evidence of life after birth.

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RECORD
MAY 16 1910
S. BOSLEY M.D.
COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55389

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1 Jns Hopkins Hosp St.; Ward)

(2) FULL NAME OF CHILD O'Neill - No II (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	No II	II		April 8 1910

FATHER		MOTHER	
(8) FULL NAME	2	(14) FULL MAIDEN NAME	Lulia C. Neill
(9) RESIDENCE	2	(15) RESIDENCE	20 N. Susq St. Balto.
(10) COLOR	2	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	2	(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	2	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	2	(19) OCCUPATION	Laundress

(20) Number of children born to this mother, including present birth 2 (21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature H Neely MD (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

Address J H Hosp

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

455990

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1 Linn Kitchens Hosp St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD Jenkins

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	✓	✓	†	April 3 1910

FATHER		MOTHER	
(8) FULL NAME	"	(14) FULL MAIDEN NAME	Ethel Jenkins
(9) RESIDENCE	"	(15) RESIDENCE	53 E. Eliza Street
(10) COLOR	(11) AGE AT LAST BIRTHDAT (Years)	(16) COLOR	White (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE	"	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	"	(19) OCCUPATION	Factory girl
(20) Number of children born to this mother, including present birth		1	(21) Number of children of this mother now living 1

Number of each, in order of birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ✓ M., on the date above stated.

(23) Signature H Hawkins M.D.

(Physician or Midwife)

Address 1 E. Eliza St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 0 0 3 4 6 9

RECEIVED FOR RECORD MAY 16 1910 JAS BOSLEY M.D. COM'R OF HEALTH Registrar

(24) Given name added from a supplemental report, 19

Filed , 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55991

CITY OF BALTIMORE. (No. Johns Hopkins Hosp. St.: Ward)

(2) FULL NAME OF CHILD Gorfinkle — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				April 19 1910

(To be answered only in event of plural birth)

FATHER		MOTHER	
(8) FULL NAME	Solomon Gorfinkle	(14) FULL MAIDEN NAME	Lena Gudor
(9) RESIDENCE	614 S. Charles St- Balto	(15) RESIDENCE	614 S. Charles St- Balto.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	40
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	35 yrs
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Tailor	(19) OCCUPATION	Housework.
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	4

Number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature H Hurley M D (Physician or Midwife)

Address 1 0 0 0 2 4 7 0

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 16 1910 J. H. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

55992

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. Johns Hopkins Hosp. St.; Ward)

(2) FULL NAME OF CHILD Rudolph Lousch

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male				Sept.	18	1910

FATHER		MOTHER	
(8) FULL NAME	2	(14) FULL MAIDEN NAME	Agnes Lousch
(9) RESIDENCE	2	(15) RESIDENCE	1917 Monument St-Balto.
(10) COLOR	2	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	28
(12) BIRTHPLACE	2	(18) BIRTHPLACE	Germany.
(13) OCCUPATION	2	(19) OCCUPATION	Housework.
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

Number of each, in order of birth, alone.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature H Lundy MD (Physician or Midwife)

Address J.H. Hosp.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 4 7 1

RECEIVED FOR RECORD MAY 16 1918 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report 5-6, 1953 L.M. Registrar

Filed 19 Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 55993

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Smith (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legit. mate?	(7) Date of Birth (Month) April (Day) 13 (Year) 1910
Male				

FATHER		MOTHER	
(8) FULL NAME		(14) FULL MAIDEN NAME	Rosa Smith
(9) RESIDENCE		(15) RESIDENCE	Church Hill - Maryland
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	White (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	Church Hill - Maryland
(13) OCCUPATION		(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth 1		(21) Number of children of this mother now living 1	

number of each, in order of birth, state

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature H Hanley MD (Physician or Midwife)

Address 1 W Hoop

Filed MAY 16 1910, JAS. BOSLEY M.D. COM'R OF HEALTH 19 . Registrar

(24) Given name added from a supplemental report , 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 3 4 7 2 RECEIVED FOR RECORD MAY 16 1910

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A55934

CITY OF BALTIMORE. (No. 1 Mus Hebrew Hosp. St.; Ward)

(2) FULL NAME OF CHILD — Weil - Twin No 1 — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	No T	1		April 8 1910

FATHER		MOTHER	
(8) FULL NAME	Z	(14) FULL MAIDEN NAME	Julia Weil
(9) RESIDENCE	Z	(15) RESIDENCE	8.0 N. Eutaw St: Balto
(10) COLOR	Z	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	Z	(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	Z	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Z	(19) OCCUPATION	Laundress

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

Item 21 to 24, in order of birth, state

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature H Cauley MD (Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 4 7 3

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report, 19

Filed 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1919 E. Chase St. Registered No. B. 455995

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Fowler

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male				March 2nd 1910

FATHER

(8) FULL NAME Richard Fowler

(9) RESIDENCE 1919 E. Chase St.

(10) COLOR white (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION Shucker

(20) Number of children born to this mother, including present birth 11

MOTHER

(14) FULL MAIDEN NAME Florence Byelo

(15) RESIDENCE 1919 E. Chase St.

(16) COLOR white (17) AGE AT LAST BIRTHDAY (Years)

(16) BIRTHPLACE Maryland

(19) OCCUPATION Housewife

(21) Number of children of this mother now living

Number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature Wilbert Morse MD (Physician or Midwife)

Address Johns Hopkins Hospital

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10100347A

(24) Given name added from a supplemental report , 19

Filed MAY 16 1910 , 19 .

Registrar

Registrar

(SEE REVERSE SIDE FOR DIRECTIONS FOR FILLING OUT THIS CERTIFICATE)

RECEIVED FOR RECORD

MAY 16 1910

JAS. BOSLEY M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55996

(1) PLACE OF BIRTH 1610 Rutland ave. Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Litolefield

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				March 1st 1910

FATHER	MOTHER
(8) FULL NAME James Litolefield	(14) FULL MAIDEN NAME Dora Franz
(9) RESIDENCE 1610 Rutland Ave	(15) RESIDENCE 1610 Rutland ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Paper hanger	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living

Number of each, in order of birth, state

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Joshua I Moses MD

(Physician or Midwife)

Address Presbyterian Hospital

Filed MAY 16 1910, 19 .

JAS. BOSLEY, M.D. Registrar

COMR. OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

1 8 1 0 0 0 3 4 7 5

RECEIVED FOR

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A55997

(1) PLACE OF BIRTH 1046 N. Gay St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Waugh

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		11		March 8th 1910

FATHER

(8) FULL NAME Arthur Waugh

(9) RESIDENCE 1046 N Gay St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION Paper hanger.

(20) Number of children born to this mother, including present birth 11

MOTHER

(14) FULL MAIDEN NAME Susie Keen

(15) RESIDENCE 1046 N. Gay St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION Housewife

(21) Number of children of this mother now living

Name of each child, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature J. Morse Mus.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 4 7 6

(Physician or Midwife)

(24) Given name added from a supplemental report , 19

Address 1046 N. Gay St.

Filed RECEIVED FOR RECORD MAY 16 1910 , 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 55998

(1) PLACE OF BIRTH 835 Asquith St.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Seibold

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	(To be answered only in event of plural birth)	1		March 14 1910

Number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME John Seibold	(14) FULL MAIDEN NAME Sophie Seibold
(9) RESIDENCE 835 Asquith St.	(15) RESIDENCE 835 Asquith St.
(10) COLOR white	(11) AGE AT LAST BIRTHDAY (Years)
(16) COLOR white	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Printer	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature N. Morse M.D. (Physician or Midwife)

Address Johns Hopkins Hosp.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD APR 18 1910

(24) Given name added from a supplemental report _____, 19

Filed S. BOSLEY M.D. COM'R OF HEALTH, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A33333

(1) PLACE OF BIRTH 1017½ Lombard St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Rachel. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		...		mar. 22 1910.

FATHER

(8) FULL NAME Leon Rachel.

(9) RESIDENCE 1017½ Lombard St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Baker.

(20) Number of children born to this mother, including present birth ...

MOTHER

(14) FULL MAIDEN NAME Yetta Aunsmon.

(15) RESIDENCE 1017½ Lombard St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION Housewife.

(21) Number of children of this mother now living

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature N. Morse M.D. (Physician or Midwife)

Address 1017 Lombard St.

Filed MAY 16 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

(24) Given name added from a supplemental report ..... , 19

Registrar

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

U 0 0 7 4 7 0 8

RECEIVED FOR RECORD MAY 16 1910

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED - 4/3/13

A56000

(1) PLACE OF BIRTH 249 S. Spring St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD ~~Baby~~ FRANK Gindersan.

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	(To be answered only in event of plural births)	10		Mar (Month), 20 (Day), 1910 (Year)

FATHER	MOTHER
(8) FULL NAME Philip Gindersan.	(14) FULL MAIDEN NAME Ida Scheoorizman.
(9) RESIDENCE 249 S Spring St.	(15) RESIDENCE 249 S. Spring St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION tailor	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature [illegible] Morse M.D. (Physician or Midwife)

Address 1648 N. Hopkins Hosp.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

REQUIRED FOR RECORD 10 0 0 0 3 4 7 9

(24) Given name added from a supplemental report ____, 19

Filed JAS. BOSLEY M.D. REGISTRAR OF HEALTH, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 308 S. High St. Registered No. B. 456001

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Krome. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male				Mar. 26 1910

FATHER	MOTHER
(8) FULL NAME Wolf Krome	(14) FULL MAIDEN NAME Rosie Augustine.
(9) RESIDENCE 308 S. High St.	(15) RESIDENCE 308 S. High St.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia.
(13) OCCUPATION Clerk in furniture Store.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature N. Morse M.D. (Physician or Midwife)

Address Johns Hopkins Hosp.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1910 0 0 6480

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 300 S. Eden St. Registered No. B. 456002

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Louis ~~Bodey Hillman~~ Helman (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		...		May 25 1910

FATHER	MOTHER
(8) FULL NAME Ben (Hillman) Helman	(14) FULL MAIDEN NAME Mary Levin
(9) RESIDENCE 300 S. Eden St.	(15) RESIDENCE 300 S Eden St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Cabinet maker	(19) OCCUPATION housewife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature A. Morse M.D. (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

FOR RECORD D 0 0 7 4 8 1

(24) Given name added from supplemental report ____ 19 Address Johns Hopkins Hosp

MAY 16 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Filed ____ , 19 .

Registrar Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56003

(1) PLACE OF BIRTH 1307 E. Hayette st. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Berute

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		01		March 5th 1910

FATHER

(8) FULL NAME: Nathan Berute

(9) RESIDENCE: 1307 E. Hayette St

(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Burglar

(20) Number of children born to this mother, including present birth 01.

MOTHER

(14) FULL MAIDEN NAME: Rose Palvis

(15) RESIDENCE: 1307 E. Hayette St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature: Rhea Moser MD (Physician or Midwife)

Address: Johns Hopkins Hospital

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1010003482

(24) Given name added from a supplemental report , 19

Filed MAY 16 1910, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

CERTIFIED FOR RECORD

JAS. BOSLEY, M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56004

(1) PLACE OF BIRTH 1316 N. Chapel St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Smith If child is not yet named, write "supplemental report, to be filed"

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
female				March 13 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME William Smith

(9) RESIDENCE 1316 N. Chapel St.

(10) COLOR white (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Driver.

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Minnie Hartt

(15) RESIDENCE 1316 N. Chapel St.

(16) COLOR white (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Housewife

(21) Number of children of this mother now living

Number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Arthur Monkemeyer (Physician or Midwife)

Address 1316 N. Chapel St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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SECURED FOR RECORD

(24) Given name added from a supplemental report , 19

Filed MAY 16 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56005

Registered No. B.

(1) PLACE OF BIRTH 1107 Watson St

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Kinoff. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	1 0		March 7 1910

FATHER

(8) FULL NAME Bennie Kinoff

(9) RESIDENCE 1107 Watson St.

(10) COLOR White

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Carpenter

(20) Number of children born to this mother, including present birth 1 0

MOTHER

(14) FULL MAIDEN NAME Rosie Hannin

(15) RESIDENCE 1107 Watson St.

(16) COLOR White

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION Housewife

(21) Number of children of this mother now living

Name of child, if any, to be entered on line (1), page 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature N. Morse M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 4 8 4 (Physician or Midwife)

RECEIVED FOR RECORD Hopkins Hosp

(24) Given name added from a supplemental report ____, 19

Address ____

Filed MAY 16 1910, 19

Registrar

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

456006

(1) PLACE OF BIRTH ~~Baby~~ GIVEN NAME ADDED 5/17/10 Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD ~~Baby~~ Pfenning, DOROTHY

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				March 6th 1910

FATHER

(8) FULL NAME Daniel Pfenning Jr.

(9) RESIDENCE 1123 Asquith St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION Driver

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME Clara Thomas.

(15) RESIDENCE 1123 Asquith St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION Housewife

(21) Number of children of this mother now living

Number of each, in order of birth, stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature Arthur Moore M.D. (Physician or Midwife)

Address 1010 N. Broadway Johns Hopkins Hospital

Filed MAY 16 1910 19

JAS. BOSLEY M.D. COMR OF HEALTH Registrar

(24) Given name added from a supplemental report , 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECORD

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56007

(1) PLACE OF BIRTH 1111 Mc. Elderry st. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Hoff

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural births)	1		March 8th 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME Louis Hoff

(9) RESIDENCE 1111 Mc. Elderry St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Germany

(13) OCCUPATION Farmer

MOTHER

(14) FULL MAIDEN NAME Pauline Eberhardt

(15) RESIDENCE 1111 Mc. Elderry St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Germany

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 1 (21) Number of children of this mother now living

(Number of each, if any, of twins, triplets, etc.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature H. Morse M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10007486

RECEIVED FOR RECORD

(Physician or Midwife)

(24) Given name added from a supplemental report , 19 . Address 1 Johns Hopkins Hosp

APR 16 1910

Filed , 19 .

JAS BOSLEY M.D. REGISTRAR OF HEALTH

Registrar Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56003

(1) PLACE OF BIRTH 1115 E. Lombard St. Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby addleman { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1		March 14 1910

FATHER

(8) FULL NAME Maurice Addleman

(9) RESIDENCE 1115 E. Lombard St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY ____ (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Plumber

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Bessie Surasky

(15) RESIDENCE 1115 E. Lombard St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY ____ (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION Housewife

(21) Number of children of this mother now living ____

NAME OF SUCH, IN ORDER OF BIRTH, GIVEN

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature H. Morse M.D. [Physician or Midwife]

Address Johns Hopkins Hosp

Filed APR 6 1910, 19 ____

H. S. BOSLEY, M.D. COM'R OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 047 405 7

REGISTERED RECORD

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56009

(1) PLACE OF BIRTH 1406 E. Lombard St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Kahn. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				Mar. 18 1910

FATHER	MOTHER
(8) FULL NAME Dore Kahn.	(14) FULL MAIDEN NAME Sophie Janasky.
(9) RESIDENCE 1406 E. Lombard St.	(15) RESIDENCE 1406 E. Lombard St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Presser.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

name of child, in or of twin, triplet

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature N. Morse M.D. (Physician or Midwife)

Address Johns Hopkins Hosp

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED BOR RECORD MAY 16 1910

(24) Given name added from a supplemental report , 19

Filed MAY 19 1910 , 19

HAS BOGLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

GIVEN NAME ADDED 12/17/19

THE VITAL STATISTICS OF THE CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56010

(1) PLACE OF BIRTH 1005 rayene St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD ~~Baby~~ Epstein, Eva

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		1		Mar., 28, 1910.

FATHER	MOTHER
(8) FULL NAME Sam Epstein.	(14) FULL MAIDEN NAME Sadie Esemon.
(9) RESIDENCE 1005 rayene St	(15) RESIDENCE 1005 rayene St.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia.
(13) OCCUPATION Tailor	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

Number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature N. Morse MD (Physician or Midwife)

Address Johns Hopkins Hosp

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes, nor shows other evidence of life after birth.

10 0 0 3 4 8 9

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD
MAY 16 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

Filed MAY 16 1910.

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56011

(1) PLACE OF BIRTH 607 S. Wolfe St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Holland. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female.				Mar. 24 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME John Holland.	(14) FULL MAIDEN NAME Carrie Shieper.
(9) RESIDENCE 607 S. Wolfe St.	(15) RESIDENCE 607 S. Wolfe St.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland.	(18) BIRTHPLACE Maryland.
(13) OCCUPATION Laborer.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature A. Morse M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 4 9 0

(Physician or Midwife)

(24) Given name added from a supplemental report, 19 Address Johns Hopkins Hosp

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed , 19 .

Registrar Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 735 N Pattison Park ave St.; Ward)

Registered No. B 156012

(2) FULL NAME OF CHILD Grace Margaret Clarke

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl	✓	2nd	Yes	April 16 1910

FATHER

(8) FULL NAME Wm Clarke

(9) RESIDENCE 735 N Pattison Park Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE England

(13) OCCUPATION Bookkeeper

MOTHER

(14) FULL MAIDEN NAME Grace Hamilton Mack

(15) RESIDENCE 735 Pattison St ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Va

(19) OCCUPATION House work

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2 (Two)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 915 P M., on the date above stated.

(23) Signature C [illegible] M.D.

(Physician or Midwife)

Address 1 E Pratt St

* *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

RECEIVED FOR RECORD MAY 16 1910

(24) Given name added from a supplemental report_____, 19____

Filed MAY 16 1910, 19____

JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

Registrar

Registrar

(READ THE REVERSE SIDE)

number of births in 1910 of which this is one

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56013

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1704 Jackson St.; 24 Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legit. male?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 10 1910

number of each, in order of birth, stated.

FATHER

(8) FULL NAME: Bratton L. Bull

(9) RESIDENCE: 1704 Jackson St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 25

(12) BIRTHPLACE: Md

(13) OCCUPATION: Fireman

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Jessie M. Fowler

(15) RESIDENCE: 1704 Jackson St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 23

(18) BIRTHPLACE: Md

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11-30 P M., on the date above stated.

(23) Signature: R. L. Campbell M.D. (Physician or Midwife)

Address: 644 Hanover St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 16 1910 0 0 0 3 4 9 2

JAS. BOOLEY, M.D. COMMISSIONER OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 456014

CITY OF BALTIMORE. (No. 2105, Wilkens Avenue St.; 20 Ward)

(2) FULL NAME OF CHILD Eveline Schaefer — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		1st	yes	April, 25, 1910

FATHER	MOTHER
(8) FULL NAME Elmer Schaefer	(14) FULL MAIDEN NAME Jennie Counselman
(9) RESIDENCE 2105 Wilkens Ave.	(15) RESIDENCE 2105 Wilkens Ave.
(10) COLOR white (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Baltimore, Md.	(18) BIRTHPLACE Baltimore, Md.
(13) OCCUPATION Civil Engineer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 40 a. M., on the date above stated.

(23) Signature L. A. Heldrich

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

CERTIFICATE OF BIRTH RECORD 0 0 0 3 4 9 3 Physician (Physician or Midwife)

(24) Given name added from a supplemental report MAY 16 1910 Address 2151 Wilkens Ave.

JAS. H. BOSLEY M.D. COM'R OF HEALTH

Filed ____, 19 ____ Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56015

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1833 Aiken St St.; Ward)

(2) FULL NAME OF CHILD Ethel Louise Anthes

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	Oct. 27, 1910

number of each, in order of birth, stated

FATHER

(8) FULL NAME Charles D Anthes

(9) RESIDENCE 1833 aiken St

(10) COLOR White

(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Canada

(13) OCCUPATION Painter

MOTHER

(14) FULL MAIDEN NAME Ethel V Cliff

(15) RESIDENCE 1833 aiken St

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Canada

(19) OCCUPATION None

(20) Number of children born to this mother, including present birth two

(21) Number of children of this mother now living two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 P. M., on the date above stated.

(23) Signature RECEIVED FOR RECORD Oct 27 1910 O. H. Dutker M.D. (Physician or Midwife)

Address 928 E North av

Filed ____, 19 .

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 3 4 8

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

456016

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1105, E North av St.; Ward)

(2) FULL NAME OF CHILD Ina May Cannon — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	May 14 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Edward W. Cannon	(14) FULL MAIDEN NAME Mary C Vox Holton
(9) RESIDENCE 1105 E North av	(15) RESIDENCE 1105 E North av
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 23 (Years)	(17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Baltimore City
(13) OCCUPATION Motorman United Railways of Balto City	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 P. M., on the date above stated.

(23) Signature O. W. Duker M.D. (Physician or Midwife)

Address 928 E. North av

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 16 1910 JAS BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56017

CITY OF BALTIMORE. (No. 1914 Elwood Place St.; Ward)

(2) FULL NAME OF CHILD Bertha Kipp — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		4th	Married	May 1st, 1910

FATHER

(8) FULL NAME: John Kipp

(9) RESIDENCE: 1924 Elwood Place

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 29

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Labor

(20) Number of children born to this mother, including present birth: 4

MOTHER

(14) FULL MAIDEN NAME: Adel Ida Kipp

(15) RESIDENCE: 1924 Elwood Place

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years):

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: housekeeper

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 a.m., on the date above stated.

(23) Signature: Mrs L Knox (Physician or Midwife)

Address: 1111 Washington St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report_____, 19____

Registrar

RECEIVED FOR RECORD MAR 16 1910 Filed MRS. BOSLEY M.D. BOARD OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56018 A56018

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1823 Jefferson St.; Ward)

(2) FULL NAME OF CHILD Graham (Snyder) Snyder

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male		1st	Married	May 2nd, 1910

FATHER

(8) FULL NAME: John (Snyder) Snyder

(9) RESIDENCE: 1823 Jefferson St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 23 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Painter

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Tina (Snyder) Klingenhofer

(15) RESIDENCE: 1823 Jefferson St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 P.M., on the date above stated.

(23) Signature: Mrs L Krow (Physician or Midwife) Midwife

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1) 10 0 0 3 4 9 7

RECEIVED FOR RECORD

MAY 16 1910

H. BOSLEY M.D. COMM'R OF HEALTH

Address: [illegible] Washington St

(24) Given name added from a supplemental report, 19

Filed [illegible], 19

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56019

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1727 E Lombard St.; Ward)

(2) FULL NAME OF CHILD Elizabeth Engelhard — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		5th	Married	May 1st 1910

FATHER		MOTHER	
(8) FULL NAME	John Engelhard	(14) FULL MAIDEN NAME	Lena Schopf
(9) RESIDENCE	1728 E Lombard St	(15) RESIDENCE	1728 E Lombard St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	49	(17) AGE AT LAST BIRTHDAY (Years)	34
(12) BIRTHPLACE	Germany	(18) BIRTHPLACE	Germany
(13) OCCUPATION	Shoemaker	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	5

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 A.M., on the date above stated.

(23) Signature Mrs G. Krau (Physician or Midwife) Midwife

Address M.D. 203 W Washington St

Filed May 15th, 1910.

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECORD OR RECORD 1910 1 0 0 0 6 0 3 4 9 8

BOARD OF HEALTH

(24) Given name added from a supplemental report , 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56020

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 226, N Wolfe St.; Ward)

(2) FULL NAME OF CHILD Marie-Barbara Mahon

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		4th	Married	May 10th, 1910

number of each, in order of birth, stated

FATHER		MOTHER	
(8) FULL NAME	Michel Mahon	(14) FULL MAIDEN NAME	Florence Fink Mahon
(9) RESIDENCE	226 N Wolfe St	(15) RESIDENCE	226 N Wolfe St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	36
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	28
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Driver	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 11 A. M., on the date above stated.

RECEIVED FOR RECORD MAY 16 1910 — 0 0 0 3 4 9 — THOS. BOSLEY M.D. COM'R OF HEALTH

(23) Signature Mrs H Straw (Physician or Midwife)

Address 203 N Washington St

Filed May 18th, 1910.

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56021

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1614 E Pratt St.; Ward)

(2) FULL NAME OF CHILD Marion Holcamp — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2nd	Married	May 13th 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME: Alfred Holcamp	(14) FULL MAIDEN NAME: Henrietta Tronan {Holcamp}
(9) RESIDENCE: 1614 E Pratt St	(15) RESIDENCE: 1614 E Pratt St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY (Years): 38	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY (Years): 38
(12) BIRTHPLACE: Germany	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Cutter	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 8 A. M., on the date above stated.

(23) Signature Mrs A Strom (Physician or Midwife)

Address 1614 N Washington St

Filed May 15th, 1910.

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY, M.D. COMMISSIONER OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 156022

(1) PLACE OF BIRTH 314 S. High St.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Torsis. (If child is not yet named, so the supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		10		March 31 1910.

number of each, in order of birth, stated

FATHER

(8) FULL NAME: Boris Torsis.

(9) RESIDENCE: 314 S. High St.

(10) COLOR: White. (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Russia.

(13) OCCUPATION: Iron Worker.

(20) Number of children born to this mother, including present birth: V

MOTHER

(14) FULL MAIDEN NAME: Pauline Torsis.

(15) RESIDENCE: 314 S. High St.

(16) COLOR: White. (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: A Morse MD (Physician or Midwife)

Address: Johns Hopkins Hospital.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 16 1910 BOARD OF COMR OF HEALTH

C 0 0 0 3 5 0 1

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____

Registrar Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 156023

(1) PLACE OF BIRTH The Hospital for the Insane of Maryland Dykecliff CITY OF BALTIMORE. (No.) (Street) (If in Colored Ward)

(2) FULL NAME OF CHILD Edward Abbott Burdett

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
male	single	2nd	Yes	April 27th, 1910
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Edward Abbott Burdett	(14) FULL MAIDEN NAME	Celia Parker Hagen
(9) RESIDENCE	Lenox Mass.	(15) RESIDENCE	Lenox Mass
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	51	(17) AGE AT LAST BIRTHDAY (Years)	36
(12) BIRTHPLACE	Troy - New York	(18) BIRTHPLACE	Norfolk Virginia
(13) OCCUPATION	retired business man	(19) OCCUPATION	
(20) Number of children born to this mother, including present birth	Two	(21) Number of children of this mother now living	Two

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Jno. M. B. Blue M.D. (Physician or Midwife)

Address

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 5 0 2

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19 Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Hill Top Rd New Oak Rds. Registered No. B 156024

CITY OF BALTIMORE. (No. ____, St.: ____ Ward)

(2) FULL NAME OF CHILD — Nield (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	3rd	Yes	5, 14, 1910

FATHER	MOTHER
(8) FULL NAME: Harry K. Nield	(14) FULL MAIDEN NAME: Edna H. Van Dorn
(9) RESIDENCE: Hill Top Rd New Oak Rds.	(15) RESIDENCE: Hill Top Rd New Oak Rds.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 35 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Philadelphia, Pa.	(18) BIRTHPLACE: Trenton, N. J.
(13) OCCUPATION: Attorney at Law	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.15 a. M., on the date above stated.

(23) Signature: Wm. M. Baumbaker

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or Midwife)

0 0 3 5 0 3

RECEIVED FOR RECORD MAY 16 1910 S. BOSLEY M.D. COM'R OF HEALTH

Address: 1729 Madison Ave

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 ____

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 156025

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 15 11 Bolton St.; Ward)

(2) FULL NAME OF CHILD Millard T. Cohen

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	—	—	Yes	May 14, 1910

FATHER

(8) FULL NAME Hatus E. Cohen

(9) RESIDENCE 15 11 Bolton St.

(10) COLOR white (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE City

(13) OCCUPATION Asst manufr

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Edith Kafka

(15) RESIDENCE 15 11 Bolton St

(16) COLOR white (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE City

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.15 a M., on the date above stated.

(23) Signature Gilman T. Evans M.D. (Physician or Midwife)

Address 1003 N. Fulton Ave

Filed MAY 16 1910 , 19 .

JAS. BUSLEY M.D. REGISTRAR OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 5 0 4 M 5

RECORDED

(24) Given name added from a supplemental report ____, 19 ____

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56026

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD John Myrick Cheney, Jr. — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Yes	5 . 12 . 1910

number of each, in order of birth, stated

FATHER

(8) FULL NAME: Jno. Myrick Cheney

(9) RESIDENCE: 1712 N. Calvert St.

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: Macon, Ga.

(13) OCCUPATION: Agent.

MOTHER

(14) FULL MAIDEN NAME: Grace Eleanor Cheney

(15) RESIDENCE: 1712 N. Calvert St.

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Carroll Co., Md.

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 1st.

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 1.45 A. M., on the date above stated.

(23) Signature: Milton Bolgiano

Address: 520 N. Charles St. (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD MAY 16 1910 JOHN S. ROSLEY, M.D. COMMISSIONER OF HEALTH

(24) Given name added from a supplemental report _____, 19 ____

Registrar

Filed _____, 19 ____

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56027

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2247 N. Caroline St.; Ward)

(2) FULL NAME OF CHILD Albert F. Manners — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	April 11 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Frank F. Manners	(14) FULL MAIDEN NAME Emma Schultheiss
(9) RESIDENCE 2247 N. Caroline	(15) RESIDENCE 2247 N. Caroline
(10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Md	(18) BIRTHPLACE Germany
(13) OCCUPATION Photographer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ~~BORN ALIVE~~ at 10.30 A M., on the date above stated.

(23) Signature E. E. Campbell M.D.

(Physician or Midwife)

Address 644 Hamburg St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

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CHILDREN'S BUREAU RECORD
MAY 16 1910
JAS. BOSLEY M.D. COMMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

over

(1) PLACE OF BIRTH — Registered No. B 156023

CITY OF BALTIMORE. (No. 2006, Mc Elderry St.; Ward) Schleupner

(2) FULL NAME OF CHILD George John (Unknown) { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May, (Day) 3rd, 19 10 (Year)
Male		1st	Married	

	FATHER	MOTHER
(8) FULL NAME	George (Unknown) Schleupner	(14) FULL MAIDEN NAME Amelia J. Shaven (Emilie Anna) Schleupner
(9) RESIDENCE	2006 Mc Elderry St	2006 Mc Elderry St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION	Tailor	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 00 M., on the date above stated.

(23) Signature Mrs A Lisi Whitlock (Physician or Midwife)

Address 1100 Washington St

Filed May 16 1910, 19 10

Registrar

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

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RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

NAME: CLIFFORD ALTON TRAVIS 3-9-66

CERTIFICATE AMENDED

(1) PLACE OF BIRTH CITY OF BALTIMORE. (No. 105, N. Castle St.; Ward) — Registered No. B 456029

(2) FULL NAME OF CHILD ~~Father - Infant - Unnamed~~ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		5th	Married	May 14, 1910

	FATHER	MOTHER
(8) FULL NAME	Alton ~~Father~~ TRAVIS	(14) FULL MAIDEN NAME ~~Infant~~ Virgie Suit TRAVIS
(9) RESIDENCE	105 N Castle St	(15) RESIDENCE 105 N Castle
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years) 29
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION	Carpenter	(19) OCCUPATION Housekeeper

(20) Number of children born to this mother, including present birth 5

(21) Number of children of this mother now living 3

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 8:00 P.M., on the date above stated.

(23) Signature Mrs. E. Crow (Physician or Midwife)

Address 203 W. Washington St.

Filed May 15th, 1910.

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY 16 1910 WM. S. BOSLEY M.D. COMMR. OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56030

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 117, W. Wolfe St.; Ward)

(2) FULL NAME OF CHILD: Henry Arthur Clement

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Married	May 15th, 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME: George Clement	(14) FULL MAIDEN NAME: Mary Stocker Clements
(9) RESIDENCE: 117 W. Wolfe St	(15) RESIDENCE: 117 W Wolfe St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 40	(17) AGE AT LAST BIRTHDAY (Years): 39
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Labor	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 11 A. M., on the date above stated.

(23) Signature: Mrs H Stroe, Midwife (Physician or Midwife)

Address: 1129 W. Washington St

Filed May 15th, 1910

Registrar

* When there was an attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19 _____

Registrar

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RECEIVED FOR RECORD
MAY 16 1910
JAS BOSLEY M.D.
COMMR OF HEALTH

0 0 0 3 5 0 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56031

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2101, E Madison St.; Ward)

(2) FULL NAME OF CHILD Diego Romeo — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Married	May, 14th, 1910

number of each, in order of birth, stated

FATHER

(8) FULL NAME: Ferdinando Romeo

(9) RESIDENCE: 2101 E Madison St

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY (Years): 23

(12) BIRTHPLACE: Italy

(13) OCCUPATION: Foreman

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Ernestina Schubert Romeo

(15) RESIDENCE: 2101 E Madison St

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY (Years): 21

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 8 P. M., on the date above stated.

(23) Signature: Mrs H Iron (Physician or Midwife)

Address: 1 W Washington St.

Filed May 15th, 1910.

Registrar

RECEIVED FOR RECORD MAY 16 1910 JAS BOSLEY M.D. COMR OF HEALTH

U 0 0 5 5 1 0

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56032

(1) PLACE OF BIRTH 816 n Wolfe St. — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Smith. — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		—		Jan 28 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME: Wade Woon.	(14) FULL MAIDEN NAME: Viola Smith.
(9) RESIDENCE: 816 N. Wolfe St.	(15) RESIDENCE: 816 N. Wolfe St.
(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY (Years):	(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY (Years):
(12) BIRTHPLACE: La.	(18) BIRTHPLACE: Maryland.
(13) OCCUPATION: Shipriger.	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth:	(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: N. Morse MD. (Physician or Midwife)

Address: Johns Hopkins Hosp

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 3 5 1 1

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

CLERK OF RECORD JAN 16 1910

GEO. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1115 N. Port St. Registered No. B. A56033

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Wilmore. { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male.		.. ..		Mar. 26 1910

number of each, in order of birth, stated

FATHER

(8) FULL NAME: Harry Wilmore

(9) RESIDENCE: 1115 N. Port St.

(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Maryland.

(13) OCCUPATION: Laborer.

(20) Number of children born to this mother, including present birth ..

MOTHER

(14) FULL MAIDEN NAME: Corry Bowman.

(15) RESIDENCE: 1115 N. Port St.

(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Virginia

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature: J. N. Morse M.D. (Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 5 1 2

RECEIVED FOR RECORD

(24) Given name added from a supplemental report , 19 MAY 18 1910 Filed , 19 .

JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56034

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 1535 Latrobe St - St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD: James Edward Hymes (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legit. mate?	(7) Date of Birth (Month) (Day) (Year)
Male				May 14 1940

number of each, in order of birth, stated

FATHER		MOTHER	
(8) FULL NAME	Hungson Hymes	(14) FULL MAIDEN NAME	Virginia Braell
(9) RESIDENCE	535 Latrobe St -	(15) RESIDENCE	1535 Latrobe St -
(10) COLOR	Ed Yes	(11) AGE AT LAST BIRTHDAY (Years)	22 Yes
(16) COLOR	Ed yes	(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	King William Co Va	(18) BIRTHPLACE	King William Co Va
(13) OCCUPATION	Public Work	(19) OCCUPATION	House Wife
(20) Number of children born to this mother, including present birth	first	(21) Number of children of this mother now living	none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1535 Latrobe St M., on the data above stated.

(23) Signature Lucie Elliott (Physician or Midwife)

Address 1535 E 24 St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 16 1940 JAS. GOSLEY M.D. REGISTRAR OF VITAL STATISTICS

0 0 0 9 5 1 3

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56035

GIVEN NAME ADDED

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Johns Hopkins Hosp. St.; Ward)

(2) FULL NAME OF CHILD Helen Cusumes

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	19 (Year)
Female				April	6	1910

number of each, in order of birth, stated

FATHER		MOTHER	
(8) FULL NAME	John Cusumes	(14) FULL MAIDEN NAME	Mary Loulia
(9) RESIDENCE	316 North Front St. Balto	(15) RESIDENCE	316 North Front St. Balto.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	30
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	26
(12) BIRTHPLACE	Greece	(18) BIRTHPLACE	Greece
(13) OCCUPATION	Fruit Vender	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature F C Curley MD (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 5 1 4

(24) Given name added from a supplemental report ____, 19

Address J H Hosp

Filed MAY 10 1910, 19

JAS BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56036

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No.) Johns Hopkins Hospital St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD — Female Kurowski

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth (To be answered only in event of plural birth)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	—	April 21 19 13

	FATHER	MOTHER
(8) FULL NAME	Anthony Kurowski	(14) FULL MAIDEN NAME Constantina Dorlevi
(9) RESIDENCE	1424 Block St - Balto	(15) RESIDENCE 1424 Block Street
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	20	(17) AGE AT LAST BIRTHDAY (Years) 19
(12) BIRTHPLACE	Poland	(18) BIRTHPLACE 1424 Block St - Balto.
(13) OCCUPATION	Laborer.	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living 1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature H Hanley M D (Physician or Midwife)

Address 1424 Block St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DIVISION OF VITAL STATISTICS 0 0 0 3 5 1 5

MAY 16 1913

JAS. BOSLEY MD COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56037

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ~ Johns Hopkins Hosp St.; Ward)

(2) FULL NAME OF CHILD — Foster — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female	~	~		April	19th	1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	James C. Foster	Louisa Gray
(9) RESIDENCE / (15) RESIDENCE	825 Webster Ave - Chicago	825 Webster Ave - Chicago
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	40	34
(12) BIRTHPLACE / (18) BIRTHPLACE	California	Chicago - Ill.
(13) OCCUPATION / (19) OCCUPATION	Salesman.	Nurse.
(20) Number of children born to this mother, including present birth	/	
(21) Number of children of this mother now living	/	

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature H Anley MD (Physician or Midwife)

Address J H Hosp

Filed ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 5 1 6

RECEIVED RECORD MAY 16 1910 J. J. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56038

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Johns Hopkins Hosp. St.; Ward)

(2) FULL NAME OF CHILD Sonna

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female				April	18	1910

(To be answered only in event of plural births)

number of each, in order of birth, stated

FATHER		MOTHER	
(8) FULL NAME	Joseph Sonna	(14) FULL MAIDEN NAME	Catherine Sachart
(9) RESIDENCE	2214 E. Madison St.	(15) RESIDENCE	2214 E. Madison St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Syria	(18) BIRTHPLACE	Syria
(13) OCCUPATION	Salesman	(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature K Manley MD (Physician or Midwife)

Address J H Hosp

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 5 1 7

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report, 19

Registrar

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56039

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1305 Orleans Apts. St.; Ward)

(2) FULL NAME OF CHILD Furlinski

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April (Day) 14 (Year) 1910
Female				

number of each, in order of birth, stated

FATHER		MOTHER	
(8) FULL NAME	"	(14) FULL MAIDEN NAME	Tillie Furlinski
(9) RESIDENCE	"	(15) RESIDENCE	830 S. Bond St. Balto
(10) COLOR	"	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	14
(12) BIRTHPLACE	"	(18) BIRTHPLACE	New York
(13) OCCUPATION	"	(19) OCCUPATION	Oyster Shucker.
(20) Number of children born to this mother, including present birth		1	
(21) Number of children of this mother now living		1	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature H. Hurley M.D (Physician or Midwife)

Address ____

Filed MAY 16 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH, 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is any that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

0 0 3 5 FEB 8

RECORDED MAY 16 1910

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56040

(1) PLACE OF BIRTH GIVEN NAME ADDED. 7/15/60 Registered No. B.

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Evelyn Bertha Gohlinghorst- If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April (Day) 13 (Year) 1910
Female				

FATHER		MOTHER	
(8) FULL NAME	John Gohlinghorst-	(14) FULL MAIDEN NAME	Lillian Crause
(9) RESIDENCE	1701 Bell Ave - Balto.	(15) RESIDENCE	1701 Bell Ave - Balto
(10) COLOR	White- (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR	White- (17) AGE AT LAST BIRTHDAY 25- (Years)
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Commission - Merchant-	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature H Hurley MD (Physician or Midwife)

Address 16 1910 Hosp

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 16 1910 JAS. BOSLEY, M.D. SUPT. OF HEALTH

(24) Given name added from a supplemental report _____, 19

Filed _____, 19.

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56041

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. Johns Hopkins Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD — Maioli

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				April 11 1915

FATHER	MOTHER
(8) FULL NAME: Angelo Maioli	(14) FULL MAIDEN NAME: Virginia Lourejo
(9) RESIDENCE: 704 N. Eden St	(15) RESIDENCE: 704 N. Eden Street
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 48 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 35 (Years)
(12) BIRTHPLACE: Italy	(18) BIRTHPLACE: Italy
(13) OCCUPATION: Laborer	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 4

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature: Hendley MD (Physician or Midwife)

Address: 1610 E. Monument

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed MAY 16 1915, 19

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

00075200 REGISTERED RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56042

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD Suhr

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	—	April 25 1910

FATHER

(8) FULL NAME: Ernest Galbraith

(9) RESIDENCE: 925 Indiana Ave

(10) COLOR: —

(11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: Washington D. C.

(13) OCCUPATION: Law Student

MOTHER

(14) FULL MAIDEN NAME: Rebecca Suhr.

(15) RESIDENCE: 1645 E. Monument St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 20 (Years)

(18) BIRTHPLACE: Pennsylvania

(19) OCCUPATION: Attendant

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: H Hanley M D (Physician or Midwife)

Address: J Hosp

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 5 2 1

RECEIVED FOR RECORD MAY 16 1910 JAS. H. BLOOMSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Mt. Carmel Maternity Hospital Registered No. B. 456043

CITY OF BALTIMORE. (No. 2 W. Fillmore St. ; Ward)

(2) FULL NAME OF CHILD Girl Burnett. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) ~~Twin, triplet,~~ or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2	Yes	May 11 1910

FATHER	MOTHER
(8) FULL NAME Wm Burnett	(14) FULL MAIDEN NAME Ida Mae Parker
(9) RESIDENCE Port Deposit Md	(15) RESIDENCE Buckstown Md
(10) COLOR Black (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Port Deposit Md	(18) BIRTHPLACE Buckstown
(13) OCCUPATION Farmer	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 P. M., on the date above stated.

(23) Signature [illegible] Beasman (Physician or ~~Midwife~~)

RECEIVED FOR RECORD MAY 17 1910

U 0 0 3 5 2 2

JAS. BOSLEY, M.D. REGISTRAR

Address Franklin Square Hospital

Filed , 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 456044

CITY OF BALTIMORE. (No.) 1215 N. Dallas St.; Ward)

(2) FULL NAME OF CHILD: Mary Francis Kennar

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female	—	—	Yes	April	10	1910.

FATHER	MOTHER
(8) FULL NAME: Laurence Kennar	(14) FULL MAIDEN NAME: Katie DeSper
(9) RESIDENCE: 1215 N. Dallas str.	(15) RESIDENCE: 1215 N. Dallas str.
(10) COLOR: Black (11) AGE AT LAST BIRTHDAY (Years): 25	(16) COLOR: Black (17) AGE AT LAST BIRTHDAY (Years): 22
(12) BIRTHPLACE: Balto. Co. Md.	(18) BIRTHPLACE: Pittsburg Pa.
(13) OCCUPATION: Coachman	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1.

(Give number of each, in order of birth, stated in case of twins or more)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4/30 A. M., on the date above stated.

(23) Signature: Walter H. A. Meyer Physician (Physician or Midwife)

Address: 1031 N. Caroline str.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 5 2 3

RECEIVED FOR RECORD MAY 17 1910 JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

(24) Given name added from a supplemental report _____, 19 _____ Filed _____, 19 _____

Registrar — Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A50045

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 13, 1910
4. Place of Birth (Street and Number)	1033 McCulloh
5. Full Name of Mother	Clara Higbee Sheriff
6. Mother's Maiden Name	Clara Higbee
7. Mother's Birthplace	Va
8. Full Name of Father	Thomas Sheriff
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	Eugene F. Cordill
Address	1910 May 14 207 W. Hoffman St.
Remarks	Normal Labor - No complica Vertex Presentation

RECEIVED FOR RECORD
MAY 17 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Baltimore — Registered No. B 156946

CITY OF BALTIMORE. (No. 1413 Reynolds St.; 24 Ward)

(2) FULL NAME OF CHILD Annie Walker

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	May 9th 1910

FATHER	MOTHER
(8) FULL NAME Albert Walker	(14) FULL MAIDEN NAME Julia Bleenky
(9) RESIDENCE 1413 Reynolds St	(15) RESIDENCE 1413 Reynolds
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 40yrs (Years)	(17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Germany	(18) BIRTHPLACE Germany
(13) OCCUPATION Labor	(19) OCCUPATION

(20) Number of children born to this mother, including present birth 10

(21) Number of children of this mother now living 8

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1413 Reynolds M., on the date above stated.

(23) Signature Mrs Eveline Reyer

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 10 1910 5 2 5 1475 — Midwife (Physician or Midwife)

THOMAS BOSLEY, M.D. REGISTRAR

Address 1475 Reynolds St

(24) Given name added from a supplemental report ____, 19

Filed May 16, 1910

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56047

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 122 N. Milton ave St.; 6 Ward)

(2) FULL NAME OF CHILD Margaret Bacon — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F		3	yes	May 5 1910

FATHER	MOTHER
(8) FULL NAME John Carroll Bacon	(14) FULL MAIDEN NAME Francis Eliz. Meyer
(9) RESIDENCE 122 Milton ave	(15) RESIDENCE 122 N. Milton ave
(10) COLOR W	(16) COLOR W
(11) AGE AT LAST BIRTHDAY 34 (Years)	(17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Balto
(13) OCCUPATION Optician	(19) OCCUPATION Home wife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 P.M., on the date above stated.

(23) Signature [illegible] (Physician or Midwife)

Address 122 N. Milton ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECORDED 0 0 0 3 5 2 5

MAY 17 1910 BOARD OF M.B. COM'R OF HEALTH

(24) Given name added from a supplemental report _____, 19 _____ Filed _____, 19 _____

Registrar — Registrar

(READ THE REVERSE SIDE)

No. 15.—In case of more than one child at a birth, a separate certificate must be filled out for each, stating number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

456043

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 10 N Callington Ave St.; 6 Ward)

(2) FULL NAME OF CHILD Verna Anita Bond — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F		2	Yes	Dec 4 1910

FATHER	MOTHER
(8) FULL NAME Myer Abr. Bond	(14) FULL MAIDEN NAME Bessie E. Wechsler
(9) RESIDENCE 10 N. Callington Ave	(15) RESIDENCE 10 N Callington Ave
(10) COLOR W (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR W (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Balto
(13) OCCUPATION merchant	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 1 P. M., on the date above stated.

(23) Signature A. A. Bernard M.D. (Physician or Midwife)

Address 10 N. Milton Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003527

RECEIVED FOR RECORD, MAY 17 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

If twins or more than one number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56049

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Mary Elizabeth Vogle — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female Male	(To be answered only in event of plural births)	14		May 6 (Month) 26 (Day) 1910 (Year)

FATHER

(8) FULL NAME: John George Vogle

(9) RESIDENCE: 704 Cstrn Street

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 38 years (Years)

(12) BIRTHPLACE: Baltimore City

(13) OCCUPATION: Boy maker

(20) Number of children born to this mother, including present birth: 14

MOTHER

(14) FULL MAIDEN NAME: Rosa may Duren

(15) RESIDENCE: 704 Cstrn Street

(16) COLOR: white

(17) AGE AT LAST BIRTHDAY: 32 years (Years)

(18) BIRTHPLACE: Baltimore City

(19) OCCUPATION: house work

(21) Number of children of this mother now living: 8 living

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Live M., on the date above stated.

(23) Signature Mrs Nell E. Russell MD

U 0 0 3 5 2

(Physician or Midwife)

Address 411 Russell Street

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar ____ Registrar

RECEIVED FOR RECORD MAY 17 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56050

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Margaret Jane Sullivan — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural birth)	5		may 10 (Month) (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME: Paul Sullivan	(14) FULL MAIDEN NAME: Lizzie Seltz
(9) RESIDENCE: Baltimore md	(15) RESIDENCE: Baltimore md
(10) COLOR: White	(16) COLOR: white
(11) AGE AT LAST BIRTHDAY: 25 (Years)	(17) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore md
(13) OCCUPATION: Saber	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living all living

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the data above stated.

(23) Signature Mrs Kell (Physician or Midwife)

Address 911 Russell Street

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

U 0 0 3 5 2 9

(24) Given name added from a supplemental report ____ JA 19 ____ Filed ____, 19 ____

JOSEPH S. LOSLEY, M.D. COMR OF HEALTH

Registrar ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

156051

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2125 E. Chase St.; Ward)

(2) FULL NAME OF CHILD Lydia Rhinehart

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	—	—	Yes	April 5th 1910
	(To be answered only in event of plural births)			(Month) (Day) (Year)

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Charles W. Rhinehart	(14) FULL MAIDEN NAME Rose Belle Allen
(9) RESIDENCE 2125 E. Chase str.	(15) RESIDENCE 2125 E. Chase str.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 39 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Balto. Md.	(18) BIRTHPLACE Balto. Md.
(13) OCCUPATION Pressman Printing Establishment	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 8.	(21) Number of children of this mother now living 7.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 P. M., on the date above stated.

(23) Signature Charles H. A. Meyer

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 000 7536 Physician (Physician or Midwife)

(24) Given name added from a supplemental report ____ 19 ____ Address 1031 N. Caroline str.

Filed ____ 19 ____ Registrar

RECEIVED FOR RECORD MAY 17 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56052

(1) PLACE OF BIRTH Baltimore — Registered No. B 1

CITY OF BALTIMORE. (No. 1400 Andre St. St.: 24 Ward)

(2) FULL NAME OF CHILD (Not Named) William Boland — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 10 19 10

FATHER

(8) FULL NAME: Henry Boland (Boler)

(9) RESIDENCE: 1400 Andre St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: Germany

(13) OCCUPATION: Labor

MOTHER

(14) FULL MAIDEN NAME: Mary Auer (Alter)

(15) RESIDENCE: 1400 Andre St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 27 (Years)

(18) BIRTHPLACE: Germany

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 4

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1400 Andre St. M., on the date above stated.

(23) Signature: Mrs Evetine Dyer — Midwife (Physician or Midwife)

Address: 1423 Reynolds St

Filed May 16, 1910

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 17 1910 JAS. BOSLEY, M.D. COMMISSIONER OF HEALTH

1910 00 531

(24) Given name added from a supplemental report....., 19

Registrar

(READ THE REVERSE SIDE)

...number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

156053

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 945 N. Mansfield Ave. 8 Ward)

(2) FULL NAME OF CHILD Carl Svendsen — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2	yes	May 3 1910

FATHER	MOTHER
(8) FULL NAME: Otto Svendsen	(14) FULL ~~MAIDEN~~ NAME: Martha Svendsen
(9) RESIDENCE: 945 N. Mansfield Ave	(15) RESIDENCE: 945 N. Mansfield Ave
(10) COLOR:	(11) AGE AT LAST BIRTHDAY: 27 (Years)
	(16) COLOR: W
	(17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Norway	(18) BIRTHPLACE: Norway
(13) OCCUPATION: Machinist	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 8 a.m., on the date above stated.

(23) Signature C. C. Adam M.D. (Physician or Midwife)

Address 56 Mulberry Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

U 0 0 3 5 3 2

(24) Given name added from a supplemental report ____, 19__. Filed ____, 19__.

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY 17 1910 BOS. BOSLER M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56054

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1271 E. north Ave St.; Ward)

(2) FULL NAME OF CHILD Albert Wilmer Bond — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1	yes	April 30 1918

FATHER	MOTHER
(8) FULL NAME: Albert Bond	(14) FULL MAIDEN NAME: Mary Ellen Wilmer
(9) RESIDENCE: 1271 E north Ave	(15) RESIDENCE: 1271 E north Ave
(10) COLOR: W — (11) AGE AT LAST BIRTHDAY: 30 (Years)	(16) COLOR: W — (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Merchant	(19) OCCUPATION: Home wife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 2.30 P.M., on the date above stated.

(23) Signature H. G. Dorsey M.D. (Physician or Midwife)

Address 1217 E. north Ave

Filed MAY 17 1918, 19 . Registrar

JAS. H. BLOOD, M.D. COM'R OF HEALTH

U 0 0 3 5 3 FOR RECORD

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____. Registrar

(READ THE REVERSE SIDE)

N. B.—If over more than one case at a birth, indicate number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56055

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1213 E. Chase St.; Ward)

(2) FULL NAME OF CHILD Louis Michael Taylor

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 6 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Waldo O. Taylor	(14) FULL MAIDEN NAME Agnes E. Buchesbradl
(9) RESIDENCE 1213 E. Chase str.	(15) RESIDENCE 1213 E. Chase str.
(10) COLOR White (11) AGE AT LAST BIRTHDAT 37 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAT 41 (Years)
(12) BIRTHPLACE Annapolis, Md.	(18) BIRTHPLACE Balto. Md.
(13) OCCUPATION Laborer Tobacco Works	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was BORN ALIVE at 4 10 a M., on the date above stated.

(23) Signature Charles H. A. Meyer

Physician (Physician or Midwife)

Address 1031 N. Caroline str.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 5 3 A

RECEIVED REGISTRY RECORDS

(24) Given name added from a supplemental report ____, 19 ____

MAY 17 1910

Filed ____, 19 ____

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 456056

CITY OF BALTIMORE — (No. 1828 E. La Fayette Ave St.; Ward)

(2) FULL NAME OF CHILD Carl Grober Linke — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	April 18th 1910

FATHER

(8) FULL NAME E. Robert Linke

(9) RESIDENCE 1828 E. La Fayette Ave.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Balto. Md.

(13) OCCUPATION Insurance Collector

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Edna C. Hoffman

(15) RESIDENCE 1828 E. La Fayette Ave.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Balto. Md.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 30 a M., on the date above stated.

(23) Signature Walter H. A. Meyer M.D.

Physician (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 5 3 5

REGISTERED RECORD MAY 17 1910 JOSEPH S. COSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report _____, 19

Address _____

Filed _____, 19 .

Registrar — Registrar

(READ THE REVERSE SIDE)

If twins, triplets, or other plural births, state number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56057

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1110 E. Federal St.; Ward)

(2) FULL NAME OF CHILD Carroll T. Beach — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
/	~	~	Yes	March 20 1910.

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Carroll T. Beach	(14) FULL MAIDEN NAME Mary E. Eagan
(9) RESIDENCE 1110 E. Federal str.	(15) RESIDENCE 1110 E. Federal str.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Balto. Md.	(18) BIRTHPLACE Balto. Md.
(13) OCCUPATION Solicitor for Newspaper	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P. M., on the date above stated.

(23) Signature Charles H. A. Meyer

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Physician (Physician or Midwife)

(24) Given name added from a supplemental report ____ 19 ____

Address 1031 N. Caroline str.

Filed ____ 19 ____

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56058

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 838 N. Chester St.; Ward)

(2) FULL NAME OF CHILD George Stricker (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Male	—	—	Yes	May 17th 1910

FATHER	MOTHER
(8) FULL NAME: Frank Stricker	(14) FULL MAIDEN NAME: Annie A. Vazek
(9) RESIDENCE: 838 N. Chester str.	(15) RESIDENCE: 838 N. Chester str.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 34 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Bohemia	(18) BIRTHPLACE: St. Paul, Minn.
(13) OCCUPATION: Laborer Rag House	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P. M., on the date above stated.

(23) Signature: H. A. Meyer
Physician (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

1000753

REGISTRATION RECORD

Address: 1031 N. Caroline str.

(24) Given name added from a supplemental report ____, 19 ____

Filed MAY 17 1910, 19 ____

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar ____ Registrar

(READ THE REVERSE SIDE)

If a child is born at the same birth as another, the number of each, in order of birth, stated

RETURN OF A BIRTH. A56059

To the Office of Registrar of Vital Statistics, Board of Health, Balt

A56059

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child, — — Williams
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race)
4. Date of Birth, May 16 '18
6. Place of Birth, (Street and number) 1918 N. Patterson Park
6. Full name of Mother, Laura Lillie Williams
7. Mother's Maiden Name, Laura Lillie Wearsley
8. Mother's Birthplace, Laura Lillie Balto Co.
9. Full name of Father, Walter Henry Williams
10. Father's Occupation, Conductor
11. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs M Mayberry

Address, 1914 N Bethel st

Remarks, 9 1 0 0 7 0 3 5 3 8

RECEIVED FOR RECORD MAY 17 1918 JAS BOSLEY M.D. COMR OF HEALTH

correct register of such birth and shall enter his name in the space provided for that purpose in the certificate. Such register shall contain a list of the names of all children born alive within the district of the Board of Health. This schedule shall contain the full name of each child, (if born alive) the sex and color, the date of birth, and the name, residence and occupation of its parents. The certificate of birth of each child born alive in such district shall be signed by the physician or midwife in attendance upon the birth, or in case there was no physician or midwife in attendance, by the father or mother of such child, or the householder of the house in which such child was born, or the owner of such house, or the agent of such owner, or the person in charge of any institution in which such child was born, within ten days after the birth, and shall set forth the full name and occupation of its parents, the certificate between the first and third day of each and every month, by physician or practitioner of midwifery, or should no one of the parents of such child be able to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be open to the inspection of the public. All certificates required to be returned to the Commissioner of Health, shall occur without the district, immediately thereafter if it shall become the duty of any person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Film D489

CERTIFICATE AMENDED 11/12/75 mw

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A56060

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1231 Greenmount ave St.; 10 Ward)

(2) FULL NAME OF CHILD Mary Dorothy Lanahan (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F	Single	1st	Yes	April 5 1910

number of each, in order of birth, stated

FATHER	MOTHER
(9) FULL NAME: Daniel Lanahan	(14) FULL MAIDEN NAME: Kate Kelly
(9) RESIDENCE: 1231 Greenmount ave	(15) RESIDENCE: 1231 Greenmount ave
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 21 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 20 (Years)
(12) BIRTHPLACE: Balto City	(18) BIRTHPLACE: Balto City
(13) OCCUPATION: Labourer Wharf	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth:	(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a M., on the date above stated.

(23) Signature James M Faulkner (Physician or Midwife)

Address 700 E Chase St.

Filed MAY 18 1910, 19 . Registrar

JAS. GOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 3 5 3 9

RECEIVED FOR RECORD MAY 18 1910

(24) Given name added from a supplemental report ____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56061

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 140 E Aisquith St.; 9 Ward)

(2) FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F	5	1st	Yes	May 5 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME: Daniel Murray	(14) FULL MAIDEN NAME: Katherine O'Malley
(9) RESIDENCE: 140 E Aisquith St	(15) RESIDENCE: 140 E Aisquith St
(10) COLOR: white	(16) COLOR: white
(11) AGE AT LAST BIRTHDAY (Years): 30	(17) AGE AT LAST BIRTHDAY (Years): 25
(12) BIRTHPLACE: America	(18) BIRTHPLACE: America
(13) OCCUPATION: Electrical Fireman	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: one	(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 P M., on the date above stated.

(23) Signature: James M Fenton (Physician or Midwife)

Address: 1 E Chase St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003540

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report _____, 19 _____ Registrar

Filed _____, 19 _____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 156062

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2233, Wilkens Ave St.; 20 Ward)

(2) FULL NAME OF CHILD Anna Marburger

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	May 16th 1910

FATHER

(8) FULL NAME Charles, Ed Marburger

(9) RESIDENCE 2233 Wilkens, Ave.

(10) COLOR white (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Baltimore, Md.

(13) OCCUPATION Piano-Maker

(20) Number of children born to this mother, including present birth 1.

MOTHER

(14) FULL MAIDEN NAME Anna, B. Way

(15) RESIDENCE 2233. Wilkens Ave.

(16) COLOR white (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Baltimore, Md.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living none

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 40 a. M., on the date above stated.

(23) Signature Ph. Neidrich

(Physician or Midwife)

Address 2233 Wilkens Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 5 4 1

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report, 19

Registrar

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56063

CITY OF BALTIMORE. (No. 715 Colvin St St.; Ward)

(2) FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
m	single	first	yes	April 17 1910

FATHER	MOTHER
(8) FULL NAME: Wm Chilcoat	(14) FULL MAIDEN NAME: Nora Cluber
(9) RESIDENCE: 715 Colvin Pl	(15) RESIDENCE: 715 Colvin Pl
(10) COLOR: white (11) AGE AT LAST BIRTHDAY (Years): 28	(16) COLOR: white (17) AGE AT LAST BIRTHDAY (Years): 22
(12) BIRTHPLACE: American	(18) BIRTHPLACE: America
(13) OCCUPATION: Driver Express wagon	(19) OCCUPATION: Home wife
(20) Number of children born to this mother, including present birth: two	(21) Number of children of this mother now living: two

(Code 2 from these items, in order of birth, stated number of each, in order of birth, stated)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE ~~BORN~~ Died at 3 a M., on the date above stated.

(23) Signature James M Denton (Physician or Midwife)

Address 1348 E Chase St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 5 4 2

RECEIVED FOR RECORD MAY 13 1910 BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

156064

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 400 E Biddle St.; 10 Ward)

(2) FULL NAME OF CHILD none — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
m	Single		yes	April 17 1910

FATHER

(8) FULL NAME	Owen Finnegan
(9) RESIDENCE	400 E Biddle St
(10) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	45
(12) BIRTHPLACE	Balto City
(13) OCCUPATION	Clothcutter
(20) Number of children born to this mother, including present birth	

MOTHER

(14) FULL MAIDEN NAME	Mary Collins
(15) RESIDENCE	400 E Biddle
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	42
(18) BIRTHPLACE	Balto. City
(19) OCCUPATION	Housewife
(21) Number of children of this mother now living	

In case of more than one child, the order of birth must be stated in each case, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 a M., on the date above stated.

(23) Signature James McKinsey (Physician or Midwife)

Address 400 E Clare St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 DEATH CERTIFICATE FOR 543

RECORDED MAY 18 1910

(24) Given name added from a supplemental report _____, 19 _____

Filed _____, 19 _____

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56065

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1116 Ensor St.; 10 Ward)

(2) FULL NAME OF CHILD _____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	Single	2	yes	July 3 1910

FATHER	MOTHER
(8) FULL NAME: Timothy Brown	(14) FULL MAIDEN NAME: Ella Brown
(9) RESIDENCE: 1116 Ensor St	(15) RESIDENCE: 1116 Ensor St
(10) COLOR: white (11) AGE AT LAST BIRTHDAY (Years): 28	(16) COLOR: white (17) AGE AT LAST BIRTHDAY (Years): 25
(12) BIRTHPLACE: Balto City	(18) BIRTHPLACE: Balto City
(13) OCCUPATION: Gas Meter Reader	(19) OCCUPATION: Home wife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living: 2

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 P M., on the date above stated.

(23) Signature James M Benton (Physician or Midwife)

Address 700 E Chase St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1910 00 03544

(24) Given name added from a supplemental report _____, 19 _____ Registrar

Filed MAY 18 1910, 19 _____ Registrar

JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE AMENDED

CERTIFICATE OF BIRTH

A56066

(1) PLACE OF BIRTH Film 2/488 - 10-14-75 EW — Registered No. B.

CITY OF BALTIMORE. (No. 704 E Biddle St. ; 10 Ward)

(2) FULL NAME OF CHILD Margaret O'Hara — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	Single	5	Yes	April 10 1910

FATHER	MOTHER
(8) FULL NAME Jas. O'Hara	(14) FULL MAIDEN NAME Anna Bowen
(9) RESIDENCE 704 E Biddle St	(15) RESIDENCE 704 E Biddle St
(10) COLOR white — (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR white — (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Balto City	(18) BIRTHPLACE Balto City
(13) OCCUPATION Painter	(19) OCCUPATION Home wife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living 4

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11a M., on the date above stated.

(23) Signature James M Faidon (Physician or Midwife)

Address 704 E Chase St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0003545

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed 18 1910, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56067

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1231 Guilford Ave St.; 11 Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	1	3	yes	May 15 1910

FATHER	MOTHER
(8) FULL NAME: B F Healy	(14) FULL MAIDEN NAME: Nora Johnson
(9) RESIDENCE: 1231 Guilford ave	(15) RESIDENCE: 1231 Guilford ave
(10) COLOR: white (11) AGE AT LAST BIRTHDAY: 28 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Penn.	(18) BIRTHPLACE: America
(13) OCCUPATION: Dentist	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: Three	(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5 a.m., on the date above stated.

(23) Signature: James M Gentry (Physician or Midwife)

Address: 1210 E Chase St

Filed ____, 19 . ____ Registrar

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 3 5 4 6

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

In case of twins, triplets, etc., state number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 156068

CITY OF BALTIMORE. (No. 262 N. Exeter St.; Ward)

(2) FULL NAME OF CHILD Freda Fell — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		yes	April 6 1910

FATHER	MOTHER
(8) FULL NAME Louis Fell	(14) FULL MAIDEN NAME Fanny Wood
(9) RESIDENCE 262 N. Exeter	(15) RESIDENCE 262 N. Exeter
(10) COLOR White (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Tailor	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth, stated number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 A.M., on the date above stated.

(23) Signature Rosa Tenebeyg

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 5 4 7 Midwife (Physician or Midwife)

Address 262 N. Exeter St.

(24) Given name added from a supplemental report ____, 19

Filed MAY 18 1910, 19 .

Registrar

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56069

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 127 S. Central Ave St.; Ward)

(2) FULL NAME OF CHILD Edna Friedman (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 15 1910

FATHER	MOTHER
(8) FULL NAME: Aaron Friedman	(14) FULL MAIDEN NAME: Rosa Berkowitz
(9) RESIDENCE: 127 S. Central Ave	(15) RESIDENCE: 127 S Central Ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 24 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 20 (Years)
(12) BIRTHPLACE: United States	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Drug Clerk	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5 A. M., on the date above stated.

(23) Signature Rosa Tuneberg (Physician or Midwife)

Address 1006 E. Monument

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1910 00035488

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56070

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1151 E. Lombard St.; Ward)

(2) FULL NAME OF CHILD Lena Berman

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 11 1910

FATHER	MOTHER
(8) FULL NAME: Benny Berman	(14) FULL MAIDEN NAME: Celia Berman
(9) RESIDENCE: 1151 E. Lombard	(15) RESIDENCE: 1151 E. Lombard
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 25 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, stating number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:20 P. M., on the date above stated.

(23) Signature: Rosa Tenenberg Midwife (Physician or Midwife)

Address: 1006 E. Lombard St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD

MAY 18 1910

JAS. BOSLEY, M.D. COMR OF HEALTH

(24) Given name added from a supplemental report _____, 19 _____

Filed _____, 19 _____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56071

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1613 N. Monroe St St.; 15th Ward)

(2) FULL NAME OF CHILD Caroline Regina Fullum (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	April 30 1910

FATHER

(8) FULL NAME William J. Fullum

(9) RESIDENCE 1613 N. Monroe St

(10) COLOR White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION P. O. Clerk

(20) Number of children born to this mother, including present birth Three

MOTHER

(14) FULL MAIDEN NAME Catherine Rogers

(15) RESIDENCE 1613 N. Monroe St

(16) COLOR White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Home Wife

(21) Number of children of this mother now living Three

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 05 A. M., on the date above stated.

(23) Signature William J. Sweeney Physician (Physician or Midwife)

Address 1706 N. Fulton Ave

Filed APR 18 1910, 19 .

Registrar

(24) Given name added from a supplemental report _____, 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 5 5 0

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56072

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 428 E. Biddle St.; Ward)

(2) FULL NAME OF CHILD Mary Catherine Foy — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	yes	May 6 1910

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	Richard J. Foy	(14) FULL MAIDEN NAME	Mary Mc. Catherine Kinnevan
(9) RESIDENCE	428 E. Biddle St	(15) RESIDENCE	428 E. Biddle St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	37	(17) AGE AT LAST BIRTHDAY (Years)	29
(12) BIRTHPLACE	New York	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Plasterer	(19) OCCUPATION	Home Wife
(20) Number of children born to this mother, including present birth	two	(21) Number of children of this mother now living	two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 05 a M., on the date above stated.

(23) Signature William J. Sullivan M.D. Physician (Physician or Midwife)

Address 1900 W. Fulton Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 5 5 1

CERTIFICATE FOR REGISTRATION

MAY 18 1910

JAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 456073

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 304 East St.; Ward)

(2) FULL NAME OF CHILD Bertha Smith

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	May 18 1910

FATHER		MOTHER	
(8) FULL NAME	Meyer Smith	(14) FULL MAIDEN NAME	Anna Rubin
(9) RESIDENCE	304 East St.	(15) RESIDENCE	304 East St.
(10) COLOR	White	(16) COLOR	
(11) AGE AT LAST BIRTHDAY (Years)	34	(17) AGE AT LAST BIRTHDAY (Years)	32
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Storekeeper	(19) OCCUPATION	
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	4

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 P. M., on the date above stated.

(23) Signature Rosa Finefrog Midwife (Physician or Midwife)

Address 1008 E. Lombard St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report....., 19

Registrar

RECEIVED FOR MAY 18 1910

Filed ....., 19 .

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 456074

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 20 Centre Market Space St.; Ward)

(2) FULL NAME OF CHILD Freda Braunstein

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 12 1910

FATHER	MOTHER
(8) FULL NAME Samuel Braunstein	(14) FULL MAIDEN NAME Rosie Siegel
(9) RESIDENCE 20 Centre Market Sp.	(15) RESIDENCE 20 Centre Market Sp.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 42 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Austria	(18) BIRTHPLACE Russia
(13) OCCUPATION Storekeeper	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 13	(21) Number of children of this mother now living 7

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 A.M., on the date above stated.

(23) Signature Rosa Finsberg

(Physician or Midwife)

Address 1116 E Lombard St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD MAY 18 1910

Filed MAY 18 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1010 Lombard st — Registered No. B. 456075

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Sarah Macaluso — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	April 26 1910

FATHER	MOTHER
(8) FULL NAME John Macaluso	(14) FULL MAIDEN NAME (Now Providenza) Modica
(9) RESIDENCE 1010 Lombard st	(15) RESIDENCE 1010 Lombard st
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Italy	(18) BIRTHPLACE Italy
(13) OCCUPATION Carpetar	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 5	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1010 Lombard st. on the date above stated.

(23) Signature Mrs Frances Montagna Midwife (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____ 19 ____

Address 405 Colvin st

Filed May 17 1910

Registrar

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE R. (This must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1512 Mallimen st — Registered No. B. A56076

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Lena, Reggina, Turelli — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		one	yes	April 17 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: Charle Turelli	(14) FULL MAIDEN NAME: Maria Licuzi
(9) RESIDENCE: 1512 Mallimen st	(15) RESIDENCE: 1512 Mallimen st
(10) COLOR: White (11) AGE AT LAST BIRTHDAT (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAT (Years)
(12) BIRTHPLACE: Italy	(18) BIRTHPLACE: Italy
(13) OCCUPATION: Shoe maker	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 8	(21) Number of children of this mother now living: None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1512 Mallimen st M., on the date above stated.

(23) Signature of [Dr.] Frances Montagna, Midwife (Physician or Midwife)

Address 1005 Colvin st

Filed May 17, 1910 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in the number of such, in order of birth, stated

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY, M.D. REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56077

CITY OF BALTIMORE. (No. 418 3/4 N. High St.; Ward)

(2) FULL NAME OF CHILD Pearl Hart

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female		5	Yes	Mar. 6, 19 18

FATHER		MOTHER	
(8) FULL NAME	Joseph Hart	(14) FULL MAIDEN NAME	Pearl Barthlenke
(9) RESIDENCE	not known	(15) RESIDENCE	418 3/4 N. High
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	about 30	(17) AGE AT LAST BIRTHDAY (Years)	about 28
(12) BIRTHPLACE	Balto. Md.	(18) BIRTHPLACE	W. Va.
(13) OCCUPATION	Machinist.	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	5.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 a. M., on the date above stated.

(23) Signature A. C. Smith (Physician or Midwife)

Address 1002 N. Luzerne

Filed MAY 18 1910, 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 7 5 5 5

RECORD

(24) Given name added from a supplemental report ____, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 156078

CITY OF BALTIMORE. (No. 811, Edmondson St.; Ward)

(2) FULL NAME OF CHILD — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		5	Yes	May 5 1910

FATHER		MOTHER	
(8) FULL NAME	Louis Russell	(14) FULL MAIDEN NAME	Ella Brooks Russell
(9) RESIDENCE	811 Edmondson	(15) RESIDENCE	811 Edmondson
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	29
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto
(13) OCCUPATION	Letter carrier	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	5

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 a. M., on the date above stated.

(23) Signature H. E. Knight (Physician or Midwife)

Address 1002 N. Lanvale

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 5 5 7

(24) Given name added from a supplemental report _____, 19

Registrar

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed _____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 15079

CITY OF BALTIMORE. No. 2644 N. Calvert St.; Ward)

(2) FULL NAME OF CHILD Adele Grebb Herrmann (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2	Yes	Dec. 1, 1909

FATHER		MOTHER	
(8) FULL NAME	Edwin Herrman	(14) FULL MAIDEN NAME	Florence Grebb
(9) RESIDENCE	2644 N. Calvert	(15) RESIDENCE	2644 N. Calvert
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto Md.
(13) OCCUPATION	Lawyer	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth 2 (21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at a. M., on the date above stated.

(23) Signature H. E. Knipp M.D. (Physician or Midwife)

Address 1002 W. Lanvale

Filed MAY 18 1910, 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

RECEIVED RECORD MAY 18 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

1236.

A56080

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Bal

A56088

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Name of Child, Margaret Hubb Herrm
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) white
4. Date of Birth, Sept 5/08
6. Place of Birth, (Street and number) 2641 W. Calvert
6. Full name of Mother, Florence Herrma
7. Mother's Maiden Name, Florence Hubb
8. Mother's Birthplace, Balto Md.
9. Full name of Father, Edwin Herrman
10. Father's Occupation, Lawyer
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, D. E. Kurtz

Address, 1002 W. Lanvale

Remarks, 1 0 0 0 0 3 5 5 9

RECEIVED FOR RECORD MAR 13 1909

JAS. BOSLEY M.D. COM'R OF HEALTH

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain as full information as the circumstances of the case will admit of, and as can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the name and residence of the attending physician or midwife; and it shall be the duty of such person to report said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A56081

To the Office of Registrar of Vital Statistics, Board of Health, Balti

A56081

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Name of Child, Mary E. Bowersox
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 8 09
6. Place of Birth, (Street and number) 1638 N. Fulton
6. Full name of Mother, Josephine Bowersox
7. Mother's Maiden Name, O'Donnell
8. Mother's Birthplace, Ireland
9. Full name of Father, Wm. Bowersox
10. Father's Occupation, carpenter
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, A. E. Knight

Address, 1002 N. Lanvale

Remarks, 1 9 1 0 0 0 0 5 6 0

RECEIVED FOR RECORD MAY 18 1910

JAS. BOSLEY M.D. COMR OF HEALTH

Baltimore under whose charge or supervision a [illegible] shall occur, is required to be furnished by the Commissioner of Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been named since the last report,) the full names and residences of the parents, the date and place of birth, and such other facts as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required to report its birth, the parent or parents, or other person having charge of such child, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

56082

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Balti

A56082

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 & 4

1. Name of Child, Maggie Booker
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) white
4. Date of Birth, May 9 09
6. Place of Birth, (Street and number) 1510 Ramsay St
6. Full name of Mother, Elizabeth Booker
7. Mother's Maiden Name, Engel
8. Mother's Birthplace, Baltimore
9. Full name of Father, Philip Booker
10. Father's Occupation, Foreman
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. E. Kniffin M

Address, 1902 N. Luzerne

Remarks,

1 9 1 0 0 0 0 3 5 6 1

RECEIVED FOR RECORD MAY 18 1910 JOS. BOSLEY M.D. COMR OF HEALTH

Baltimore under whose charge or superintendence a birth occurs, shall cause the same to be furnished by the Commissioner of Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex, color, and place of birth, and the full name, residence and occupation of the parents. In case the birth of any child has been concealed, the fact shall be stated in the return. Such return shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents in attendance upon the mother shall, within the period above required, and in manner and form aforesaid, report the birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56083

CERTIFICATE CORRECTED 3-5-63

(1) PLACE OF BIRTH CITY OF BALTIMORE. No. 914 Town St.; 3d Ward) Registered No. B

(2) FULL NAME OF CHILD Israel Backman.

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		One	Yes	May 5 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Manuel Backman.	(14) FULL MAIDEN NAME Ethel Snyder.
(9) RESIDENCE 914 Town St.	(15) RESIDENCE 914 Town St.
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 30. (Years)
(16) COLOR white	(17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Russia.	(18) BIRTHPLACE Russia
(13) OCCUPATION Painter.	(19) OCCUPATION Householder.

(20) Number of children born to this mother, including present birth Ten. (21) Number of children of this mother now living Eight.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 a. M., on the date above stated.

(23) Signature Lewis H. Ephraim M.D. (Physician or Midwife)

0 0 0 3 5 6 2

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Address

Filed MAY 18 1910, 19

Registrar

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56084

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1070 Granby St.; Ward)

(2) FULL NAME OF CHILD Joseph Truman Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 3 1910

FATHER	MOTHER
(8) FULL NAME Joseph Truman	(14) FULL MAIDEN NAME Pearl Mervis
(9) RESIDENCE 1070 Granby St	(15) RESIDENCE 1070 Granby St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Tailor	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 6	(21) Number of children of this mother now living 4

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.45 A.M., on the date above stated.

(23) Signature Ross Tinsley M.D. (Physician or Midwife)

Address 1306 E. Lombard St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 56035

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 247 S. Eden St St.; Ward)

(2) FULL NAME OF CHILD Charles Siegel

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	May 1 1910

FATHER	MOTHER
(8) FULL NAME Jacob Siegel	(14) FULL MAIDEN NAME Rebecca Varnofsky
(9) RESIDENCE 247 S. Eden St	(15) RESIDENCE 247 S. Eden St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 38 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Expressman	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 6	(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.15 A. M., on the date above stated.

(23) Signature [illegible] Tenebery MD (Physician or Midwife)

Address 68 E. Lombard St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 _____ Registrar

Registrar

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56086

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 707 S. Charles St.; Ward)

(2) FULL NAME OF CHILD Thomas Schaffe. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	March 25 1910

FATHER	MOTHER
(8) FULL NAME Henry Schaffer	(14) FULL MAIDEN NAME Tena Selekowitz
(9) RESIDENCE 707 S. Charles.	(15) RESIDENCE 707 S. Charles
(10) COLOR White (11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Peddler	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 10	(21) Number of children of this mother now living 7

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.15 P.M., on the date above stated.

(23) Signature Ben Tinetzky Physician or Midwife

Address 1 E. Lombard St

Filed , 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1019 E. Fort ave Registered No. B. A56087

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Frank Antonio Giordano If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
male			yes	April	25	1910

FATHER		MOTHER	
(8) FULL NAME	Joseph Giordano	(14) FULL MAIDEN NAME	Rosa Vazzano
(9) RESIDENCE	1019 E. Fort ave	(15) RESIDENCE	1019 E. Fort ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	Italy	(18) BIRTHPLACE	Italy
(13) OCCUPATION	Fruit store	(19) OCCUPATION	
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	None

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1019 E. Fort ave M., on the date above stated.

1910

(23) Signature Frank Montagna
Midwife (Physician or Midwife)

Address 1005 Colvin st

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed May 17, 1910

Registrar

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56088

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1304 Gough St.; Ward)

(2) FULL NAME OF CHILD Hyman Lantzman

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 11 1910

FATHER	MOTHER
(8) FULL NAME Morris Lantzman	(14) FULL MAIDEN NAME Yetta Sandler
(9) RESIDENCE 1304 Gough St	(15) RESIDENCE 1304 Gough St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 45 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Junk Dealer	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 8	(21) Number of children of this mother now living 7

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 P. M., on the date above stated.

(23) Signature [illegible] Physician or Midwife

Address 1086 E. Lombard St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56089

(1) PLACE OF BIRTH

CITY OF BALTIMORE (No. 102) N. Dulton St.; Ward)

(2) FULL NAME OF CHILD Albert C. Walker

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 1 1910

	FATHER	MOTHER
(8) FULL NAME	Albert Walker	(14) FULL MAIDEN NAME Alice Walker
(9) RESIDENCE	1027 N. Dulton	(15) RESIDENCE 1027 N. Dulton
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	34	(17) AGE AT LAST BIRTHDAY (Years) 31
(12) BIRTHPLACE	Balto Md	(18) BIRTHPLACE Balto Md
(13) OCCUPATION	Clerk	(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.55 a M., on the date above stated.

(23) Signature H. E. Kirtt M.D.

Address 1102 N Lanvale

(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report_____, 19

Registrar

Filed MAY 18 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56099

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2003 Ramsey St.; Ward)

(2) FULL NAME OF CHILD Albert Harrison Heiland

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate	(7) Date of Birth (Month) (Day) (Year)
Male			yes	Mar. 17, 1910

FATHER		MOTHER	
(8) FULL NAME	Albert H. Heiland	(14) FULL MAIDEN NAME	Emily J. Prevost
(9) RESIDENCE	2003 Ramsey	(15) RESIDENCE	2003 Ramsey
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	20
(12) BIRTHPLACE	Balto Md	(13) OCCUPATION	Clerk
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	20
(18) BIRTHPLACE	Balto Co.	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth 1 — (21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 a. M., on the date above stated.

(23) Signature H. E. Krafft

U 003569

(Physician or Midwife)

Address 2002 W. Lanvale

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56091

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2504-08 Pennsylvania Ave St.; Ward)

(2) FULL NAME OF CHILD Wm Dickson Locke

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1	Yes	Mar 16 1910

FATHER		MOTHER	
(8) FULL NAME	James H. B. Locke	(14) FULL MAIDEN NAME	Florence Grove
(9) RESIDENCE	2504-08 Penn. ave	(15) RESIDENCE	2504-08 Penn ave
(10) COLOR	white	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	33	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Annapolis Md	(18) BIRTHPLACE	Balto Md
(13) OCCUPATION	Undertaker	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7 a. M., on the date above stated.

(23) Signature H. E. Kruft

(Physician or Midwife)

Address 1802 W. Lanvale

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD
NOV 18 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. Such schedule shall contain a list of the births that have occurred in the house under his charge or superintendence since the last preceding return, and the full name of each child, (if any) shall have been ascertained) its sex, color, the full names and residence of its parents; the date and place of birth, and the name and residence of the person making the return. And he shall not forth as far as the same can be ascertained

RETURN OF A BIRTH.

156093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, M

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Sperr

1. *Name of Child,* John Roseborough Sh
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* Aug 12, 1908
6. *Place of Birth, (Street and number)* 912 Harlem ave.
6. *Full name of Mother,* Sue M. Sherin
7. *Mother's Maiden Name,* " " Bryan
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Samuel Burt Sheri
10. *Father's Occupation,* Advertizer's Agent
11. *Father's Birthplace,* Lakefield, Pitts Cou

Name of Medical Attendant, or other person who makes this Return. H. E. Kniffe MD

Address, 1902 W. Lanvale

Remarks,

RECEIVED FOR RECORD
MAY 18 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

1 9 1 0 0 0 0 3 5 7 2

Baltimore, under a fine of not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56094

To the Office of Registrar of Vital Statistics, Board of Health, Balti

A56094

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Name of Child, Paul Morton Maher
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Aug 11th 09
6. Place of Birth, (Street and number) 1632 W. Mulberry
6. Full name of Mother, Blanch Maher
7. Mother's Maiden Name, Blanch Weaver
8. Mother's Birthplace, Balto
9. Full name of Father, James Maher
10. Father's Occupation, Draughtsman
11. Father's Birthplace, Balto md.

Name of Medical Attendant, or other person who makes this Return Dr E Knight M D

Address, 1910 W. Lanvale

Remarks,

RECEIVED FOR RECORD MAY 18 1910

JAS BOGLEY M.D. COM'R OF HEALTH

Surgeons and others are required to enter the name on blank schedule to be furnished by the Commissioner of Health, and shall enter the same in the record book kept for that purpose, and shall report to the Commissioner of Health, at the end of each month, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate hereinafter prescribed, to the parent or parents of such child, or person having charge of said child, within the third day of such birth, and every such practitioner or midwife, or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required of any such person or persons, and for failure to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56095

To the Office of Registrar of Vital Statistics, Board of Health, Bal.

A56095

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Name of Child, Edw. J. McGowan
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth, Oct 19/09
6. Place of Birth, (Street and number) 1014 N. Gay St
7. Full name of Mother, Edith McGowan
8. Mother's Maiden Name, Zell.
9. Mother's Birthplace, Baltimore Md.
10. Father's Occupation, Edw. J. McGowan
11. Father's Birthplace, Chauffeur
Name of Medical Attendant, or other person who makes this Return, Washington D C
Address, 14 E Lafayette Ave
Remarks, 1 day 2 mos. 2 wks. Lewis

RECORD
MAR 10 1910
0 0 3 5
JAS. BOSLEY M.D.
COM'R OF HEALTH

Baltimore under whose charge or superintendence a birth shall occur, shall keep a true and correct register of each birth, and shall enter therein the name of the child, if any be given, the sex, color, date and place of birth, the full name and residence of the parents, the occupation of the father, and such other particulars as may be required by the Commissioner of Health. This schedule is to be filled out in the presence of the informant, and the entries verified by his signature. In case the child shall die before the same can be registered, the physician, midwife or other person in attendance shall obtain a like statement as far as possible, and shall enter the word "Stillborn" in the column for the name of the child. The full name of the child shall be entered in the register within one month after the birth, and the certificate of birth shall be signed and delivered by the physician, midwife or other person in attendance without the payment of any fee or reward therefor. In case the parents of any child shall neglect for the period of one month to cause the birth of such child to be registered, it shall become the duty of the person having charge of such child to report the particulars of the birth to the Commissioner of Health, and such person shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A56096

To the Office of Registrar of Vital Statistics, Board of Health, Balt

A56096

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child, Henry E. Snyder
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth, Feb 1/09
6. Place of Birth, (Street and number) 808 N. Monroe St.
6. Full name of Mother, Carrie Snyder
7. Mother's Maiden Name, Unknown
8. Mother's Birthplace, Balto Md.
9. Full name of Father, Henry E. Snyder
10. Father's Occupation, Salesman
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. H. E. Kurtz M.D.

Address, 1910 Mt Lawrence

Remarks,

RECEIVED FOR RECORD MAY 18 1910

JAS. BOSLEY M.D. BOARD OF HEALTH

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall state the full name of the child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date of birth, and such other facts as may be required by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur where no physician or midwife is in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons charged with the duty of causing such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A56097

To the Office of Registrar of Vital Statistics, Board of Health, Balt

A56097

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Name of Child, Oliver McD. Wright
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, Dec 30/07
6. Place of Birth, (Street and number) 1704 W. Lanvale
6. Full name of Mother, Constance Wright
7. Mother's Maiden Name, " Wallram
8. Mother's Birthplace, Delaware
9. Full name of Father, Chas. M. Wright
10. Father's Occupation, Plumber
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, H. E. Swift M.D.

Address, 1702 W. Lanvale

Remarks, A 9 1 0 0 0 0 0 3 5 2 6

RECEIVED FOR RECORD
JAN 18 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

Section 6. Any person or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same in a book or blank schedule to be furnished by the Commissioner of Health for the purpose, and shall enter the name of each child born alive in such family during the month next after the birth thereof, if any shall have occurred under his charge or supervision, and if no birth shall have occurred in such family during the month, he shall enter the fact in said schedule. Each schedule shall contain a list of the names of the children born in the family during the month, the date and place of birth; and the full name and occupation of the parents, as far as the same can be ascertained. The said schedule shall be delivered, duly signed by the person making the entry, to the Commissioner of Health, at the office of the Commissioner of Health, and shall set forth as far as practicable the information required in the form of a certificate between the parents of any child born alive, and shall be delivered to the Commissioner of Health, as aforesaid. In case no other person be in attendance upon the birth of any child born alive, the mother thereof shall be deemed the person required to make the return and certificate of such birth, and in case the mother be unable to make the same, then the duty shall devolve upon the father, if he be present and within the period above mentioned. In case of the absence of both parents, then the duty shall devolve upon the person in charge of the premises where the birth occurs, and in case the birth shall occur without the attendance of any person mentioned, then the person having knowledge of the birth shall be required to report the same to the Commissioner of Health within the period above mentioned. Any person in attendance upon the birth of a child born alive, who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 56098

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No.) 722 S. Bethel (St.; 2nd Ward)

(2) FULL NAME OF CHILD — Helen Okuniecki. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl		3d	yes	April 30 1910

FATHER		MOTHER	
(8) FULL NAME	John Okuniecki.	(14) FULL MAIDEN NAME	Teofila Kostowska
(9) RESIDENCE	No 722 S. Bethel st	(15) RESIDENCE	722 S. Bethel st.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	Prussia Germany	(18) BIRTHPLACE	Prussia Germany.
(13) OCCUPATION	Laborer.	(19) OCCUPATION	House work.
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	3.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 722 S. Bethel St. M., on the date above stated.

1 9 1 0

(23) Signature Mrs. Annie Fisher. (Physician or Midwife)

Address 720 S. Bond st.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 18 1910 JAS. BOSLEY M.D. COMR. OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 456039

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 320 Diamond St. St.; Ward)

(2) FULL NAME OF CHILD ____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April (Day) 18 (Year) 1910
female			Yes	

FATHER

(8) FULL NAME: Waverly Smith

(9) RESIDENCE: 1123 Morris Alley

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Essex, Virginia

(13) OCCUPATION: Porter

MOTHER

(14) FULL MAIDEN NAME: Charlotte Peterson

(15) RESIDENCE: 320 Diamond St.

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY: 19 (Years)

(18) BIRTHPLACE: Baltimore Md.

(19) OCCUPATION: House Keeper

(20) Number of children born to this mother, including present birth: 3

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P.M. M., on the date above stated.

(23) Signature: U.S. A. Klemm (Physician or Midwife)

Address: U.S. Hospital

RECEIVED FOR RECORD MAY 10 1910

Filed MAY 10 1910, 19

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56100

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 848 Stockholm St.; Ward)

(2) FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 15 1910

FATHER

(8) FULL NAME: Henry Stevenson

(9) RESIDENCE: 848 Stockholm St

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Cambridge Md.

(13) OCCUPATION: Minister.

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Minnie Lenny Johnson

(15) RESIDENCE: 848 Stockholm St

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Baltimore Md.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.20 a.m. M., on the date above stated.

(23) Signature: E. B. Kinnear (Physician or Midwife)

Address: 0 0 0 3 5 7 9

RECEIVED FOR RECORD MAY 19 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed MAY 19 1910, 19

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(OVER TO THE REVERSE SIDE)

1910
19

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A56101

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Theresa Carter — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			No	May 9 1910

FATHER	MOTHER
(8) FULL NAME Unknown	(14) FULL MAIDEN NAME Hallie Carter
(9) RESIDENCE	(15) RESIDENCE 706 Sarah Ann St
(10) COLOR	(16) COLOR Black
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE Leesburg Va
(13) OCCUPATION	(19) OCCUPATION L. W.

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 45 A.M., on the date above stated.

(23) Signature E. M. Hosman (Physician or Midwife)

Address 1 W. Lexington

Filed MAY 19 1910, 19 ____ Registrar

0003580

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE
MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
*N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A56102

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

Registered No. B.

(2) FULL NAME OF CHILD — Baby Giddings

If child is not yet named, make supplemental report, as directed

(3) Sex of Child — Female

(4) Twin, triplet, or other? — (To be answered only in event of plural births)

(5) Number in order of birth —

(6) Legitimate? — Yes

(7) Date of Birth — May 7 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME — Edward Geddings

(9) RESIDENCE — 1305 Ellwood St

(10) COLOR — Black

(11) AGE AT LAST BIRTHDAY — 29 (Years)

(12) BIRTHPLACE — Virginia

(13) OCCUPATION — Laundryman

MOTHER

(14) FULL MAIDEN NAME — Ella Giddings

(15) RESIDENCE — 1305 Ellwood St

(16) COLOR — Black

(17) AGE AT LAST BIRTHDAY — 28 (Years)

(18) BIRTHPLACE — Wellsboro Pa

(19) OCCUPATION — H. W.

(20) Number of children born to this mother, including present birth — 2

(21) Number of children of this mother now living — 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P. M., on the date above stated.

(23) Signature — E. L. Thomas

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 5 8 1

(Physician or Midwife)

Address — 1305 Ellwood St

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD MAY 19 1910

Filed MAY 19 1910, 19 ____

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

GIVEN NAME ADDED - 9/9/1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

103

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 602 South Eutaw St.; Ward)

(2) FULL NAME OF CHILD NETTIE EVELYN GARNER (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	April 5 1910

FATHER

(8) FULL NAME: William Parson

(9) RESIDENCE: 541 Munsen alley

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY: 29 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Laborer

MOTHER

(14) FULL MAIDEN NAME: Julia Victoria Garner

(15) RESIDENCE: 602 South Eutaw St

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY: 17 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Goes to School

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Dec 6 A.M., on the date above stated.

(23) Signature: E H Klomar

Address: Bmc Md Hospital

(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 5 8 2

RECEIVED APR 13 1910 JAS. BOBLEY, M.D. COMMISSIONER OF HEALTH

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE
MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A56104

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 602 S Eutaw St.; Ward)

(2) FULL NAME OF CHILD Baby Howard — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			No	Apr. 2 1910

FATHER		MOTHER	
(8) FULL NAME	James Partner	(14) FULL MAIDEN NAME	Mary Howard
(9) RESIDENCE	S Eutaw St	(15) RESIDENCE	602 S Eutaw St.
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Balto. County
(13) OCCUPATION	Laborer	(19) OCCUPATION	House work

(20) Number of children born to this mother, including present birth 2nd

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature J. H. Klonan

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 5 8 3

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Address 622 W. Lombard St.

RECEIVED FOR RECORD

Filed MAY 19 1910, 19 ____

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED- 3/1/72

Registered No. B. 56105

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD EVELYN DAVIS

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			no	April 2 1910

FATHER		MOTHER	
(8) FULL NAME	Clarence Davis	(14) FULL MAIDEN NAME	Alean Williams
(9) RESIDENCE	540 Biddle St	(15) RESIDENCE	234 Bowers Ct
(10) COLOR	blacks	(16) COLOR	blacks
(11) AGE AT LAST BIRTHDAY (Years)	20	(17) AGE AT LAST BIRTHDAY (Years)	17
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE	Balto.
(13) OCCUPATION	Laborer	(19) OCCUPATION	Housework

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature E H Woman M.D.

(Physician or Midwife)

Address 822 W Fayette St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

U 0 0 3 5 8 4

RECEIVED FOR RECORD

(24) Given name added from a supplemental report ____, 19

Filed MAY 19 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 7/3/13 C106

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 238 Bowers Court St.; Ward)

(2) FULL NAME OF CHILD MARY FERGUSON (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
female		9	yes	April 3 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Rudolph Ferguson	(14) FULL MAIDEN NAME Sarah Elizabeth Ferguson
(9) RESIDENCE 238 Bowers Court.	(15) RESIDENCE 238 Bowers Court
(10) COLOR Black	(11) AGE AT LAST BIRTHDAY 38 (Years)
	(16) COLOR Black
	(17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Baltimore Md	(18) BIRTHPLACE Baltimore Md
(13) OCCUPATION Lumberman	(19) OCCUPATION Laundress
(20) Number of children born to this mother, including present birth 9	(21) Number of children of this mother now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature J. A. Klonaca (Physician or Midwife)

Address 622 W. Lombard St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0035785

RECEIVED FOR RECORD MAY 19 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____

Registrar ____ Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56107

(1) PLACE OF BIRTH 615 N Caroline St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Bose

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1	Yes	April 25-15 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME George Bose	(14) FULL MAIDEN NAME Patterson Lizzie
(9) RESIDENCE 615 N. Caroline St	(15) RESIDENCE 615 N Caroline St
(10) COLOR Black. (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland.	(18) BIRTHPLACE Maryland
(13) OCCUPATION Sailor.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature R Moore MD (Physician or Midwife)

Address

Filed , 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD
0 0 0 3 5 8 4
MAY 19 1910
S. SOSLEY M.D.
COMR OF HEALTH

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56108

(1) PLACE OF BIRTH 2125 Keyser St.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Garnett

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female		11	Yes	April 26th 1910
	(To be answered only in event of plural birth)			(Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: John Garnett	(14) FULL MAIDEN NAME: Lillian Coleman
(9) RESIDENCE: 2125 Keyser St	(15) RESIDENCE: 2125 Keyser St
(10) COLOR: Black	(16) COLOR: Black
(11) AGE AT LAST BIRTHDAY (Years):	(17) AGE AT LAST BIRTHDAY (Years):
(12) BIRTHPLACE: Va.	(18) BIRTHPLACE: Maryland.
(13) OCCUPATION: Quarryman	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: 11	(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature A. Morse Hurd (Physician or Midwife)

Address ____

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 5 8 7

RECEIVED FOR RECORD MAY 19 1910

JAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 ____ Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 111 Pont GIVEN NAME ADDED 8-5-55 Registered No. B. A56109

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ~~Hoby~~ miner, Sadie Odessa

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female		1	Yes	April 27 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: Thos. P miner.	(14) FULL MAIDEN NAME: Emma Claybourn.
(9) RESIDENCE: 111 Pont St	(15) RESIDENCE: 111 Pont St.
(10) COLOR: Black (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Caroline co. Va.	(18) BIRTHPLACE: Caroline co. Va.
(13) OCCUPATION: laborer.	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature J Moore MD

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 7 5 0 8 8

RECEIVED FOR RECORD (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 Address 1910

Filed ____, 19 H. S. BOSLEY, M.D. BOARD OF HEALTH

Registrar Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56110

(1) PLACE OF BIRTH 238 S Bethel St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Hall } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		One	Yes	April 29th 1910

FATHER	MOTHER
(8) FULL NAME: Robert Hall	(14) FULL MAIDEN NAME: Frances Mason
(9) RESIDENCE: 238 S. Bethel St	(15) RESIDENCE: 238 S. Bethel St
(10) COLOR: Black	(11) AGE AT LAST BIRTHDAY (Years)
(16) COLOR: Black	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Anne Arundel Co.	(18) BIRTHPLACE: Delaware
(13) OCCUPATION: Laborer.	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: One	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: N. Morse M.D.

(Physician or Midwife)

Address:

Filed , 19 .

Registrar

* When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

U 0 0 3 5 0 8 9
RECORD
MAY 19 1910
JAS. BOSLEY, M.D.
BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56111

(1) PLACE OF BIRTH 1434 Fairmount ave. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Hullett { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
*Female		1	Yes	April 29th 1910

FATHER	MOTHER
(8) FULL NAME: John Hullett	(14) FULL MAIDEN NAME: Hopewell, Lizzie
(9) RESIDENCE: 1434 Fairmount ave.	(15) RESIDENCE: 1434 Fairmount st
(10) COLOR: Black	(11) AGE AT LAST BIRTHDAY (Years)
(16) COLOR: Black	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: St. Mary's Co Md.	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Laborer.	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the data above stated.

(23) Signature N. Moseley M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003590

(Physician or Midwife)

RECEIVED FOR RECORD MAY 19 1910

(24) Given name added from a supplemental report ____, 19

Address

Filed S. BOGLEY M.D. COM'R OF HEALTH, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 403 Friendship St. Registered No. B. 156112

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Saunders. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1		March 23, 1910

FATHER	MOTHER
(8) FULL NAME: John Saunders	(14) FULL MAIDEN NAME: Rose Sivus
(9) RESIDENCE: 403 Friendship St	(15) RESIDENCE: 403 Friendship St.
(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Maryland.
(13) OCCUPATION: Driver.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature N. Morse MD (Physician or Midwife)

Address

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003591

RECEIVED FOR RECORD MAY 19 1910

J. J. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56113

(1) PLACE OF BIRTH 148 n. East St. Registered No. B. ____

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Hamilton. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate	(7) Date of Birth (Month) (Day) (Year)
Female		VIII	Yes	April 14th 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	John Hamilton.	Serena Davis.
(9) RESIDENCE / (15) RESIDENCE	148 n. East St.	148 n. East St.
(10) COLOR / (16) COLOR	Black	Black.
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)		
(12) BIRTHPLACE / (18) BIRTHPLACE	Maryland.	Maryland.
(13) OCCUPATION / (19) OCCUPATION	Laborer.	Housewife
(20) Number of children born to this mother, including present birth VIII		(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the data above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature N. Morse Hess

RECEIVED FOR RECORD MAY 19 1910 JAS BOSLEY M.D. COMR OF HEALTH

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 Address 1 E St

Filed ____, 19 . ____ Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1605 Mulberry St. Registered No. B. A56114

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Scott. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female				April	13	19 10

FATHER

(8) FULL NAME John Scott.

(9) RESIDENCE 1605 Mulberry St.

(10) COLOR Black. (11) AGE AT LAST BIRTHDAY ____ (Years)

(12) BIRTHPLACE Maryland.

(13) OCCUPATION Laborer.

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Laura Evans.

(15) RESIDENCE 1605 Mulberry St.

(16) COLOR Black. (17) AGE AT LAST BIRTHDAY ____ (Years)

(18) BIRTHPLACE Maryland.

(19) OCCUPATION Housewife.

(21) Number of children of this mother now living

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Morris Nes

(Physician or Midwife)

Address 1605 Mulberry St

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that either breathes or shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 10 1910 JAS. BOSLEY, M.D. COMMISSIONER OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 507 Jefferson St E. Rear Apt. — Registered No. B. A56115

CITY OF BALTIMORE. (No.) St.; Ward)

(2) FULL NAME OF CHILD Baby Douglass. — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 9 1918

FATHER		MOTHER	
(8) FULL NAME	John Douglass.	(14) FULL MAIDEN NAME	Hester Crawford.
(9) RESIDENCE	507 Jefferson St E.	(15) RESIDENCE	507 Jefferson St E.
(10) COLOR	Black.	(11) AGE AT LAST BIRTHDAY (Years)	
		(16) COLOR	Black.
		(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	Maryland.	(18) BIRTHPLACE	Maryland.
(13) OCCUPATION	Laborer.	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

RECEIVED FOR RECORD APR 19 1918 — (23) Signature: A. Moore M.D.

(Physician or Midwife)

U.S. BOSLEY M.D. BOARD OF HEALTH

Address 594 N. H

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this certificate. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56116

CITY OF BALTIMORE. (No. 421 Hamburg St.; Ward)

(2) FULL NAME OF CHILD Alexander Young — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	4 — 10 — 1910

FATHER	MOTHER
(8) FULL NAME Alexander D. Young	(14) FULL MAIDEN NAME Lillian Davis
(9) RESIDENCE Balto	(15) RESIDENCE Balto
(10) COLOR Black (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Balto
(13) OCCUPATION Laborer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 0

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.30 P.M., on the date above stated.

(23) Signature E. H. Klonan (Physician or Midwife)

Address Univ. of Md. Hospital

Filed MAY 19 1910 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 5 9 5

(24) Given name added from a supplemental report _____, 19

Registrar

RECORD

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56117

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2 Lieu Lock Court St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 24 1910

FATHER	MOTHER
(8) FULL NAME: John Griffin	(14) FULL MAIDEN NAME: Lucy Smith
(9) RESIDENCE: 2 Lieu Lock Court	(15) RESIDENCE: 2 Lieu Lock Court
(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 30 (Years)	(16) COLOR: Black (17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Baltimore Md	(18) BIRTHPLACE: Baltimore Md
(13) OCCUPATION: Laborer	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.15 P M., on the date above stated.

(23) Signature: E. A. Thomas (Physician or Midwife)

Address: Alms for Hospital

Filed MAY 19 1910 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003596

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD MAY 19 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56118

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 800 S. Eutaw St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			No	April 22 1910

FATHER	MOTHER
(8) FULL NAME: Emory Stewart	(14) FULL MAIDEN NAME: Charlotte Gray
(9) RESIDENCE: 137 S. Broadway St.	(15) RESIDENCE: 800 S. Eutaw St.
(10) COLOR: Black	(16) COLOR: Black
(11) AGE AT LAST BIRTHDAY (Years): 25	(17) AGE AT LAST BIRTHDAY (Years): 18
(12) BIRTHPLACE: Baltimore Md.	(18) BIRTHPLACE: Baltimore Md.
(13) OCCUPATION: Waiter Colored.	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10:20 P. M., on the date above stated.

(23) Signature E. H. Howard (Physician or Midwife)

Address RECEIVED FOR Garrett Hospital

Filed MAY 19 1910, 19 . Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH (READ THE REVERSE SIDE)

U 0 0 3 5 9 7

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report, 19 . Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56119

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. _____ St.; _____ Ward)

(2) FULL NAME OF CHILD Clarence Hall

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	April 28 1910

FATHER

(8) FULL NAME: Hemsley Hall

(9) RESIDENCE: 740 Pleland Ave

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Laborer

(20) Number of children born to this mother, including present birth: 4

MOTHER

(14) FULL MAIDEN NAME: Henrietta Griffin

(15) RESIDENCE: 740 Pleland Ave

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY: 27 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: Money

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3:00 P.M., on the date above stated.

(23) Signature E. H. Wenzel (Physician or Midwife)

Address 1 E. Lexington St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003599

RECEIVED FOR RECORD MAY 19 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report _____, 19 _____

Filed _____, 19 _____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

456120

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			No	April 21 1910

FATHER

(8) FULL NAME: Richard Clements

(9) RESIDENCE: Eislein St, Balto

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Laborer.

MOTHER

(14) FULL MAIDEN NAME: Gertrude May Gardner

(15) RESIDENCE: 761 Vine St.

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY: 17 (Years)

(18) BIRTHPLACE: Balto.

(19) OCCUPATION: Housework.

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at nine fifty P M., on the date above stated.

(23) Signature: B F Kilmarx (Physician or Midwife)

Address: ____

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 5 9 9

RECEIVED FOR RECORD, Hospital.

MAY 19 1910

JAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____ 19 ____

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Md. University Hospital — Registered No. B. A56121

CITY OF BALTIMORE. (No. Lombard & Green St.; Ward)

(2) FULL NAME OF CHILD Baby Smith. — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1	Yes.	4, 16, 1910

FATHER		MOTHER	
(8) FULL NAME	Anthony Cooper	(14) FULL MAIDEN NAME	Sadie Smith
(9) RESIDENCE	Balto. City	(15) RESIDENCE	2007 Oak St.
(10) COLOR	Black.	(16) COLOR	Black.
(11) AGE AT LAST BIRTHDAY (Years)	22	(17) AGE AT LAST BIRTHDAY (Years)	15
(12) BIRTHPLACE	Virginia	(18) BIRTHPLACE	Baltimore, Md.
(13) OCCUPATION	Laborer	(19) OCCUPATION	School-girl.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6:12 P. M., on the date above stated.

(23) Signature J. R. Young Jr. (Physician or Midwife)

Address Maryland Hospital

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 0 0

RECEIVED FOR RECORD MAY 13 1910

(24) Given name added from a supplemental report ____, 19__

Filed JAS. BOSLEY, M.D. COM'R OF HEALTH, 19__

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

456122

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Campbell — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month / Day / Year)
Male			No	May 2 1910

FATHER

(8) FULL NAME: Unknown

(9) RESIDENCE:

(10) COLOR: (11) AGE AT LAST BIRTHDAY (Years):

(12) BIRTHPLACE:

(13) OCCUPATION:

MOTHER

(14) FULL MAIDEN NAME: Julia Campbell

(15) RESIDENCE: 85 Penn St

(16) COLOR: Black (17) AGE AT LAST BIRTHDAY: 18 (Years)

(18) BIRTHPLACE: Baltimore, Md.

(19) OCCUPATION: H. W.

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1:30 P. M., on the date above stated.

(23) Signature: E. H. Klonman (Physician or Midwife)

Address: Penn - Md. Hospital

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED RECORDED

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed MAY 19 1910, 19 ____

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56123

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ (If child is not named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single	\	No	4, 9, 1910

FATHER

(9) FULL NAME: Walter Harbino.

(8) RESIDENCE: 545. Preston st

(10) COLOR: Colored

(11) AGE AT LAST BIRTHDAY: 19. (Years)

(12) BIRTHPLACE: Baltimore.

(13) OCCUPATION: Laborer.

(20) Number of children born to this mother, including present birth: \

MOTHER

(14) FULL MAIDEN NAME: Maud L. Green.

(15) RESIDENCE: 116. Amity st.

(16) COLOR:

(17) AGE AT LAST BIRTHDAY: 18. (Years)

(18) BIRTHPLACE: Baltimore.

(19) OCCUPATION: Washing.

(21) Number of children of this mother now living: \

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 A.M., on the date above stated.

(23) Signature C. H. Edwards (Physician or Midwife)

Address Mun. Hospital

19 1910

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 0 2

RECEIVED FOR RECORD

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

C. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A5612

(1) PLACE OF BIRTH Balto — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	4/7 ____ 1910

FATHER	MOTHER
(8) FULL NAME Geo Lewis	(14) FULL MAIDEN NAME Florence Gross
(9) RESIDENCE 1309 Boyd St.	(15) RESIDENCE 1309 Boyd St.
(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Balto.	(18) BIRTHPLACE Balto
(13) OCCUPATION Laborer	(19) OCCUPATION Laundress Housework
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 0

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature E. H. Noman

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 0 3

RECEIVED FOR RECORD MAY 19 1910 S. BOSLEY M.D. COM'R OF HEALTH

Address Univ. Md Hospital (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56125

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 630 [redacted] Montgomery St.; Ward)

(2) FULL NAME OF CHILD Harry Lansey [redacted] Turner

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	[redacted]	1	No	April 6 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Abraham Turner

(9) RESIDENCE at Mrs Chew Warner St near Hanover St

(10) COLOR Black (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Calvert Co

(13) OCCUPATION Stevedore

MOTHER

(14) FULL MAIDEN NAME Annie Elizabeth Hardman

(15) RESIDENCE 630 Montgomery St.

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Calvert Co

(19) OCCUPATION Tobacco factory Feder & Co

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 1

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.30 A. M., on the date above stated.

(23) Signature [redacted] D. A. Bloman (Physician or Midwife)

Address University Hospital, Baltimore Md

Filed MAY 19 1910, 19

WILLIS R. BOSLEY M.D. COM'R OF HEALTH

Registrar

* Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD MAY 19 1910

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1118 Pont St — Registered No. B. 156126

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Smith. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male.		X.6	Y	April 24th 1910

FATHER	MOTHER
(8) FULL NAME: William Smith	(14) FULL MAIDEN NAME: Florence Baker.
(9) RESIDENCE: 1118 Pont St	(15) RESIDENCE: 118 Pont St
(10) COLOR: Black (11) AGE AT LAST BIRTHDAY (Years):	(16) COLOR: Black (17) AGE AT LAST BIRTHDAY (Years):
(12) BIRTHPLACE: Raleigh N.C.	(18) BIRTHPLACE: Halifax Co. N.C.
(13) OCCUPATION: Laborer.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: X.10	(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: N Morrell MD

(Physician or Midwife)

Address: MAY 13 1910

Filed: JAS. BOSLEY, M.D. ____, 19 ____

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 5 6 0 0 5

RECORD

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56127

(1) PLACE OF BIRTH 1118 Pont St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Smith

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
male		X U	Yes	April 24 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: William Smith	(14) FULL MAIDEN NAME: Florence Baker
(9) RESIDENCE: 1118 Pont St.	(15) RESIDENCE: 1118 Pont St
(10) COLOR: Black — (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: Black — (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Raleigh N. C.	(18) BIRTHPLACE: Halifax Co. N. C.
(13) OCCUPATION: Laborer.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: X U	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: N. Morse

(Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 19 1910

JAS. BOOLEY M.D. BOARD OF HEALTH

(24) Given name added from a supplemental report, 19

Filed, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56128

(1) PLACE OF BIRTH 1613 Millinau St — Registered No. B.

CITY OF BALTIMORE. (No. — St.; — Ward)

(2) FULL NAME OF CHILD Baby Hall — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		11	Yes	April 29 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: Harry W. Hall	(14) FULL MAIDEN NAME: Annie James
(9) RESIDENCE: 1613 Millinau St	(15) RESIDENCE: 1613 Millinau St.
(10) COLOR: Black — (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: Black — (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Maryland.	(18) BIRTHPLACE: Maryland.
(13) OCCUPATION: Cloths Presser.	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 11	(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M. on the date above stated.

(23) Signature: V. Moseman (Physician or Midwife)

Address: [illegible]

Filed MAY 19 1910, J. S. BOSLEY, M.D., 19 . Registrar

(24) Given name added from a supplemental report ____, 19 . Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 8 7

RECEIVED FOR RECORD MAY 19 1910 J. S. BOSLEY, M.D. REGISTRAR OF VITAL STATISTICS

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56129

(1) PLACE OF BIRTH 724 mulliken st — Registered No. B. ____

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Hansey — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			Yes	April 21 1910

FATHER	MOTHER
(8) FULL NAME: Alfred Hansey	(14) FULL MAIDEN NAME: Nellie Green
(9) RESIDENCE: 724 Mulliken St.	(15) RESIDENCE: 724 Mulliken St
(10) COLOR: Black — (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: Black — (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Laborer	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: N Rosenau (Physician or Midwife)

Address: 19 1910

Filed ____, 19 . ____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 0 8

RECORD

(24) Given name added from a supplemental report ____, 19 ____ Registrar

U.S. EGGLEY M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56130

(1) PLACE OF BIRTH 626 n Bond St. Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Shepherd. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
male	(To be answered only in event of plural births)	VII	Yes	April 18th 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME George Shepherd	(14) FULL MAIDEN NAME mary Snowden
(9) RESIDENCE 626 n. Bond St.	(15) RESIDENCE 626 n. Bond St.
(10) COLOR Black (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Virginia	(18) BIRTHPLACE Maryland.
(13) OCCUPATION Laborer.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth VII	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature N. Morse MD (Physician or Midwife)

Address ____

Filed ____, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECORDED FOR 0 0 0 6 0 9

MAY 19 1910

J. S. BOSLEY M.D. COMMISSIONER OF HEALTH

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56131

(1) PLACE OF BIRTH 204 N Durham St. Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Young

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			Yes	April 16th 1910

FATHER

(8) FULL NAME: Thomas Young

(9) RESIDENCE: 204 N. Durham St

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Penn.

(13) OCCUPATION: Brick

MOTHER

(14) FULL MAIDEN NAME: Mary E Goldsboro

(15) RESIDENCE: 204 N. Durham St

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Penn.

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: VIII

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature: N Moore MD (Physician or Midwife)

Address: 1 W Mt

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD 0 0 0 3 6 1 0

MAY 19 1910

JAS BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child of a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE Over

CERTIFICATE OF BIRTH

A56132

(1) PLACE OF BIRTH 406 N. Durham St Registered No. B.

CITY OF BALTIMORE (No. St.; Ward)

(2) FULL NAME OF CHILD ~~Walter~~ Nathaniel Nichols Jr

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		10	Yes	April 15th 1910

FATHER	MOTHER
(8) FULL NAME: Walter Nichols	(14) FULL MAIDEN NAME: Ella Mauss
(9) RESIDENCE: 406 N. Durham St	(15) RESIDENCE: 406 N. Durham St
(10) COLOR: Black (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: Black (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Maryland.	(18) BIRTHPLACE: Maryland.
(13) OCCUPATION: Porter.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: 10	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature: N. Morse MD (Physician or Midwife)

Address

Filed , 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 19 1910 JAS. ROSLEY, M.D. REGISTRAR OF VITAL STATISTICS

U 003611

(READ THE REVERSE SIDE)

If a child of more than one birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56133

(1) PLACE OF BIRTH 605 N. Bradford street — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Jackson. — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		7th	Yes	April 25 1910

FATHER	MOTHER
(8) FULL NAME: Charles Jackson	(14) FULL MAIDEN NAME: Lillian Kelly
(9) RESIDENCE: 604 N Bradford st	(15) RESIDENCE:
(10) COLOR: Black — (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: Black — (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: maryland	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Driver	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: VII	(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature: E. Moore MD

(Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 19 1910 — U 0 0 3 6 1 2

THOS. FARLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar — Registrar

(READ THE REVERSE SIDE)

THE LAW REQUIRES that one and all of a birth, a CERTIFICATE OF BIRTH must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 432 N. Durham St. Registered No. B. 156134

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Jackson. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child male. (4) Twin, triplet, or other? (5) Number in order of birth (To be answered only in event of plural births) (6) Legitimate? Yes (7) Date of Birth Apr. 8 1910. (Month) (Day) (Year)

FATHER

(8) FULL NAME William Jackson.

(9) RESIDENCE 432 N. Durham St.

(10) COLOR Black. (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Maryland.

(13) OCCUPATION Laborer.

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME Amanda Johnson.

(15) RESIDENCE 432 N. Durham St.

(16) COLOR Black. (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Maryland.

(19) OCCUPATION Housewife.

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature J. Morse Mus (Physician or Midwife)

Address ____

Filed ____, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD 0 0 0 1 9 6 1 3 1910

J. H. BOSLEY, M.D. COMMISSIONER OF HEALTH

(READ THE REVERSE SIDE)

Every birth must be reported within five days, and before burial or removal from district. Fill all blanks with full and correct answers, as nearly as can be ascertained. Where there is no physician or midwife in attendance, the householder or parent must report the birth. Where a child has no name at the time of report, a supplemental report must be made for each, in the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56135

(1) PLACE OF BIRTH 428 N. Register St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD LEROY ~~Baby~~ Armstrong. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate	(7) Date of Birth (Month) (Day) (Year)
male.		V	Yes	April 8 1916

FATHER

(8) FULL NAME Alexander Armstrong

(9) RESIDENCE 428 N. Register St.

(10) COLOR Black. (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Maryland.

(13) OCCUPATION Laborer.

(20) Number of children born to this mother, including present birth V

MOTHER

(14) FULL MAIDEN NAME Annie Lockit.

(15) RESIDENCE 428 N. Register St.

(16) COLOR Black. (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Virginia.

(19) OCCUPATION Housewife.

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

RECEIVED FOR RECORD NOV 09 1916 JAS. ROSLEY, M.D. COMR. OF HEALTH

(23) Signature W. Morse M.D. (Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report 10/8, 19 14 Lpc

Filed 5/19, 19 17

Registrar

Registrar

(READ THE REVERSE SIDE)

If child is not yet named, make supplemental report, as directed. Make X mark for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56136

(1) PLACE OF BIRTH 136 n. Chapel St. Registered No. B.

CITY OF BALTIMORE. (No.) St. ; Ward)

(2) FULL NAME OF CHILD Baby Lewis. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
male		...	✓	April, 1 (Month) (Day) 1910 (Year)

FATHER

(8) FULL NAME: Arthur Lewis.

(9) RESIDENCE: 136 n. Chapel St.

(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Virginia

(13) OCCUPATION: Laborer.

MOTHER

(14) FULL MAIDEN NAME: Sarah Collins.

(15) RESIDENCE: 136 n. Chapel St.

(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Maryland.

(19) OCCUPATION: Housewife.

(20) Number of children born to this mother, including present birth ...

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: N Morse M.D. (Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 1 5

RECEIVED FOR RECORD MAY 19 1910 JAS. BUSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 56137

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. _____ St.; _____ Ward)

(2) FULL NAME OF CHILD Baby Parkinson

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 10 1910

FATHER

(8) FULL NAME: John Parkinson

(9) RESIDENCE: Annapolis

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 40 (Years)

(12) BIRTHPLACE: Annapolis

(13) OCCUPATION: Oyster packer

(20) Number of children born to this mother, including present birth: 10

MOTHER

(14) FULL MAIDEN NAME: Rose Wheeler, Parkinson

(15) RESIDENCE: Annapolis Md

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 36 (Years)

(18) BIRTHPLACE: Annapolis

(19) OCCUPATION: H. W

(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 a. M., on the date above stated.

(23) Signature E. H. Norman (Physician or Midwife)

Address Annapolis Hospital

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 1 6

(24) Given name added from a supplemental report _____, 19

Registrar

RECEIVED FOR RECORD

Filed MAY 19 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

NOTE.—A case of more than one child at a birth, a SUPPLEMENTAL RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

456138

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Green — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes.	May 13 1910

FATHER	MOTHER
(8) FULL NAME: Ike Green	(14) FULL MAIDEN NAME: Eva Green
(9) RESIDENCE: 323 S Fremont St	(15) RESIDENCE: 323 S. Fremont St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 21 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 19 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION: H. W.
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at May 13 10 - 1 A.M., on the date above stated.

(23) Signature E. H. Klumpar

(Physician or Midwife)

Address: RECEIVED FOR RECORD [illegible] Hospital

Filed MAY 19 1910, 19 .

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(24) Given name added from a supplemental report ____, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 1 7

(READ THE REVERSE SIDE)

If a child is born alive at the same birth as one or more other children, make a separate return for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56139

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Engle — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 4 1910

FATHER

(8) FULL NAME: Sam Engle

(9) RESIDENCE:

(10) COLOR: Unknown (11) AGE AT LAST BIRTHDAY (Years):

(12) BIRTHPLACE:

(13) OCCUPATION:

MOTHER

(14) FULL MAIDEN NAME: Annie Engle

(15) RESIDENCE: 719 N Lemmard St

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Baltimore Md

(19) OCCUPATION: H W

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 45 P.M., on the date above stated.

(23) Signature: E A Kloman (Physician or Midwife)

Address:

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 1 8

RECEIVED FOR RECORD MAY 19 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56140

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2403 E. Chase St.; Ward)

(2) FULL NAME OF CHILD Helen Ruth Falcle

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F			Yes	Apr. 24, 1910.

FATHER

(8) FULL NAME August John Falcle

(9) RESIDENCE 2403 E. Chase St

(10) COLOR W (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Fireman & boilers

(20) Number of children born to this mother, including present birth 2nd

MOTHER

(14) FULL MAIDEN NAME Helen Victoria Dedrow

(15) RESIDENCE 2403 E. Chase St.

(16) COLOR W. (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Housework

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7 a. M., on the date above stated.

(23) Signature S. Lee Magruder Physician (Physician or Midwife)

Address 2008 E. Preston St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 1 0 0 0 3 6 1 9

(24) Given name added from a supplemental report_____, 19

Registrar

RECEIVED FOR RECORD MAY 19 1910

Filed MAY 19 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

Number of each, in order of birth, stated. Must be made for each, and the

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56141

CITY OF BALTIMORE. (No. 2634 Frederick Rd. St.; Ward)

(2) FULL NAME OF CHILD Lillian May O'Brien — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F. W.	one	1st	Yes	May 16, 1910

FATHER	MOTHER
(8) FULL NAME Jas. O'Brien	(14) FULL MAIDEN NAME Anna Hanson
(9) RESIDENCE 2684 Fredk. ave	(15) RESIDENCE 2434 Fredk. ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 19 yrs (Years)
(12) BIRTHPLACE Balto Md	(18) BIRTHPLACE Balto. Md.
(13) OCCUPATION Pipe fitter	(19) OCCUPATION Home Wife
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P. M., on the date above stated.

(23) Signature J. T. Rivara M.D. (Physician or Midwife)

Address 2434 Frederick ave

Filed MAY 19 1910, 19 . Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 U 003620

RECEIVED FOR RECORD

(24) Given name added from a supplemental report , 19

Registrar

If child is not yet named, make supplemental report, as directed

If twin, triplet, or other, a SEPARATE CERTIFICATE must be made for each, and the number of each, in order of birth, stated

CERTIFICATE CORRECTED 2-17-52

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 2416 Ashland ave. Registered No. B. 156142

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD ~~Baby~~ George, Evelyn Anna Augusta (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legiti. mate?	(7) Date of Birth (Month)	(Day)	(Year)
Female		1	Yes	April	30th	1910

	FATHER	MOTHER
(8) FULL NAME	William H. ~~Howard~~ George	(14) FULL MAIDEN NAME Emma Walter
(9) RESIDENCE	2416 Ashland Ave	(15) RESIDENCE 2416 Ashland Ave.
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	—	(17) AGE AT LAST BIRTHDAY (Years) —
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION	Porter.	(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature A Morsenes (Physician or Midwife)

Address

Filed , 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 2 1

RECEIVED FOR RECORD MAY 19 1910

JOSEPH S. GOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1209 Mathews

Registered No. B. A56143

CITY OF BALTIMORE. (No. _____ St.; _____ Ward)

(2) FULL NAME OF CHILD Baby Zuckeroff

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April (Day) 30 (Year) 1910
female				

FATHER

(8) FULL NAME: Emil Zuckeroff

(9) RESIDENCE: 1209 Mathews St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Musician

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME: Popnoff, Dora

(15) RESIDENCE: 1209 Mathews St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at _____ M. on the date above stated.

(23) Signature: N Rosenau (Physician or Midwife)

Address: _____

Filed _____, 19 _____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19 _____ Registrar

RECEIVED FOR RECORD MAY 19 1910 U 0 0 5 6 2 2

JOHN S. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56144

(1) PLACE OF BIRTH 1036 E Monument St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Goldfeldt. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legit. or illegit.	(7) Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)			April 2nd 1910

FATHER	MOTHER
(8) FULL NAME: Jacob Goldfeldt.	(14) FULL MAIDEN NAME: Goldie Stolar.
(9) RESIDENCE: 1036 E. Monument St	(15) RESIDENCE: 1036 E. Monument St
(10) COLOR: White (11) AGE AT LAST BIRTHDAT (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAT (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the data above stated.

(23) Signature: T. Morse M.D. (Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 2 3

RECEIVED FOR RECORD MAY 19 1910 GEO. BOOLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report, 19

Filed, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56145

(1) PLACE OF BIRTH 2212 Hennenman St

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Struckle

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legit. or illegit.	(7) Date of Birth (Month) (Day) (Year)
Female		1st	Legit	April 15 1910

FATHER

(8) FULL NAME: Frank Struckle

(9) RESIDENCE: 2212 Hennenman St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Maryland

(13) OCCUPATION: Police

(20) Number of children born to this mother, including present birth: 1st

MOTHER

(14) FULL MAIDEN NAME: Carry Christopher

(15) RESIDENCE: 2212 Hennenman St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Maryland

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living

Number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: W Mozelnes (Physician or Midwife)

Address: ____

Filed ____, 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 6 2 1

RECEIVED FOR RECORD MAY 19 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1624 Oliver st. GIVEN NAME ADDED 47762 Register No. B. 456146
(No.)
CITY OF BALTIMORE. St.; Ward)

(2) FULL NAME OF CHILD Baby Facey, Virginia Scott
If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legiti-mate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 23rd 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: Stewart Facey	(14) FULL MAIDEN NAME: Nellie Hilks
(9) RESIDENCE: 1624 Oliver st.	(15) RESIDENCE: 1624 Oliver st.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Penn.	(18) BIRTHPLACE: Penn.
(13) OCCUPATION: Laborer	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature N Morse MD
(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 U 0 0 3 6 2 5

RECORDED FOR
APR 19 1910

(24) Given name added from a supplemental report....., 19

Address 1 [illegible]

Filed [illegible], 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1117 Proctor St (No.) Registered No., B. A56147

CITY OF BALTIMORE. GIVEN NAME ADDED - 8/20/10 St.; Ward)

(2) FULL NAME OF CHILD ~~Boby~~ Huber, BONITA H. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) April (Day) 14th (Year) 1910
female		1st	Yes	

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME nicholas Huber	(14) FULL MAIDEN NAME Ida mellee
(9) RESIDENCE 1117 Proctor St	(15) RESIDENCE 1117 Proctor St
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE maryland	(18) BIRTHPLACE maryland.
(13) OCCUPATION Laborer	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 1st	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature J. Morel MD

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

RECORDED FOR 0 0 0 3 6 2 5 7 MAY 19 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(Physician or Midwife)

Address J. H. H.

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

GIVEN NAME ADDED 5/19/53

CERTIFICATE OF BIRTH

A56148

(1) PLACE OF BIRTH 151 N. Exeter St

Registered No. B.

CITY OF BALTIMORE Edith (No. St.; Ward)

(2) FULL NAME OF CHILD ~~Baby~~ Gordon

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	Yes	April 14th 1910

FATHER	MOTHER
(8) FULL NAME Nathan Gordon	(14) FULL MAIDEN NAME
(9) RESIDENCE 151 N. Exeter St.	(15) RESIDENCE 151 N. Exeter St
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Master Mason	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 10	(21) Number of children of this mother now living

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature J. Morse Mead (Physician or Midwife)

Address

Filed , 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY 03 1910 6 27

J. MORSE MEAD M.D. COMMISSIONER OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 722 N Wolfe St. Registered No. B. 156149

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Gronadier | If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female		1		March 14th 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

number of each, in order of birth, stated

FATHER		MOTHER	
(8) FULL NAME	Joe Gronadier	(14) FULL MAIDEN NAME	Edna Eline
(9) RESIDENCE	722 N Wolfe St	(15) RESIDENCE	722 N. Wolfe St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	
		(16) COLOR	White
		(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland
(13) OCCUPATION		(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

RECEIVED FOR RECORD MAY 19 1910

(23) Signature T Morelli (Physician or Midwife)

Address 1 W St

JAS. BOSLEY M.D. COMM'R OF HEALTH

Filed ____, 19 . ____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report____, 19

Registrar

(READ THE REVERSE SIDE)

10-2-56

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1730 E. Baltimore St. Registered No. B. A56150

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ~~Baby~~ Finkelstein, Sophie (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		"	✓	apr. 8 1910.

FATHER	MOTHER
(8) FULL NAME: Nathan Finkelstein	(14) FULL MAIDEN NAME: Genie Fooks.
(9) RESIDENCE: 1730 E. Baltimore St.	(15) RESIDENCE: 1730 E. Baltimore St.
(10) COLOR: White. (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: White. (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor.	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: "	(21) Number of children of this mother now living: "

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: A. N. Morse M.D.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 19 1910

Address: [illegible]

JAMES BAGLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A5615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Name of child, Baby Pachunis
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth 3/3/10
5. Place of Birth, (Street and number) 813 Hatton St
6. Full name of Mother, Emma Pachunis
7. Mother's Maiden Name Emma Slavinskie
8. Mother's Birthplace, Russia
9. Full name of Father Sylvester Pachunis
10. Father's Occupation, Tailor
11. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Dr. Geo. A. Guy

Address, 1 E. Lexington St.

Remarks, 19100003630

RECEIVED MAY 19 1 JAS. BOYLE REGISTRAR OF VITAL STATISTICS

a true and correct register of the Birth, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. The said schedule shall contain a like statement of the births which have occurred under his or her care during the month, and shall set forth as far as known the name, sex, color, the full name and occupation of the parents, the date of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of each child, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or nurse, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Over

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 156152

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Joseph H. Romoser — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	4 — 20 — 1910

	FATHER	MOTHER
(8) FULL NAME	Wm H Romoser	
(14) FULL MAIDEN NAME		Edith Kent
(9) RESIDENCE	919 Russell St	919 Russell St
(15) RESIDENCE		
(10) COLOR	White	White
(16) COLOR		
(11) AGE AT LAST BIRTHDAY (Years)	39	
(17) AGE AT LAST BIRTHDAY (Years)		33
(12) BIRTHPLACE	Baltimore	
(18) BIRTHPLACE		Baltimore
(13) OCCUPATION	Mould Maker	
(19) OCCUPATION		Housewife
(20) Number of children born to this mother, including present birth	6	
(21) Number of children of this mother now living		5

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 55 P M., on the date above stated.

(23) Signature E. H. Kloman

(Physician or Midwife)

Address Univ. Hospital

Filed MAY 19 1910, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 6 3 1

RECEIVED FOR RECORD

MAY 19 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56153

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 664 W Lemmon St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	19 (Year)
Male			Yes	April	19	10

number of each, in order of birth, stated

	FATHER	MOTHER
(8) FULL NAME	Joseph J Mitchell	(14) FULL MAIDEN NAME Maggie Poplocka
(9) RESIDENCE	664 W Lemmon St.	(15) RESIDENCE 664 W Lemmon St.
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	39	(17) AGE AT LAST BIRTHDAY (Years) 25
(12) BIRTHPLACE	Lithuania, Russia	(18) BIRTHPLACE Lithuania, Russia
(13) OCCUPATION	Tailor.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9:40 a M., on the date above stated.

(23) Signature C. H. Howard

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003632

(Physician or Midwife)

RECEIVED FOR RECORD

(24) Given name added from a supplemental report ____, 19

Address 664 W. Lemmon St.

Filed MAY 19 1910, 19

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 56154

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. _____ St.; _____ Ward)

(2) FULL NAME OF CHILD _____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	April 29 1910

FATHER

(8) FULL NAME Simon Goodstein

(9) RESIDENCE 107 S. Penn St.

(10) COLOR white (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Tailor

(20) Number of children born to this mother, including present birth 5

MOTHER

(14) FULL MAIDEN NAME Victoria Scollari

(15) RESIDENCE 107 S. Penn St.

(16) COLOR white (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION Housekeeper.

(21) Number of children of this mother now living 4

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at _____ M., on the date above stated.

(23) Signature E. H. Homan (Physician or Midwife)

Address Home Md Hospital

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 3 3

RECEIVED FOR RECORD MAY 19 1910 J.S. BOSLEY M.D. REGISTRAR OF HEALTH

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56155

(1) PLACE OF BIRTH — Registered No. B 112

CITY OF BALTIMORE. (No. 415 Lorraine Ave St.; 2 Ward)

(2) FULL NAME OF CHILD Edward Leo Wommemann (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Mo.) (Day) (Year)
Male			Yes	May 2nd 1910

number of each, in order of birth, stated

	FATHER	MOTHER
(8) FULL NAME	HENRY ~~Helen~~ Wommemann	(14) FULL MAIDEN NAME Helen Wise
(9) RESIDENCE	415 Lorraine Ave	(15) RESIDENCE 415 Lorraine Ave
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	22	(17) AGE AT LAST BIRTHDAY (Years) 25
(12) BIRTHPLACE	Md.	(18) BIRTHPLACE Pa
(13) OCCUPATION	Fireman (P.R.R)	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth	One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.15 a. M., on the date above stated.

(23) Signature L. A. Richardson M.D. (Physician or Midwife)

Address 1120 W. 25th St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 6 3 4

BIRTH RECORD

MAY 19 1910

JAS. BOSLEY M.D.
COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

GIVEN NAME ADDED - 2/26/73

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56156

(1) PLACE OF BIRTH U.S. University Hospital — Registered No. B.

CITY OF BALTIMORE (No. Lombard + Green St. 1 Ward)

(2) FULL NAME OF CHILD ~~[illegible]~~ JOHN Mc Manus — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) ~~Twin, triplet,~~ or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3	Yes	April 27 1910

FATHER		MOTHER	
(8) FULL NAME	James Mc Manus	(14) FULL MAIDEN NAME	Mary Govan
(9) RESIDENCE	729 S. Hoffman St.	(15) RESIDENCE	729 S. Hoffman St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	31	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	England	(18) BIRTHPLACE	Delaware City. Del.
(13) OCCUPATION	Laborer	(19) OCCUPATION	House work.
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	2

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.30 A. M., on the date above stated.

(23) Signature James A. Douglas (Physician or Midwife)

Address Maternity Hospital

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003635

RECEIVED FOR RECORD MAY 19 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 56157

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Elburn. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	____ (To be answered only in event of plural births)	____	C	May 6 1910 (Month) (Day) (Year)

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME: Unknown	(14) FULL MAIDEN NAME: Barbara May Elburn
(9) RESIDENCE:	(15) RESIDENCE: Kent Co Md
(10) COLOR:	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY ____ (Years)	(17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE:	(18) BIRTHPLACE: Kent Co. Md
(13) OCCUPATION:	(19) OCCUPATION: H. W.
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 00 P.M., on the date above stated.

(23) Signature E. M. Norman (Physician or Midwife)

Address Univ. Hospital

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 6 3 6

RECEIVED FOR RECORD MAY 19 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56158

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Efferinge — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 10 1910

number of each, in order of birth, stated

FATHER

(8) FULL NAME Frederick Efferinge

(9) RESIDENCE 730 W Fayette St

(10) COLOR White

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE West Virginia.

(13) OCCUPATION Laborer.

MOTHER

(14) FULL MAIDEN NAME Maggie Tull Efferinge

(15) RESIDENCE 730 W Fayette St

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Somerset Co Md

(19) OCCUPATION H. W.

(20) Number of children born to this mother, including present birth 4

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 a m M., on the date above stated.

(23) Signature E. B. Noonan (Physician or Midwife)

Address Univ. Hospital

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003637

RECEIVED FOR RECORD MAY 19 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56159

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD: Emmet Boyles

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single	7	yes	Apr. 12 19 10

number of each, in order of birth, stated

FATHER

(8) FULL NAME: James Boyles

(9) RESIDENCE: 648 N. Lombard st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 37 (Years)

(12) BIRTHPLACE: Pennsylvania

(13) OCCUPATION: Blacksmith

(20) Number of children born to this mother, including present birth: 7

MOTHER

(14) FULL MAIDEN NAME: Amanda Hewes

(15) RESIDENCE: 648 W. Lombard st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 32 (Years)

(18) BIRTHPLACE: Pennsylvania

(19) OCCUPATION: Home Work

(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.15 A.M., on the date above stated.

(23) Signature: [illegible] (Physician or Midwife)

Address: [illegible]

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 3 8

RECEIVED FOR RECORD MAY 19 1910 J. H. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 138 N. Exeter St. Registered No. B. A56160

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Levin. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		V	Yes	April 9 19 15

FATHER

(8) FULL NAME Louis Levin.

(9) RESIDENCE 138 N. Exeter St.

(10) COLOR White. (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Carpet worker

(20) Number of children born to this mother, including present birth V

MOTHER

(14) FULL MAIDEN NAME Rose Richmond.

(15) RESIDENCE 138 N. Exeter St.

(16) COLOR White. (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION Housewife.

(21) Number of children of this mother now living

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature J. Morse Nes

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD APR 09 1915 JAS. BOSLEY, M.D. COMMISSIONER OF HEALTH

0 0 0 9 3 6 3 9

(Physician or Midwife)

Address J. H.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56161

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 2401 Guilford Av St.; Ward)

(2) FULL NAME OF CHILD: Chas. K. Craggs

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	1st	Yes	April, 28, 19 10

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME: Robert N. Craggs	(14) FULL MAIDEN NAME: Elsie W. Koether
(9) RESIDENCE: 2401 Guilford Av.	(15) RESIDENCE: 2401 Guilford Av.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 24 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 20 (Years)
(12) BIRTHPLACE: U.S.	(18) BIRTHPLACE: U.S.
(13) OCCUPATION: Clerk	(19) OCCUPATION: House-work
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3P. M., on the date above stated.

(23) Signature: J. Kahn

1823 W. North Av
(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 U 0 213 64 0

(24) Given name added from a supplemental report_____, 19

Address_____

Filed MAY 19 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A56162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* May 15 1918
5. *Place of Birth, (Street and number)* 1937 Druid Hill Ave
6. *Full name of Mother,* Mrs. Lottie Tyson.
7. *Mother's Maiden Name,* Lottie Morris
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Mr. Harvey Tyson
10. *Father's Occupation,* Chauffeur
11. *Father's Birthplace,* Charleston South Carolina

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Stevenson

Address, 2135 Etting St

Remarks,

1910003641

RECEIVED OR RECORDED
MAY 19 1910
S. BOSLEY, M.D.
BOARD OF HEALTH

the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall set forth as far as ascertained the full name of each child born, the sex, color, the full names and occupations of the parents, the date and place of birth; and the said list shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health, on the first and third days of every month to the office of Commissioner of Health, or such person as he may designate to receive it. If no birth of any child shall occur within the period aforesaid, to report the fact to the Commissioner of Health, in this manner and within the period aforesaid, and for such person or persons who shall become the duty of the person to be in attendance upon the mother, physician or practitioner or midwife, as the case may be, to report the birth of such child to report it's birth to the Commissioner of Health, or such person as he may designate to receive it. Every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10/19/12

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56163

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. HAZEL St.; Ward)

(2) FULL NAME OF CHILD Baby Joyner (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			no.	May 15 1910

FATHER

(8) FULL NAME

(9) RESIDENCE Unknown

(10) COLOR

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER

(14) FULL MAIDEN NAME Maggie Joyner

(15) RESIDENCE 621 Sharp St

(16) COLOR Black

(17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION H. W.

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at May 15 1910 10 a.M., on the date above stated.

(23) Signature E. H. Klonaris

U 003642

(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Address Penn. Md. Hospital

Filed MAY 20 1910, 19

Registrar

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56164

(1) PLACE OF BIRTH ~~1136 N Calhoun St~~ Registered No. B

CITY OF BALTIMORE. (No. 1136 N Calhoun St St.; Ward)

(2) FULL NAME OF CHILD Mary Ethel Woodland

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female		(To be answered only in event of plural births)	Yes	May (Month) 8 (Day) 1910 (Year)

FATHER		MOTHER	
(8) FULL NAME	William Woodland	(14) FULL MAIDEN NAME	Lillie Young
(9) RESIDENCE	1136 N Calhoun St	(15) RESIDENCE	1136 N Calhoun St
(10) COLOR	Col	(16) COLOR	Col
(11) AGE AT LAST BIRTHDAY (Years)	33	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	St Marys Co	(18) BIRTHPLACE	St Marys Co
(13) OCCUPATION	Laborer	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 P. M., on the date above stated.

(23) Signature Elizabeth Ann Weldon Nurse

(Physician / Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 3 6 4 3

Address 1136 N Calhoun St

(24) Given name added from a supplemental report , 19

Filed MAY 21 1910 , 19

Registrar

Registrar

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56165

(1) PLACE OF BIRTH 622 Lombard St. Registered No. B.

CITY OF BALTIMORE. (No. _____ St.; _____ Ward)

(2) FULL NAME OF CHILD Baby Jones

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) ~~Twin, triplet,~~ or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural births)	1	Yes	April (Month) 4 (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME Roy Owens.	(14) FULL MAIDEN NAME Mary Frances Jones
(9) RESIDENCE 1824 Patterson Ave.	(15) RESIDENCE 1314 Fristes St.
(10) COLOR Black	(16) COLOR Black
(11) AGE AT LAST BIRTHDAY 19 (Years)	(17) AGE AT LAST BIRTHDAY 16 (Years)
(12) BIRTHPLACE Unknown.	(18) BIRTHPLACE 1107 N Patent St.
(13) OCCUPATION Drayman	(19) OCCUPATION House work.
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at _____ M., on the date above stated.

(23) Signature Dr. Klonan (Physician or Midwife)

Address Union Hospital

Filed _____, 19 _____ Registrar

(24) Given name added from a supplemental report _____, 19 _____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 21 1910 U 0 0 3 6 4 4

JAS BOSLEY M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56166

CITY OF BALTIMORE. (No. 720 Sarah Ann St.; Ward)

(2) FULL NAME OF CHILD Francis Green

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		4	Yes	April 8, 1910

FATHER	MOTHER
(8) FULL NAME Joe Wormley	(14) FULL MAIDEN NAME Marcia Green
(9) RESIDENCE 720 Sarah Ann st	(15) RESIDENCE 720 Sarah Ann st
(10) COLOR Black (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Va	(16) BIRTHPLACE Md
(13) OCCUPATION Steavodore	(19) OCCUPATION House Work
(20) Number of children born to this mother, including present birth 7	(21) Number of children of this mother now living 3

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature E. A. Norman (Physician or Midwife)

Address Univ Md Hospital

Filed S. BOSLEY M.D. 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 4 5

RECEIVED RECORD MAY 21 1910

COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56167

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Twins	Female	yes	April 22 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME: H. B. Bupar	(14) FULL MAIDEN NAME: Lenella Sandrsburg
(9) RESIDENCE: 679 W. Fayette St	(15) RESIDENCE: 679 W. Fayette St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 34	(17) AGE AT LAST BIRTHDAY (Years): 29
(12) BIRTHPLACE: York Co Pa.	(18) BIRTHPLACE: Saratoga Springs
(13) OCCUPATION: Carpenter	(19) OCCUPATION: House Wife
(20) Number of children born to this mother, including present birth: 11	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 9. M., on the date above stated.

(23) Signature: E H Klonan

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 3 6 4 6672 W Lombard St
(Physician or Midwife)

RECORD

Address 2 6 1912 2 W. Lombard St

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

JAS BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

56168

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 908 Lanvale St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	single	11		April 18 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME: Andrew Ferguson	(14) FULL MAIDEN NAME: Mary Miller
(9) RESIDENCE: 908 Lanvale St.	(15) RESIDENCE: 908 N. Lanvale st
(10) COLOR: W	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 38 (Years)	(17) AGE AT LAST BIRTHDAY: 36 (Years)
(12) BIRTHPLACE: Baltimore Md	(18) BIRTHPLACE: Balto Md
(13) OCCUPATION: Waiter	(19) OCCUPATION: dear
(20) Number of children born to this mother, including present birth: 10	(21) Number of children of this mother now living: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: Edw Kloman

(Physician or Midwife)

Address: Univ. Hospital

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

U 0 0 3 6 4 7

RECEIVED FOR RECORD

MAY 2 1910

JAS BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56169

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1008 Hanover st St.; Ward)

Registered No. B

(2) FULL NAME OF CHILD Edwina M. Saffran

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate	(7) Date of Birth (Month) (Day) (Year)
female			yes	April 25 1910

number of each, in order of birth, stated

FATHER		MOTHER	
(8) FULL NAME	Geo. Joseph Saffran	(14) FULL MAIDEN NAME	Margaret Elizabeth Rouse
(9) RESIDENCE	1008 Hanover st	(15) RESIDENCE	1008 Hanover st
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	31 yrs	(17) AGE AT LAST BIRTHDAY (Years)	25 yrs
(12) BIRTHPLACE	City	(18) BIRTHPLACE	City
(13) OCCUPATION	Engineer (stationary)	(19) OCCUPATION	None
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature E. D. Ellis M.D. (Physician or Midwife)

Address 916 Light st

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD APR 21 1910

(24) Given name added from a supplemental report , 19

Filed , 19

H. S. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56170

(1) PLACE OF BIRTH — CITY OF BALTIMORE. No. 647 25 Lexington St.; Ward) — If child is not yet named, make supplemental report, as directed

(2) FULL NAME OF CHILD — Baby Boland

(3) Sex of Child: Male | (4) Twin, triplet, or other? (To be answered only in event of plural births) | (5) Number in order of birth: 3 | (6) Legitimate? Yes | (7) Date of Birth: (Month) Nov. (Day) 16 (Year) 1910

FATHER

(8) FULL NAME: Samuel H Hassett Harry Boland

(9) RESIDENCE: 647 25 Lexington St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Baltimore City Md

(13) OCCUPATION: Laundry room

MOTHER

(14) FULL MAIDEN NAME: Louise Schmidt

(15) RESIDENCE: 919 W. Baltimore St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Baltimore Md

(19) OCCUPATION: House works

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P. M., on the date above stated.

(23) Signature: E H Klonneau (Physician or Midwife)

Address: 21 Linn. Hospital

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

number of each, in order of birth, stated

1910 0036 49
RECORD
JAS. BOSLEY M.D.
BOARD OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 156171

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD: (Baby Livinwich) Albert Leibowitz

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 16 1910

FATHER

(8) FULL NAME: Joseph D. Leibowitz (Davis Livinwich)

(9) RESIDENCE: 621 Ensor St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 43 (Years)

(12) BIRTHPLACE: Russia.

(13) OCCUPATION: Tailor.

MOTHER

(14) FULL MAIDEN NAME: Lena (Livinwich) Leibowitz

(15) RESIDENCE: 621 Ensor St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 42 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: H W

(20) Number of children born to this mother, including present birth: 14

(21) Number of children of this mother now living: 11

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at May 16-10 7 A. M., on the date above stated.

(23) Signature: S. A. Klonman (Physician or Midwife)

Address: Penn Md. Hospital

Filed ____, 19 ____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

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RECORD

JAS. COSLEY M.D.
COMMISSIONER OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 156172

CITY OF BALTIMORE. (No. 2317 N Balto St.; Ward)

(2) FULL NAME OF CHILD Harry Clarke Jr — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	August 13 1910

number of each, in order of birth, stated

FATHER		MOTHER	
(8) FULL NAME	Harry Clarke	(14) FULL MAIDEN NAME	Gertrude V. Burney
(9) RESIDENCE	2312 N Baltimore St	(15) RESIDENCE	2312 N Baltimore St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30 Yrs	(17) AGE AT LAST BIRTHDAY (Years)	31 Yrs
(12) BIRTHPLACE	A. A. Co Md	(18) BIRTHPLACE	A A County Md
(13) OCCUPATION	Clerk. (Automobile Factory)	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth — (21) Number of children of this mother now living: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.05 A M., on the date above stated.

(23) Signature: A. B. Welch MD

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

VOUCHER 6 5 1 RECORD MAY 19 1910

Physician (Physician or Midwife)

(24) Given name added from a supplemental report....., 19.....

Address 607 N Charles St

Filed ..... , 19 .....

H. S. BOSLEY M.D. COMR OF HEALTH

Registrar — Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56173

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 3042 Hudson St.; Ward)

(2) FULL NAME OF CHILD Margaret Tighe Burke (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F			Yes	Oct. 6, 1910

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Wm. L. Burke	(14) FULL MAIDEN NAME Margaret Tighe
(9) RESIDENCE 3042 Hudson St	(15) RESIDENCE 3042 Hudson St
(10) COLOR W — (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR W — (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Mass.	(18) BIRTHPLACE Balto. Md
(13) OCCUPATION Physician	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 A. M., on the date above stated 1910 0 0 3 6 5 2

(23) Signature C. A. Hayward

1232 N Caroline St (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD NOV 2 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Address ____

Filed ____, 19 ____ Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56174

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 570 N. Paca St.; Ward)

(2) FULL NAME OF CHILD Lillian Margaret Nursing

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	April 22, 1910

FATHER

(8) FULL NAME Maurice E. Nursing

(9) RESIDENCE 570 N. Paca St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE East Va.

(13) OCCUPATION Salesman

MOTHER

(14) FULL MAIDEN NAME Lillian Anderson

(15) RESIDENCE 570 N. Paca St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE City

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 A. M., on the date above stated.

April 22 1910

(23) Signature 3-6-53 Lynn Skinner M.D.
(Physician or Midwife)

Address 1406 Linden Ave.

Filed MAY 21 1910, 19

Registrar

(24) Given name added from a supplemental report _____, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECORD
JAS. BOSLEY, M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56175

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 530, N. Lombard St.; Ward)

(2) FULL NAME OF CHILD Ethyl Viola Cook

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	(To be answered only in event of plural births)		yes	April 5, 1917

number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Wm Harrison Cook	(14) FULL MAIDEN NAME Carrie Doorndein
(9) RESIDENCE 530 N. Lombard St.	(15) RESIDENCE 530 N. Lombard
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 22 (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE City	(18) BIRTHPLACE City
(13) OCCUPATION Carpenter	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 a. M., on the date above stated.

(23) Signature J. C. Younghein M.D. (Physician or Midwife)

Address 1 W. Chesapeake Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 5 4

(24) Given name added from a supplemental report , 19

Registrar

Filed MAY 21 1917 , 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

4-25-10 A56176

(1) PLACE OF BIRTH **CERTIFICATE AMENDED** Registered No. B

CITY OF BALTIMORE. (No. 1033 W. Cross St.; Ward)

(2) FULL NAME OF CHILD ~~Unnamed~~ Hughes, MILDRED ESTELLA (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	March 25, 1910

FATHER	MOTHER
(8) FULL NAME George E. Hughes	(14) FULL MAIDEN NAME Minnie Hart
(9) RESIDENCE 1033 W. Cross St.	(15) RESIDENCE 1033 W. Cross St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE City	(18) BIRTHPLACE City
(13) OCCUPATION Machinist	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 11 P. M., on the date above stated.

(23) Signature J. C. Turnbaugh M.D. (Physician or Midwife)

Address

Filed MAY 2 1910 19 10

RECEIVED FOR RECORD MAY 2 1910 JAS BOSLEY M.D. COM'R OF HEALTH

Registrar

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* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 156177

CITY OF BALTIMORE. (No. 1016, N. Gilmor St.; Ward)

(2) FULL NAME OF CHILD Mary Eliz. Geddes — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
female			yes	Jan. (Month), 15 (Day), 1910 (Year)

FATHER	MOTHER
(8) FULL NAME Wm Lee Geddes	(14) FULL MAIDEN NAME Mary Eliz. Campbell
(9) RESIDENCE 1016 N. Gilmor St	(15) RESIDENCE 1016 N. Gilmor St.
(10) COLOR White — (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR White — (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE City	(18) BIRTHPLACE Philadelphia Pa.
(13) OCCUPATION Insurance Broker	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 a. M., on the date above stated.

(23) Signature J. C. Kenerkin M.D. (Physician or Midwife)

Address

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed MAY 2 1910

Registrar

RECEIVED FOR RECORD MAY 2 1910 JAS BOSLEY M.D. COM'R OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

156178

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 534 W. Barre St.; Ward)

(2) FULL NAME OF CHILD Anna Louise S. Akers — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	March 7, 1910

FATHER	MOTHER
(8) FULL NAME: George Frankton Akers	(14) FULL MAIDEN NAME: Lottie May Kodenski
(9) RESIDENCE: 534 W. Barre St.	(15) RESIDENCE: 534 W. Barre St.
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Kent Co. Md.	(18) BIRTHPLACE: City
(13) OCCUPATION: Yacht Captain	(19) OCCUPATION: Home wife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 9 A. M., on the date above stated.

(23) Signature J. C. Turnpenny M.D. (Physician or Midwife)

Address

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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VITAL STATISTICS RECORD

MAY 21 1910

(24) Given name added from a supplemental report ____, 19

Filed JAS. BOSLEY M.D. 19

BOARD OF HEALTH

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

156179

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1927 Edmondson Ave St.; Ward)

(2) FULL NAME OF CHILD William Jenkins Hyde

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	April 23, 1918

FATHER	MOTHER
(8) FULL NAME Wm Jenkins Hyde	(14) FULL MAIDEN NAME Mary Ifse
(9) RESIDENCE 1927 Edmondson Ave	(15) RESIDENCE 1927 Edmondson Ave
(10) COLOR white (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Annapolis Md	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Trucker Helper	(19) OCCUPATION none
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P M., on the date above stated.

(23) Signature Wm Lorn MD

(Physician or Midwife)

Address 836 North Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 6 5 8

(24) Given name added from a supplemental report ____, 19

Registrar

Filed MAY 21 1918, 19

Registrar

REGISTRATION RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF BIRTH

156180

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 510 N. Arlington Ave. Baltimore St., Md. Ward)

Registered No. B

(2) FULL NAME OF CHILD Bennett Lasater

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 9, 1910

FATHER

(8) FULL NAME Nathan Everett Lasater

(9) RESIDENCE Salisbury, Md.

(10) COLOR White (11) AGE AT LAST BIRTHDAY About 28 (Years)

(12) BIRTHPLACE Durham, N. C.

(13) OCCUPATION Salesman

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Edith Bennett

(15) RESIDENCE Salisbury, Md.

(16) COLOR White (17) AGE AT LAST BIRTHDAY About 23 (Years)

(18) BIRTHPLACE Balto. Md.

(19) OCCUPATION None

(21) Number of children of this mother now living 1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.45 P M., on the date above stated.

(23) Signature R S Morse, Md. Physician (Physician or Midwife)

Address 1039 Edmondson Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD MAY 21 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed ____, 19 ____

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56181

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1411 William St.; Ward)

(2) FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		—	Yes	May 17, 1910

FATHER	MOTHER
(8) FULL NAME: Lloyd Orem Hiss	(14) FULL MAIDEN NAME: Edna Virginia Elliott
(9) RESIDENCE: 1411 William St.	(15) RESIDENCE: 1411 William St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 24 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Balto. Md.	(18) BIRTHPLACE: Balto, Md.
(13) OCCUPATION: Rate Clerk (B&O)	(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.55 a. M., on the date above stated.

(23) Signature: E. Latrobe Ewell M.D. (Physician or Midwife)

U 0 0 3 6 6 0

Address: 905 N. Gilmor St.

Filed MAY 21 1910.

Registrar

(24) Given name added from a supplemental report _____, 19

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

56182

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 130 O Carey St.; Ward)

(2) FULL NAME OF CHILD Laurence Ignatius Kerr — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M			Yes	Nov 24, 1910

FATHER	MOTHER
(8) FULL NAME James Francis Kerr	(14) FULL MAIDEN NAME Catherine Cook
(9) RESIDENCE 130 O Carey	(15) RESIDENCE 130 S Carey
(10) COLOR W — (11) AGE AT LAST BIRTHDAY 31 (Years)	(16) COLOR W — (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Balto
(13) OCCUPATION Bartender	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 1

Number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12-30 P M., on the date above stated.

1910 (23) Signature E. K. Hayward

130 N Carey St (Physician or Midwife)

RECEIVED FOR RECORD DEC 21 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Address ____

Filed ____, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56183

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 1234 E Eager St.; 12 Ward)

(2) FULL NAME OF CHILD Geo Raymond Horek — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M			Yes	Apr 27, 1910

	FATHER	MOTHER
(8) FULL NAME	Geo A Horek	(14) FULL MAIDEN NAME Carl. Preller
(9) RESIDENCE	1234 E Eager	(15) RESIDENCE 1234 E Eager
(10) COLOR	W	(16) COLOR W
(11) AGE AT LAST BIRTHDAT (Years)	25	(17) AGE AT LAST BIRTHDAT (Years) 21
(12) BIRTHPLACE	Balto.	(18) BIRTHPLACE Balto
(13) OCCUPATION	Sign Painter	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living 1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 40 P. M., on the date above stated.

1910

(23) Signature E. K. Hayward (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 27 1910 S. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Address 1234 N Carrollton Ave

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56184

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. Eastman ave. nr Norman St.; 9 Ward)

(2) FULL NAME OF CHILD — Charles Thomson

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M			Yes	Oct. 27, 1910

numbers of each, in order of birth, stated

FATHER

(8) FULL NAME: Harry A Thomson

(9) RESIDENCE: Eastman ave nr Norman

(10) COLOR: W. (11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Clk.

(20) Number of children born to this mother, including present birth: 4

MOTHER

(14) FULL MAIDEN NAME: Pauline Eyth

(15) RESIDENCE: Eastman ave nr Norman

(16) COLOR: W. (17) AGE AT LAST BIRTHDAY: 31 (Years)

(18) BIRTHPLACE: Pa.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 6 A. M., on the date above stated.

1910

(23) Signature: E. B. Hayward (Physician or Midwife)

Address: 12 E 25th Corlene Pl

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 20 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report_____, 19____

Filed _____, 19____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56185

CITY OF BALTIMORE. (No. 501, Chestnut Hill Ave. St.; Ward)

(2) FULL NAME OF CHILD John Thomas Tierney Sweeney — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			Yes	March 16, 1910

FATHER	MOTHER
(8) FULL NAME: Charles Sweeney	(14) FULL MAIDEN NAME: Catherine Tierney
(9) RESIDENCE: 501 Chestnut Hill Ave	(15) RESIDENCE: 501 Chestnut Hill Ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 34 (Years)
(12) BIRTHPLACE: Balto. Co. Md.	(18) BIRTHPLACE: City
(13) OCCUPATION: Carpenter	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living

Name of child, if or if no birth, state.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 a. M., on the date above stated.

(23) Signature J. C. Tumpkin M.D.

U 0 0/3 6 6 4

(Physician or Midwife)

Address 6 4 5 D Columbia Ave.

Filed MAY 21 1910 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report 19

Registrar

RECORD

(OVER THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56186

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 923 W. Barre St.; Ward)

(2) FULL NAME OF CHILD Leonard Heidenman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 19, 1910

Number of each, in order of birth, stated

FATHER	MOTHER
(8) FULL NAME Edgar J. Heidenman	(14) FULL MAIDEN NAME Julia M. Leonard
(9) RESIDENCE 923 W. Barre St.	(15) RESIDENCE 923 W. Barre St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE City	(18) BIRTHPLACE City
(13) OCCUPATION Helper on Bridge Work	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 a. M., on the date above stated.

(23) Signature A. C. Trumpkin M.D., (Physician or Midwife)

Address

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 / 3 6 8 5

CERTIFICATE FOR RECORD MAY 21 1910

(24) Given name added from a supplemental report , 19

Filed JAS. BOSLEY M.D. COM'R OF HEALTH, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 456187

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1504 Federal Place ~~St.,~~ Ward)

(2) FULL NAME OF CHILD Frank Gritzan

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—		Yes	March 22, 1912

FATHER	MOTHER
(8) FULL NAME Theodor Gritzan	(14) FULL MAIDEN NAME Nellie Coursey
(9) RESIDENCE 1504 Federal Place	(15) RESIDENCE 1504 Federal Place
(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Baltimore Md	(18) BIRTHPLACE City
(13) OCCUPATION Cloth Cutter	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 11 P. M., on the date above stated.

(23) Signature J. L. Linnekin M.D.
(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 6 6

RECORDED

Address 2 1 1910

(24) Given name added from a supplemental report _____, 19

Filed J. S. BOSLEY M.D. COM'R OF HEALTH 19

Registrar

Registrar

(READ THE REVERSE SIDE)

Form 1294.

RETURN OF A BIRTH. A56188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,* Joseph G Brunner
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* the 15th of May
5. *Place of Birth, (Street and number)* No 1222 William St
6. *Full name of Mother,* Gertrude Brunner
7. *Mother's Maiden Name,* Gertrude Lindner
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Joseph Brunner
10. *Father's Occupation,* Shipping Clerk
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. H M Auer

Address, No 107 Weber St

Remarks, 1 9 1 0 U 0 0 3 6 6 7

REVISED FOR RECORD

JAS. SOSLEY M.D.
COMR OF HEALTH

The Commissioner of Health. This return is to be filled in and signed by the attending physician or midwife, and delivered by him or her to the parent or parents of the child, if any shall have been conferred; the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case there shall be no attending physician or midwife, or should no other person be in attendance upon the mother at the birth of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56189

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No.) 1726 Johnson St.; 24 Ward)

(2) FULL NAME OF CHILD — Ruth D. Coy — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(8) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	May 12 1910

FATHER	MOTHER
(8) FULL NAME: Thomas E. Coy	(14) FULL MAIDEN NAME: Irene F. Sitty
(9) RESIDENCE: 1726 Johnson St.	(15) RESIDENCE: 1726 Johnson St.
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 21 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 20 (Years)
(12) BIRTHPLACE: Md.	(18) BIRTHPLACE: Md.
(13) OCCUPATION: Painter	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10-30 P. M., on the date above stated.

1910

(23) Signature: R. E. Campbell M.D. (Physician or Midwife)

Address: 1644 Hanover St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 21 1910 JAS. BOSLEY M.D. COMMR. OF HEALTH

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 .

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56190

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1714 E. Lanvale St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	May 4 1910

FATHER

(8) FULL NAME: John Gerstmeyer

(9) RESIDENCE: 1714 E. Lanvale St.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 38 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Book Keeper

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Caroline Rustebeg

(15) RESIDENCE: 1714 E. Lanvale St

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 38 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: None.

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.30 P. M., on the date above stated.

(23) Signature: Wm J. Watson

(Physician or Midwife)

Address: 2128 St Paul St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 6 6 9

RECEIVED FOR RECORD MAY 21 1910

JAS. B. [illegible] M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report....., 19 ..... Filed ..... , 19 .....

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56191

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No.) 906 (St.) Woodley (Ward)

Registered No. B.

(2) FULL NAME OF CHILD — ~~Not named~~ George Merritt Pfeiffer

(3) Sex of Child: Male | (4) Twin, triplet, or other? ✓ | (5) Number in order of birth ✓ | (6) Legitimate? Yes | (7) Date of Birth: May 10 1910

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: Jas. A. Pfeiffer.

(9) RESIDENCE: 906 Woodley St

(10) COLOR: White. (11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Catonsville Md.

(13) OCCUPATION: Cut stone Erector

MOTHER

(14) FULL MAIDEN NAME: Elizabeth Hunnerick

(15) RESIDENCE: 906 N. Woodley St

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 30 (Years)

(18) BIRTHPLACE: Emmittsburg Md.

(19) OCCUPATION: Housewife.

(20) Number of children born to this mother, including present birth: 4

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.20 a. M., on the date above stated.

(23) Signature: George C. Shannon M.D. Physician (Physician or Midwife)

Address: 700 N. Fulton Ave Balto Md.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____ 19 ____ Filed ____ 19 ____

RECEIVED FOR RECORD MAY 21 1910

J.C. BOSLEY, M.D. REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

Registrar

Number of each, in order of birth, stated

RETURN OF A BIRTH. A56192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. *Name of child,* Thomas Walch.
2. *Sex, (state whether male ~~or female~~)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* May 5- 1910
5. *Place of Birth, (Street and number)* 713 N. Luzerne St.
6. *Full name of Mother,* Rosa L. Luitpreiss Walch.
7. *Mother's Maiden Name,* Rosa L Luitpreiss
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Thomas R Walch.
10. *Father's Occupation,* Member of Balto City Fire Dept.
11. *Father's Birthplace,* Oakland Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. W. Bailey

Address, 2297 Eastern Ave.

Remarks,

RECORDED MAY 23 1910

I. S. ASHLEY M.D. REGISTRAR OF HEALTH

B 10 U 003671

The Physician, Midwife or other person in charge of case, shall within ten days after the birth of a child, deliver to the Registrar of Vital Statistics, Health Department, Baltimore City, a correct return of such birth, on a blank schedule furnished by the Commissioner of Health, and it shall be the duty of the person or parents of such child to immediately thereafter report the same to the Registrar of Vital Statistics, Health Department, Baltimore City, and any such person who shall hereafter fail to comply with this requirement of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under his or her care during the month next preceding the date of the return, and the particulars set forth as far as the same can be ascertained of the full name of each child, if any shall have been conferred, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, full and complete, to the Registrar of Vital Statistics, Health Department, Baltimore City, on the first and third day of each and every month to the Registrar of Vital Statistics, Health Department, Baltimore City, on the first and third day of each and every month to the Commissioner of Health. In case the birth of a child occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics, Health Department, Baltimore City, on the first and third day of each and every month to the Commissioner of Health. In case the birth of a child occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics, Health Department, Baltimore City, and any such person who shall hereafter fail to comply with this requirement of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, then it shall be the duty of the person in attendance upon the mother, immediately thereafter if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* May 19 1910
6. *Place of Birth, (Street and number)* 72 Belair Ave
6. *Full name of Mother,* Anna Hartman
7. *Mother's Maiden Name,* Anna Harker
8. *Mother's Birthplace,* Balto. Md.
9. *Full name of Father,* Andrew Hartman
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Hafels

Name of Medical Attendant, or other person who makes this Return, Mrs. Wilhelmina Schmidt

Address, 7 Mine Bank Lane

Remarks, 1910000672

RECEIVED FOR RECORD
23 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE AMENDED 10/20/72

A56194

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 553 Walnut alley St.; 11 Ward)

(2) FULL NAME OF CHILD ~~Baebel~~ Wilson, ELIZABETH E. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl	single	20	none	May 21 1918

FATHER		MOTHER	
(8) FULL NAME	Frank Wilson	(14) FULL MAIDEN NAME	Rachel Emory
(9) RESIDENCE	553 Walnut alley	(15) RESIDENCE	663 Walnut alley
(10) COLOR	Brown skin	(16) COLOR	Brown skin
(11) AGE AT LAST BIRTHDAY (Years)	39 years	(17) AGE AT LAST BIRTHDAY (Years)	32 years
(12) BIRTHPLACE	Baltimore Maryland	(18) BIRTHPLACE	Baltimore Maryland
(13) OCCUPATION	Laborer	(19) OCCUPATION	Laundress

(20) Number of children born to this mother, including present birth 20

(21) Number of children of this mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 553 Walnut alley M., on the date above stated.

(23) Signature 1

U 0 0 3 6 7 Mary Ann Mason (Physician or Midwife)

Address 937 Walnut alley

Filed May 29 1918

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report May 22, 1918

Registrar

RECORD

MAY 23 1918

JAS. BOSLEY, M.D.
COM'R OF HEALTH

(READ OTHER SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56195

Registered No. B. _____

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 569 Walnut alley alley St.; 11 Ward)

(2) FULL NAME OF CHILD Ida Hall { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl	single	2	one	May 21 19 10

FATHER	MOTHER
(8) FULL NAME: John Hall	(14) FULL MAIDEN NAME: Sadie Peaker
(9) RESIDENCE: 569 Walnut alley	(15) RESIDENCE: 569 Walnut alley
(10) COLOR: Brownskin (11) AGE AT LAST BIRTHDAY: 22 (Years)	(16) COLOR: Brownskin (17) AGE AT LAST BIRTHDAY: 20 (Years)
(12) BIRTHPLACE: Baltimore Maryland	(18) BIRTHPLACE: Baltimore Maryland
(13) OCCUPATION: Laborer	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 569 Walnut alley M., on the date above stated.

(23) Signature X Mary Ann Mason (Physician or Midwife)

Address 939 Walnut alley

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report May 22, 19 10

Filed May 22, 19 10

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. A56196

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 314 S. Sharp St. Ward)

(2) FULL NAME OF CHILD Clayton Burney Bradley (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 18, 1910

FATHER

(8) FULL NAME William Bradley
(9) RESIDENCE 314 S. Sharp St.
(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Memphis Tenn.
(13) OCCUPATION Laborer
(20) Number of children born to this mother, including present birth 3

MOTHER

(14) FULL MAIDEN NAME Hattie Victoria Alton
(15) RESIDENCE 314 S. Sharp St.
(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Friendship A.A. Co. Md.
(19) OCCUPATION None
(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 314 S. Sharp St M., on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature RECEIVED FOR RECORD MAY 23 1910 JAS. BOSLEY, M.D. COMM. OF HEALTH (Physician or Midwife)
Address 1815 W. Hughes St

(24) Given name added from a supplemental report Stella Moore, 19 10 Filed May 21, 19 10.

Registrar Registrar

(READ THE REVERSE SIDE)

Failure to make such return or to give certificate of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56197

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

If child is not yet named, make supplemental report, as directed

(2) FULL NAME OF CHILD

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
♂				Nov 14 1910

FATHER	MOTHER
(8) FULL NAME James S. Watts	(14) FULL MAIDEN NAME Sula Blunden
(9) RESIDENCE 716 Reservoir St	(15) RESIDENCE 716 Reservoir St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 39 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Md	(18) BIRTHPLACE Md
(13) OCCUPATION Broker	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 a. M., on the date above stated.

(23) Signature J. W. Hundley

Address 1809 Eutaw St (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Filed MAY 23 1910 19 ____

JAS BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

0 0 0 3 6 7 5

RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56198

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No.) 1921 Fairmount Ave (St.; Ward)

(2) FULL NAME OF CHILD Alberta Fanny Bursch (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	—	May 5 1910

	FATHER	MOTHER
(8) FULL NAME	Rudolph Bursch	(14) FULL MAIDEN NAME Bertha Bursch
(9) RESIDENCE	1921 Fairmount Ave	(15) RESIDENCE 1921 Fairmount Ave
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	28	(17) AGE AT LAST BIRTHDAY (Years) 23
(12) BIRTHPLACE	Austria	(18) BIRTHPLACE Austria
(13) OCCUPATION	Butcher	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.15 P M., on the date above stated.

(23) Signature Dr. John G. Owens (Physician or Midwife)

Address S.E. Cor. Fairmount Ave and Caton Ave

Filed _____, 19 _____ Registrar

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56199

CITY OF BALTIMORE. (No. 154 Hart St St.; Ward)

(2) FULL NAME OF CHILD Mary Marie Duffy (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
2	—	—	—	May 6 1910

FATHER		MOTHER	
(8) FULL NAME	Joseph M. Duffy	(14) FULL MAIDEN NAME	Rose Gaffney
(9) RESIDENCE	154 N. Hart St	(15) RESIDENCE	154 Hart St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	28	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Philadelphia	(18) BIRTHPLACE	Philadelphia
(13) OCCUPATION	Electrician	(19) OCCUPATION	Home-work

(20) Number of children born to this mother, including present birth 2 — (21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.15 A.M. on the date above stated.

(23) Signature John G. Owen M.D. (Physician or Midwife)

Address 555 Cor. Fairmount Ave and Eutaw

Filed MAY 23 1910 JAS. BOSLEY M.D. COMR OF HEALTH, 19

Registrar

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

9-19-64 CERTIFICATE CORRECTED

A56200

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No.) 920 N Montford Ave (Sta.) (Ward)

Registered No. B.

(2) FULL NAME OF CHILD — Elsie ~~Stumpfel~~ Stumpfel

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female				May 12 1910

(To be answered only in event of plural births)

FATHER

(8) FULL NAME — John ~~Stumpfel~~ Stumpfel

(9) RESIDENCE — #920 N Montford Ave

(10) COLOR — White

(11) AGE AT LAST BIRTHDAY — 27 (Years)

(12) BIRTHPLACE — Germany

(13) OCCUPATION — Baker

MOTHER

(14) FULL MAIDEN NAME — Margaret Lautenbach

(15) RESIDENCE — #920 N Montford Ave

(16) COLOR — White

(17) AGE AT LAST BIRTHDAY — 23 (Years)

(18) BIRTHPLACE — Germany

(19) OCCUPATION — Home-work

(20) Number of children born to this mother, including present birth — 2

(21) Number of children of this mother now living — 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 4.30 P M., on the date above stated.

(23) Signature — Dr. J. G. Owens

(Physician or Midwife)

Address — 5 E Co. Fairmount Ave and Colvin St

Filed ____, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56201

CITY OF BALTIMORE. (No. 616 Brune St.; Ward)

(2) FULL NAME OF CHILD Carlene Louise Hinton (If child is not yet named, write supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
♀	1	2d	Yes	May 14 1910

FATHER	MOTHER
(8) FULL NAME Richard Randolph Hinton	(14) FULL MAIDEN NAME Ellen Louise Cadle Cadle
(9) RESIDENCE 616 Brune	(15) RESIDENCE 616 Brune
(10) COLOR W (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR W (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Balto.	(18) BIRTHPLACE Anne Arundel Co
(13) OCCUPATION Wire Mattress Weaver	(19) OCCUPATION At Home
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living this one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.05 P. M., on the date above stated.

(23) Signature B. C. Catlin M D (Physician or Midwife)

Address 1604 Linden ave

Filed ____, 19 ____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

RECEIVED FOR RECORD 6080 MAY 23 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56202

CITY OF BALTIMORE. (No. 911 Russel St St.; Ward)

(2) FULL NAME OF CHILD Philip Shirden Ambrose (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
White	one			May 16 1910

FATHER	MOTHER
(8) FULL NAME: Philip Shirden Ambrose	(14) FULL MAIDEN NAME: Annie Edith Carrick
(9) RESIDENCE: 514 W Cross Street	(15) RESIDENCE: 911 Russell Street
(10) COLOR: White mark	(11) AGE AT LAST BIRTHDAY: 44 (Years)
(12) BIRTHPLACE: Harpers ferry W Va	(18) BIRTHPLACE: Baltimore Country
(13) OCCUPATION: T & C Engineerman	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth: [illegible]	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: Mrs Marie Kell Midwife (Physician or Midwife)

Address 911 Russell Street

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR U 0 0 0 0 6 8 1 MAY 23 1910 J. M. ROSLER, M.D. COMR. OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B. A56203

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 2834 W. North Ave St.; Ward)

(2) FULL NAME OF CHILD William Holland Sres
If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	April 25 1910

FATHER	MOTHER
(8) FULL NAME: James Lawrence Sres	(14) FULL MAIDEN NAME: Mary Orella Bradley
(9) RESIDENCE: 2834 W. North Ave	(15) RESIDENCE: 2834 W. North Ave
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 34 (Years)	(17) AGE AT LAST BIRTHDAY: 29 (Years)
(12) BIRTHPLACE: Baltimore City	(18) BIRTHPLACE: Baltimore City
(13) OCCUPATION: Merchant	(19) OCCUPATION: Mother & Wife
(20) Number of children born to this mother, including present birth: Four	(21) Number of children of this mother now living: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Seven o'clock A.M., on the date above stated.

(23) Signature Thos. P. McCormick 1
(Physician or Midwife)

Address 1421 Eutaw Place

Filed , 19 .
Registrar

(24) Given name added ~~from a supplemental~~ report by mother Sres 5 1938
V. Ellehr
Registrar

(READ THE REVERSE SIDE)

Mary Orella Sres Mother

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD
JAS. BOSLEY M.D.
COMMR. OF HEALTH

RETURN OF A BIRTH.

A56204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAY 24 1910
J.S. BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Name of Child,* Shelton Leroy Other
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* April 23 1910
6. *Place of Birth, (Street and number)* 1607 Watson St
6. *Full name of Mother,* Emma Victoria Other
7. *Mother's Maiden Name,* Emma Victoria Johnson
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Archie Irageus Other
10. *Father's Occupation,* Driver Teams
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Emma Dixon

Address, 1217 Division St

Remarks, 19100003683

month, and shall set forth as far as the same can be ascertained the full name of each child (if it has been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said doctor shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month. The certificate must be filed in the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the person in charge fail to report the birth of such child without the attendance of a physician or midwife, or if the person in charge fail to report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and give such name as he may select for such child, the person in charge of such mother at the birth of such child shall become the duty of the person or persons of such neglect or refusal to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A 6205

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1701 Druid Hill Ave. 17 Ward)

(2) FULL NAME OF CHILD Rashfield Rosetta Smith

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			Yes	June 9 1910

FATHER	MOTHER
(8) FULL NAME: James Ernest Smith	(14) FULL MAIDEN NAME: Mayzie Eva Sheffield
(9) RESIDENCE: 1701 Druid Hill Ave	(15) RESIDENCE: 1701 Druid Hill Ave
(10) COLOR: Colored — (11) AGE AT LAST BIRTHDAY: 30 (Years)	(16) COLOR: Colored — (17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Baltimore Md	(18) BIRTHPLACE: Virginia
(13) OCCUPATION: Bellman	(19) OCCUPATION: Hand Maid
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 P M., on the date above stated.

(23) Signature: J. V. Van Wilkins (Physician or Midwife)

Address: 601 N Carrollton Ave

Filed _____, 19 .

Registrar

(24) Given name added from a supplemental report _____, 19

Registrar

*When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

UNDERFOR RECORD MAY 24 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A56206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,* Charlottie Etta Bowman
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Dec. 2, 1909
6. *Place of Birth, (Street and number)* 506 W. Hoffman
6. *Full name of Mother,* Bertha Etta Bowman
7. *Mother's Maiden Name,* Bertha Etta Greenwood
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Clarence Edward Bowman
10. *Father's Occupation,* Stock Clerk
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs A.M. Brown

Address, 1217 Division St.

Remarks, Satisfactory 6 8 5th.

RECEIVED FOR RECORD
MAY 24 1910
JOS. GOSLEY M.D.
BOARD OF HEALTH

month, and shall set forth as far as the same can be ascertained, the full name of each child of the same mother born since the last preceding return (or if there has been no such child born, then a return to that effect), its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the mother, or in her absence, the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of Child,* Ruth Holmes.
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* Jan 23. 1910
6. *Place of Birth, (Street and number)* 1228 Division St
6. *Full name of Mother,* Lottie Holmes.
7. *Mother's Maiden Name,* Lottie Barnett
8. *Mother's Birthplace,* Essex Co Virginia
9. *Full name of Father,* Daniel Holmes.
10. *Father's Occupation,*
11. *Father's Birthplace,* Essex Co virginia

Name of Medical Attendant, or other person who makes this Return. Annie Brown

Address, 1217 Division

Remarks,

1910 0003684

RECEIVED FOR RECORD
MAY 24 1910
J.S. BOSLEY M.D.
COMR OF HEALTH

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been considered) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the parent or parents, and in other cases the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 7

1. Name of Child, Bertha Teresa Schmidt
2. Sex, (state whether mute or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, May 18, 10
5. Place of Birth, (Street and number) 1315 Hirst St
6. Full name of Mother, Anna Belle Schmidt
7. Mother's Maiden Name, Anna Belle Saunders
8. Mother's Birthplace, Baltimore
9. Full name of Father, Michael August Schmidt
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Martha Steenberg

Address, 1517 E. Preston St.

Remarks, None 0 U 0 0 3 6 8 7

RECEIVED FOR RECORD
MAY 21 1910
JAS. BOSLEY M.D.
REGISTRAR OF HEALTH

Section 3. And be it further enacted, That as soon as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the number of children born to the mother, including the present child, and the number of other births, if any, shall be entered in said schedule by the midwife, or other person in attendance at the birth, and a certificate between the first and third day of each and every month, to the office of Commissioner of Health, or such other person as he may designate, shall be delivered, mailed or transmitted by the midwife, or other person in attendance at the birth of any child said schedule shall be delivered, mailed or transmitted by the midwife, or other person in attendance at the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the midwife, or other person in attendance at the birth of any child fail to report its birth to the Commissioner of Health as herein required, the person or parents of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health as herein required within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I Third

1. Name of Child, Mary Agatha Taney Hill
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, May 13/1910
6. Place of Birth, (Street and number) 2209 W Baltimore St
6. Full name of Mother, Mary Matilda Taney Hill
7. Mother's Maiden Name, Mary Matilda Kaufmann
8. Mother's Birthplace, Baltimore City Md.
9. Full name of Father, James West Taney Hill
10. Father's Occupation, Shipping Clerk
11. Father's Birthplace, Smithville Calvert Co Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Martha Sienru

Address, 157 E Preston St.

Remarks, Home

1910 003688

RECEIVED FOR RECORD
MAY 24 1910
JAS BOSLEY M.D.
BD OF HEALTH

From and after the first day of January, 1880, it shall be the duty of the attending physician, midwife or other person in attendance upon the mother, immediately thereafter, to report to the Commissioner of Health the birth of any child which he or she may attend, or to which he or she may be called to attend, stating the date of birth, the sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or shall occur after the departure of such attendant from the house, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be deemed guilty of a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. *Name of Child,* Dorothy Robinson
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 19th May 1910
6. *Place of Birth, (Street and number)* 1817 Ensor St
6. *Full name of Mother,* Ellen Bridget Robinson
7. *Mother's Maiden Name,* Ellen Bridget King
8. *Mother's Birthplace,* Co Sligo, Ireland
9. *Full name of Father,* John Joseph Robinson
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Co Dublin Ireland

Name of Medical Attendant, or other person who makes this Return, Marsed Steenbury

Address, 114 East Preston St

Remarks, 1910 0 0 0 3 6 8 9

RECEIVED FOR RECORD MAY 24 1910 JAS SOSLEY M.D. REGR OF HEALTH

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any) born to such mother, the date of birth, the full name and occupation of its parents; the date and place of their marriage; and said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur when the attendance of a physician or midwife is not required, the owner or occupier of the house in which the birth occurs shall be subject to the penalties of this section, unless he shall cause the birth of such child to be reported as herein required. If the mother or, if she be dead or unable to report, the father of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Fourth~~ Sixth (6)

1. *Name of Child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* April 12 1910
6. *Place of Birth, (Street and number)* 1241 Hull St
6. *Full name of Mother,* Rebecca Koch
7. *Mother's Maiden Name,* Baldwin
8. *Mother's Birthplace,* Wilmington Del.
9. *Full name of Father,* Otto Koch
10. *Father's Occupation,* Cabinet
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Joseph E. Manire

Address, 1520 Hollins St.

Remarks,

RECEIVED FOR RECORD
MAY 24 1910
WM. BOSLEY M.D.
COM'R OF HEALTH

1910000003690

Within ten days after the birth of any child, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month. In case of death, the said schedule shall be delivered forthwith. In case of the absence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons neglecting or refusing to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAY 24 1910
JAS. BOSLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-th

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, March 18 1910
6. Place of Birth, (Street and number) 1256 Sargeant Av.
6. Full name of Mother, Amelia Nieder
7. Mother's Maiden Name, Glee
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, George Nieder
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph Emmalt Muse MD

Address, 1620 Hollins Av

Remarks,

1910 0003691

from it, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifteenth days of the month next after the Commencement of Each Year. And in the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall furnish all the particulars with the exception of the name of the child, and shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, April 25—1919
6. Place of Birth, (Street and number) 108 Parkin W.
6. Full name of Mother, Flossie A Osborne
7. Mother's Maiden Name, Newell
8. Mother's Birthplace, Pennsylvania
9. Full name of Father, Ernest M Osborne
10. Father's Occupation, House Carpenter
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Joseph E. Musgrave

Address, 1520 Hollins St.

Remarks,

FILED FOR RECORD MAY 24 1910 JAS. BOGLEY M.D. COMR OF HEALTH

1910000003692

Penalty, &c. Any person who shall neglect or refuse to make the return of birth as herein set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Commissioner of Health; and in case no birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and a return in such case shall be made by the person making the report. Any person failing to make such return shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A56214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Name of child, Emma Dorothy Pieper
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth May 6th 1910
5. Place of Birth, (Street and number) Balto. Md. 948 Hollins St.
6. Full name of Mother, Eugenia Pieper
7. Mother's Maiden Name, " Corduth
8. Mother's Birthplace, Balto. Md.
9. Full name of Father, Herman Pieper
10. Father's Occupation, Produce Dealer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this return, Mary C. McHoney

Address, 1322 W. Lombard St

Remarks, 1910 00036 93

RECEIVED FOR RECORD
MAY 24 1910
JAS. BAGLEY, M.D.
COMR OF HEALTH

Every birth occurring within the limits of this district must be reported within ten days thereafter by the householder, nurse, or other person present at the birth, to the Registrar of Vital Statistics, Board of Health, Baltimore City, at his office, No. 100 Holliday Street, Baltimore, Md., and a certificate of such birth must be obtained from him before the interment of the body of any child. Every person required by this section to report a birth shall state the full name and residence of the father and mother, the sex and color of the child, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health, by the midwife in attendance upon the mother, physician or practitioner or midwife in attendance upon the mother, if there be such, and if there be no such person in attendance upon the mother, then the householder or owner of the premises where the birth occurred shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have neglected to report such birth as herein required shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE CORRECTED 6-11-63

A56215

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2505 E North Ave St.; Ward)

(2) FULL NAME OF CHILD Elizabeth Caroline Sunderland

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	2d	Yes	May 4th 1910

FATHER	MOTHER
(8) FULL NAME James L. Sunderland ~~James L Sunderland~~	(14) FULL MAIDEN NAME Elizabeth B. Owens ~~Elizabeth B Owens~~
(9) RESIDENCE 2505 W North Ave	(15) RESIDENCE 2505 W North Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 46 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Anne Arundel Co Md	(18) BIRTHPLACE Anne Arundel Co Md
(13) OCCUPATION Commissioner Health	(19) OCCUPATION Home wife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 o'clock A M., on the date above stated.

(23) Signature John I Pennington

U 0 0 3 6 9 4 Physician (Physician or Midwife)

Address The Marlborough

RECEIVED FOR RECORD MAY 24 1910 JAS. BOSLEY M.D. COM'R OF HEALTH Registrar

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56216

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 934 N Stricker st St.; Ward)

(2) FULL NAME OF CHILD Helen Bond Berger (~~not yet named~~) If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		3	yes	May 2 1910

FATHER	MOTHER
(8) FULL NAME: Robert E L Berger	(14) FULL MAIDEN NAME: Celina E B Berger
(9) RESIDENCE: 934 N Stricker St	(15) RESIDENCE: 934 N Stricker st
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 43 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: Baltimore Md	(18) BIRTHPLACE: Howard Co Md
(13) OCCUPATION: Accountant	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 Oclock A M., on the date above stated.

(23) Signature John A Bennington M.D.
(Physician or Midwife)

Address 1 W Mt Vernon Place

Filed MAY 24 1910, 19

JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

Registrar

(24) Given name added from a supplemental report 8-1, 19 12

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56217

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 669 W Lexington St.; 4 Ward)

(2) FULL NAME OF CHILD Ettie Elnora Armsparger (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth (To be answered only in event of plural birth)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	May 14 1910

FATHER	MOTHER
(8) FULL NAME: Jesse Wm Armsparger	(14) FULL MAIDEN NAME: Annie Patterson
(9) RESIDENCE: 669 W Lexington	(15) RESIDENCE: 669 W Lexington
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 33 (Years)
	(16) COLOR: White
	(17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: Md.	(18) BIRTHPLACE: Virginia
(13) OCCUPATION: RR Policeman	(19) OCCUPATION: Home wife
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1145 A M., on the date above stated.

(23) Signature: V Ken Williams M.D. U 0003696 (Physician or Midwife)

Address: 607 W Lexington Ave

Filed: MAY 24 1910, 19 . Registrar

RECEIVED FOR RECORD MAY 24 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

* When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56218

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1st	Yes	May 17th, 1910

FATHER

(8) FULL NAME: Francis E. Schneider

(9) RESIDENCE: 2808 Parkwood Ave

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 34 (Years)

(12) BIRTHPLACE: Maryland

(13) OCCUPATION: Grocery dealer

MOTHER

(14) FULL MAIDEN NAME: Annie E. Gillmore

(15) RESIDENCE: 2808 Parkwood Ave.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 34 (Years)

(18) BIRTHPLACE: Phila., Pa.

(19) OCCUPATION: ~

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 a. M., on the date above stated.

(23) Signature: Walter Boisseau, Physician (Physician or Midwife)

Address: 20 N. Charles St.

U 0 0 3 6 9 7

RECEIVED FOR RECORD MAY 24 1910 JAS. E. FOLEY M.D. COMR OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56219

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1010 N. Arlington Ave St.; Ward)

(2) FULL NAME OF CHILD Edward St Clair Buckler Jr

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 23 1910

FATHER	MOTHER
(8) FULL NAME E. St Clair Buckler	(14) FULL MAIDEN NAME Clara Cleveland Insley
(9) RESIDENCE 1010 Arlington Ave	(15) RESIDENCE 1010 N. Arlington Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Md	(18) BIRTHPLACE Md
(13) OCCUPATION Newspaper-man	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 17 A. M., on the date above stated.

(23) Signature E. B. Schwatka, M.D.

(Physician or Midwife)

Address 1003 N. Broadway

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 6 6 9 8

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report

by father when applying for birth certificate

4/22/31 E. St. Clair Buckler Father

Registrar

Filed 19

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A56220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 4-15-65

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of child, John George Atkinson
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth May 1 1910
5. Place of Birth, (Street and number) 333 S Stricker St.
6. Full name of Mother, Irvasi M. Atkinson
7. Mother's Maiden Name, Petz
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Samuel J Atkinson
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Joseph Emmalle Muse MD

Address, 1520 Hollins St.

Remarks,

T 910000 3699

RECEIVED FOR RECORD MAY 24 1910 J. BOSLEY M.D. COMM'R OF HEALTH

...of any county, city, or town, and shall set forth as far as the same is known to the informant, the date and place of birth; and the full maiden name, color, the full name and occupation of the father, and the full name and residence of the informant. If a certificate between the first and third day of each month to the office of Commissioner of Health. In case of the birth of any child shall occur without the city limits, it shall be the duty of the physician or midwife, or should there be no physician or midwife in attendance upon the mother, the householder or person in charge of the premises where such child is born, within the period above mentioned, to report its birth to the Commissioner of Health in the manner and within the period above mentioned. Any such person or persons who shall become the duty or be personally liable for the same, and shall proceed to sue for the recovery of the penalty with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A56221

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, April 9-1910
6. Place of Birth, (Street and number) 1233 Sargeant St.
6. Full name of Mother, Mary A Kelly
7. Mother's Maiden Name, Coyle
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Dennis E Kelly
10. Father's Occupation, Machine hand
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph E Krause M.D.

Address, 1520 Hollins St.

Remarks, 19100003700

RECEIVED FOR RECORD MAY 21 1910 G BOSLEY M.D. COMM OF HEALTH

Births are required by law to be registered within ten days after birth, and the name of each child must be given at the time of registration, if it has been determined. Physicians, midwives, or other persons in attendance upon the mother, immediately thereafter, if shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner provided by law. Any person who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than one (1) dollar nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2) Second

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* April 30-1910
6. *Place of Birth, (Street and number)* 912 W Lombard St
6. *Full name of Mother,* Blanche M. McCurdy
7. *Mother's Maiden Name,* Whittle
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Edgar A McCurdy
10. *Father's Occupation,* House Carpenter
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Joseph E. Imse MD

Address, 1520 Hollins St.

Remarks,

RECEIVED FOR RECORD MAY 24 1910 S. BOSLEY M.D. COM'R OF HEALTH

1910000370 1

(Sec. 8, Ord. 2, 1908.) Each and every physician or other person who shall attend upon any case of birth shall, within ten days after the birth of such child, make a return thereof to the Commissioner of Health, which return shall be in writing and shall state as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Name of Child,
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth, May 19-1910
6. Place of Birth, (Street and number) 829 W Cross st.
6. Full name of Mother, Margaret M Bangs
7. Mother's Maiden Name, Browning
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Albert Bangs
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph Linwell Muse MD

Address, 1520 Hollins st

Remarks,

RECEIVED FOR RECORD MAY 24 1910 JAS. BOSLEY M.D. COMR OF HEALTH

1910003702

Sec. 5. And be it further enacted, That the name can be ascertained the full name of such child. (If any shall have been conferred) his sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the other of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* May 14th 1910.
5. *Place of Birth, (Street and number)* 2417 Slopfield St
6. *Full name of Mother,* Isadore E Kestling
7. *Mother's Maiden Name,* Scheafer
8. *Mother's Birthplace,* St Louis
9. *Full name of Father,* Henry Kestling
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Mary E McKeever

Address, 1322 W Lombard St

Remarks, 1910000 3703

RECEIVED FOR RECORD MAY 24 1910 WM. F. BOSLEY, M.D. COMR OF HEALTH

his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex, color, date and place of birth, and the name and residence of the parents. Also the date and place of birth and the residence of the person to whom the child was delivered, duly signed by the person to whom delivered. Blanks for the return of births shall be delivered to physicians and midwives by the Commissioner of Health, on or before the first day of each and every month, and it shall be the duty of each physician or midwife to whom such blanks are delivered to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, or to recovery as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 6/25/69

RETURN OF A BIRTH.

A56225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: PAUL JOHN NEVIN

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. May 21st 1910
4. Place of Birth, (Street and Number) 414 Clinton St.
5. Full Name of Mother, Mary A Nevin
6. Mother's Maiden Name, Mary A Flynn
7. Mother's Birthplace. Balto Co Md.
8. Full Name of Father, Leander S. Nevin
9. Father's Occupation, Miller
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. K. Galloway

Address, 318 E. Lanvale St.

Remarks,

1910000370

RECEIVED FOR RECORD MAY 24 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Wm J C. Dulany Co., City Printers and Stationers.

Every midwife, physician or other person who may be present at the birth of any child, or who may have charge of any child after birth, shall write or cause to be written the full name, if any, to be given such child, the sex, color, the full name and occupation of its parents, the street and number of the house in which the child was born, and the day and hour of its birth, and shall deliver to the person required to report the birth of such child, duly signed by the midwife, physician or other person in charge, a certificate in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon a vessel arriving in the port of Baltimore after the expiration of such period of time, no other person shall be in attendance upon the mother, immediately thereafter, it shall be the duty of the master of such vessel to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-14-50

RETURN OF A BIRTH

A56226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

According to Article 23, Section 7.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Francia Hamilton Beckman

, (state whether male or female) Male

ce or color, (if not of the white race) White

te of Birth, April 25, 1910.

ce of Birth (Street and Number) 710 Lucerne St

ll Name of Mother Louisa C. Beckman

ther's Maiden Name Louisa C. Schlick

ther's Birthplace Baltimore

ll Name of Father Frank W. Beckman

ther's Occupation Fireman

ther's Birthplace Baltimore

me of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

dress 914 N. Charles St

arks

RECEIVED FOR RECORD
MAY 24 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

B 1 0 0 0 0 3 7 0 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

CITY OF BALTIMORE (No. 2039 Eagle St. St.; Ward)

Registered No. B. A56227

(2) FULL NAME OF CHILD Bonnie Miller

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) 5 (Day) 9 1910 (Year)
Female				

FATHER

(8) FULL NAME Israel Miller

(9) RESIDENCE 2039 Eagle St.

(10) COLOR White

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Tailor

(20) Number of children born to this mother, including present birth 5th

MOTHER

(14) FULL MAIDEN NAME Celia Rosen

(15) RESIDENCE 2039 Eagle St.

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 29. (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature Harry Goldberg, Physician (Physician or Midwife)

Address 1604 Penna. Ave.

(24) Given name added from a supplemental report _____, 19

Filed 24 1910, 19

RECEIVED RECORD JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56228

CITY OF BALTIMORE. (No. 2405, Canton Ave St.; 1st Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
female.		5.	Yes	4 of May, 1910

FATHER	MOTHER
(8) FULL NAME: Charles Bumhardt.	(14) FULL MAIDEN NAME: Caroline Bumhardt.
(9) RESIDENCE: 2405 Canton Ave.	(15) RESIDENCE: 2405 Canton Ave
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years): 32 Years.	(16) COLOR: White. (17) AGE AT LAST BIRTHDAY (Years): 32
(12) BIRTHPLACE: Germany	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Foreman	(19) OCCUPATION: Housework.
(20) Number of children born to this mother, including present birth: 5.	(21) Number of children of this mother now living: 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.50 A.M., on the date above stated.

(23) Signature: Mrs G. Behnken. Midwife. (Physician or Midwife)

Address: 816 s Rose Ave.

(24) Given name added from a supplemental report _____, 19 _____

Filed _____, 19 _____

Registrar

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0037707

RECEIVED FOR RECORD MAY 24 1910

J. OSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A 56229

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1637 Patterson Pk ave St.; Ward)

(2) FULL NAME OF CHILD Marie Elizabeth Trumer — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F. M.	—	6	yes	May 15 1916

FATHER

(8) FULL NAME: Frank C Trumer

(9) RESIDENCE: 1637 Patterson Pk ave

(10) COLOR: W

(11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: Germany

(13) OCCUPATION: Cabinet Maker

MOTHER

(14) FULL MAIDEN NAME: Frances E Burkmaier

(15) RESIDENCE: 1637 Patterson Pk ave

(16) COLOR: W

(17) AGE AT LAST BIRTHDAY: 34 (Years)

(18) BIRTHPLACE: Baltimore Md

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 6

(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 — P M., on the date above stated.

(23) Signature: Thos. E. Trumbo M.D.

(Physician or Midwife)

Address: 1010 1006 N. Bradford St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 20 1916 JAS. BOOLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report _____, 19 ____ Filed _____, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56230

(1) PLACE OF BIRTH Baltimore

CITY OF BALTIMORE. (No. 2434 E. Lafayette Ave St.; 8th Ward)

(2) FULL NAME OF CHILD Not Yet Named

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female		3rd	Yes	4/12		1910

FATHER

(8) FULL NAME Herbert W. Ruth

(9) RESIDENCE 2434 E. Lafayette Ave

(10) COLOR White

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Painter

MOTHER

(14) FULL MAIDEN NAME Catherine A. Heinrich

(15) RESIDENCE 2434 E. Lafayette

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION None

(20) Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10:25 P.M., M., on the date above stated.

(23) Signature Mrs Emilie Strauss

Midwife (Physician or Midwife)

(24) Given name added from a supplemental report ..... 19 ..... Address 1606 No. Broadford St.

Filed ..... 19 .....

Registrar

Registrar

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD
APR 21 1910
J. BOSLEY, M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56231

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (House) 1641 N Milton Ave St.; (Ward)

(2) FULL NAME OF CHILD Mary Ethel Shilmang

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F		3rd	Yes	March 22nd 1910

FATHER

(8) FULL NAME: Lewis Shilmang

(9) RESIDENCE: 1641 N Milton Ave

(10) COLOR: W. (11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Tenn.

(13) OCCUPATION: Clerk

MOTHER

(14) FULL MAIDEN NAME: Catherine Butz

(15) RESIDENCE: 1641 N Milton Ave

(16) COLOR: W. (17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Baltimore Md.

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 3

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 P. M. M., on the date above stated.

(23) Signature: Kate E Shields (Physician or Midwife)

Address: 1641 N. Bradford St

*When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 24 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2005 Eagle St St.; Ward)

Registered No. B. A56232

(2) FULL NAME OF CHILD Herman Weinstein

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), (Year)
male	Twins	2		4, 24, 1910

FATHER		MOTHER	
(8) FULL NAME	Israel Weinstein	(14) FULL MAIDEN NAME	Minnie Yamipolsky
(9) RESIDENCE	2005 Eagle St.	(15) RESIDENCE	2005 Eagle St.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	25
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Tailor	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4-24-10, 11½ P. M., on the date above stated.

(23) Signature Harry Goldberg (Physician or Midwife)

Address 1604 Penna. Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 7 1 1

(24) Given name added from a supplemental report....., 19

Registrar

Filed....., 19

Registrar

RECEIVED FOR RECORD MAY 24 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56233

CITY OF BALTIMORE. JACOB (No.) 2005 Eagle St (St.; Ward)

(2) FULL NAME OF CHILD ~~Jake~~ Weinstein (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	twins	1		April 24 1910

FATHER	MOTHER
(8) FULL NAME: Israel Weinstein	(14) FULL MAIDEN NAME: Minnie Yanofsky
(9) RESIDENCE: 2005 Eagle St	(15) RESIDENCE: 2005 Eagle St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 25 yrs.	(17) AGE AT LAST BIRTHDAY (Years): 22 yrs.
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4-24-10 11 P. M., on the date above stated.

(23) Signature Harry Goldberg
000371 Physician
(Physician or Midwife)

Address 1604 Emma Ave.

Filed MAY 24 1910, 19 .

Registrar

(READ THE REVERSE SIDE)

AS BOSLEY M.D.
OMR OF HEALTH

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56234

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 700 s. Rose St. St.; 1 Ward)

(2) FULL NAME OF CHILD Charles William Schlüter

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
male.			Yes.	2 the of May 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Jürgen Schlüter.

(9) RESIDENCE 700 s Rose St.

(10) COLOR White

(11) AGE AT LAST BIRTHDAY 42 Years (Years)

(12) BIRTHPLACE Westraunden Schw.

(13) OCCUPATION Varnen.

(20) Number of children born to this mother, including present birth 8 th

MOTHER

(14) FULL MAIDEN NAME Ella Müller.

(15) RESIDENCE 700 s. Rose St.

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 39 years (Years)

(18) BIRTHPLACE Leer (Germ.)

(19) OCCUPATION Hausworth.

(21) Number of children of this mother now living 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.00 A. M., on the date above stated.

(23) Signature Mrs. G. Bechtner, Midwife.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 7 1 8 16 s. Rose St. (Physician or Midwife)

(24) Given name added from a supplemental report_____, 19

Address

RECEIVED FOR RECORD MAY 24 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed_____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56235

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Boleys Lane, Gardenville, St.; Ward)

(2) FULL NAME OF CHILD Bernhard Frank Naegele

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.	—	14	Yes	March 7 1910

FATHER		MOTHER	
(8) FULL NAME	John A. Naegele	(14) FULL MAIDEN NAME	Emilie Krieger
(9) RESIDENCE	Boleys Lane Gardenville	(15) RESIDENCE	Boleys Lane Gardenville
(10) COLOR	W.	(16) COLOR	W.
(11) AGE AT LAST BIRTHDAY (Years)	50.	(17) AGE AT LAST BIRTHDAY (Years)	40.
(12) BIRTHPLACE	Germany	(18) BIRTHPLACE	Germany
(13) OCCUPATION	~~Carpenter~~ Examiner	(19) OCCUPATION	
(20) Number of children born to this mother, including present birth	14	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 — P. M., on the date above stated.

(23) Signature Midwife E Straube (Physician or Midwife)

Address 1606 Bradford St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 24 1910 WM. F. BOSLEY M.D. COM'R OF HEALTH.

(24) Given name added from a supplemental report ____, 19__ Filed ____, 19__

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56236

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1914 Patterson Park ave St.; 5th Ward)

(2) FULL NAME OF CHILD William Nicholas Kalbeskopf — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Male			Yes	April 15, 1910

FATHER	MOTHER
(8) FULL NAME: William Kalbeskopf	(14) FULL MAIDEN NAME: Minnie Petsch
(9) RESIDENCE: 1914 N Patterson Pk ave	(15) RESIDENCE: 1914 N Patterson Pk. ave.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 31 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Bavaria Germany	(18) BIRTHPLACE: Baltimore Md.
(13) OCCUPATION: Cabinet-maker	(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: four

(21) Number of children of this mother now living: four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 6.15 P. M., on the date above stated.

(23) Signature: Emilie Strauber (Physician or Midwife)

1910 BIRTH RECORD 03715

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____ 19 ____

Address 1606 N. Bradford St.

MAY 21 1910

JAS. BOSLEY, M.D. COM'R OF HEALTH

Filed ____ 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56237

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1620 N. Gay St.; 8 Ward)

(2) FULL NAME OF CHILD [redacted] Keene — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				July 19 1910

FATHER		MOTHER	
(8) FULL NAME	Conrad E. Keene	(14) FULL MAIDEN NAME	Amil A Hermann ~~Hessler~~
(9) RESIDENCE	1620 N Gay St	(15) RESIDENCE	1620 N Gay St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	41	(17) AGE AT LAST BIRTHDAY (Years)	42
(12) BIRTHPLACE	York. Pa.	(18) BIRTHPLACE	York. Pa.
(13) OCCUPATION	Iron Moulder	(19) OCCUPATION	—
(20) Number of children born to this mother, including present birth	14	(21) Number of children of this mother now living	10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Mrs E. Strauder (Physician or Midwife)

Address 1606 N. Bradford St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

U.D.C. FOR 7 1 6
RECORD
MAY 24 19
JAS. BOSLEY M.D.
COM'R OF HEALTH

RETURN OF A BIRTH. A56238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of child,* Harry Woods
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* May 12th 1910
5. *Place of Birth, (Street and number)* 1807 Gay St
6. *Full name of Mother,* Lena Woods
7. *Mother's Maiden Name,* Lena Schaefer
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Harry Woods
10. *Father's Occupation,* Stone-cutter
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Bertha E. Tapeman

Address, 2725 York Road

Remarks,

1910 00037717

RECEIVED FOR RECORD MAY 24 1910 JAS. BOSLEY M.D. COMM'R OF HEALTH

his or her care during the month, and shall set forth all the births which have occurred under such child, if any such have been concerned) its sex, color, the full name and residence of the parents, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner at the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall not be reported as aforesaid, every midwife, or should no other person be in attendance upon the mother, then it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, to the manner and within the time required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A56239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Name of child,* Ellen
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* 18 May 1910
5. *Place of Birth, (Street and number)* [illegible]
6. *Full name of Mother,* [illegible]
7. *Mother's Maiden Name,* [illegible]
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* [illegible]
10. *Father's Occupation,* Cutter
11. *Father's Birthplace,* Baltimore

RECEIVED FOR RECORD MAY 25 1910 JAS. H. BLOXLEY, M.D. REGISTRAR OF VITAL STATISTICS

Name of Medical Attendant, or other person who makes this return, [illegible]

Address, 240 6 Talt Ave

Remarks, 19100003718

Every midwife or other person who shall attend upon any birth shall, within ten days after the birth, make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, on blanks to be furnished by the Board of Health, which return shall contain a list of the births which have occurred to the midwife or other person making the return, since the last return made by her or him, and the name, sex, color, date and place of birth, name of father, occupation of father, and full name of mother of each child born, so far as the same can be ascertained; the full name and residence of the physician or midwife in attendance upon each birth, and the number of the certificate delivered to the said midwife or physician; and if there was no physician or midwife in attendance upon any birth, the return shall be made by the father or mother of such child, or the householder of the house in which such birth occurred, within ten days after the birth, and shall contain the information required of midwives and physicians.

1950

RETURN OF A BIRTH. A56240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
SEP 27 1910
M. COSGREY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 3rd

1. *Name of child,* Roberta E. Friedlein
2. *Sex,* (state whether male or female) Female
3. *Race or color,* (if not of the White Race) White
4. *Date of Birth* September 8. 1903
5. *Place of Birth,* (Street and number) 1910 N. Pulaski street
6. *Full name of Mother,* Emma A. Friedlein
7. *Mother's Maiden Name,* Emma A. Haarstoff
8. *Mother's Birthplace,* Maryland
9. *Full name of Father,* Robert Ernst Friedlein
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Wm. Gaertner

Address, 1721 N. Payson st

Remarks, 1910000037 19

of each child, if a girl, have been ascertained; sex, color, the full name and occupation of the parents, the date of birth of each child, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Practitioner or Midwife, or shall occur elsewhere than at the residence of the mother, immediately thereafter it shall become the duty of the person or parent of such child to report, its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parent who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56241

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1307 E. Biddle St.; Ward)

(2) FULL NAME OF CHILD — { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female			Yes	May 9th, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Gottlieb Charles Most	Elizabeth N. White
(9) RESIDENCE / (15) RESIDENCE	1307 E Biddle St	1307 E Biddle St.
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	34	25
(12) BIRTHPLACE / (18) BIRTHPLACE	Wilkesbarre Penn.	Baltimore
(13) OCCUPATION / (19) OCCUPATION	Clerk in Adams Express Co.	None
(20) Number of children born to this mother, including present birth / (21) Number of children of this mother now living	One	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 12.15 P. M., on the date above stated.

(23) Signature: Edgar B Button

U.S. COPY FOR RECORD

720 Physician (Physician or Midwife)

MAY 25 1910

1307 E Baltimore St

JAS. BOSLEY, M.D. COMR. OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56242

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2803 E Jefferson St.; Ward)

(2) FULL NAME OF CHILD Gina Marie Link — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	May 23, 1910

FATHER

(8) FULL NAME Alexander Joseph Link

(9) RESIDENCE 2803 E Jefferson

(10) COLOR white (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Balt

(13) OCCUPATION Engraver

MOTHER

(14) FULL MAIDEN NAME Genevieve Susanna Valtie

(15) RESIDENCE

(16) COLOR (17) AGE AT LAST BIRTHDAY 25 (Years)

(16) BIRTHPLACE Balt

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth One

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3:30 P.M., on the date above stated.

(23) Signature Geo. H. Young (Physician or Midwife)

U 0 0 3 7 2 1

* 1735 Edward

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Address ____

Filed ____, 19 ____ Registrar

RECEIVED FOR RECORD MAY 25 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

6/27/17 56243

GIVEN NAME ADDED

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1311 E. Lombard St.; Ward)

(2) FULL NAME OF CHILD GOLDIE REVA KALVANSKY (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	May 13 1910

FATHER

(8) FULL NAME: Jacob Klavansky

(9) RESIDENCE: 1311 E. Lombard

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Tailor

MOTHER

(14) FULL MAIDEN NAME: Ida Brill

(15) RESIDENCE: 1311 E. Lombard

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 32 (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 6

(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5:30 A.M., on the date above stated.

(23) Signature: Rose Finberg

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0037722 Midwife (Physician or Midwife)

RECEIVED FOR RECORD MAR 25 1910 JAS. BOOLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report _____, 19

Address: 1106 E. Lombard St.

Filed 3/25, 19 10

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56244

(1) PLACE OF BIRTH 546 Hoffman St — Registered No. B

CITY OF BALTIMORE (No. , St.; Ward)

(2) FULL NAME OF CHILD Samuel T. Dyse — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May, (Day) 19, (Year) 1910
Boy		1		

	FATHER	MOTHER
(8) FULL NAME	Charles Edward Dyse	(14) FULL MAIDEN NAME: Mary W Kitting
(9) RESIDENCE	546 Hoffman St.	(15) RESIDENCE: 546 Hoffman St.
(10) COLOR	Colored	(16) COLOR: Colored
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years): 25
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE: West River. Md.
(13) OCCUPATION	Labour	(19) OCCUPATION: Cook

(20) Number of children born to this mother, including present birth 1 — (21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 546 Hoffman St M., on the date above stated.

RECEIVED FOR RECORD MAY 23 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(23) Signature Charlotte Raife M.D. Mid. Wife (Physician or Midwife)

Address 134 W. Hill St

Filed May 24, 1910

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56245

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 121 S East ave St.; Ward)

(2) FULL NAME OF CHILD Howard Gordon Eaton (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 14, 1910

FATHER		MOTHER	
(8) FULL NAME	Howard G Eaton	(14) FULL MAIDEN NAME	Margaret Nemer
(9) RESIDENCE	121 S East ave	(15) RESIDENCE	121 S East ave
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	24
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	Balt	(18) BIRTHPLACE	Balt
(13) OCCUPATION	Shipt. Boat Yard.	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1st	(21) Number of children of this mother now living	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 A.M., on the date above stated.

(23) Signature Geo J Young (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003724

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Address 1755 FOREST

Filed MAY 25 1910, 19 .

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 156246

CITY OF BALTIMORE. (No. Maryland Homeopathic Hospital Ward)

(2) FULL NAME OF CHILD Frances Pearl Sample — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
female			no	may 17, 1910
		(To be answered only in event of plural births)		(Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Henry Harris	(14) FULL MAIDEN NAME matilda Sample
(9) RESIDENCE 1617 Brunt St	(15) RESIDENCE 1326 Goodyear St
(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Richmond Va	(18) BIRTHPLACE Eastern Shore Va
(13) OCCUPATION Cook	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at mid Born. Born 3 a.M., on the date above stated.

(23) Signature George F Whitaker M.D.
U 0 0 3 7 2 5
(Physician or Midwife)

Address Maryland Homeopathic Hospital

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Giveo name added from s supplemental report , 19

Registrar

RECEIVED FOR RECORD MAY 26 1910
JAS. BOSLEY M.D. COM'R OF HEALTH

Filed MAY 26 1910 19

Registrar

(SEE ON THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56247

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1641 N Appleton St.; Ward)

(2) FULL NAME OF CHILD Irene Jansen

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	1	Yes	May 15, 1910

FATHER		MOTHER	
(8) FULL NAME	Herman Jansen	(14) FULL MAIDEN NAME	Lillie S. Jansen
(9) RESIDENCE	1641 N Appleton St.	(15) RESIDENCE	1641 N. Appleton St
(10) COLOR	Wh	(11) AGE AT LAST BIRTHDAY (Years)	35 yrs.
(16) COLOR	Wh.	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Lithographing	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth One (21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10:50 P. M., on the date above stated.

(23) Signature E. L. Smith M.D. (Physician or Midwife)

Address 1605 W. North Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 7 2 6

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

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RECEIVED FOR RECORD MAY 26 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 156248

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 3412 Westwood Av St. Ward)

(2) FULL NAME OF CHILD — Margaret Kirk (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child F. | (4) Twin, triplet, or other? — | (5) Number in order of birth 2nd | (6) Legitimate Yes | (7) Date of Birth May 14, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Jno. C. Kirk	(14) FULL MAIDEN NAME Clara Obrien
(9) RESIDENCE 3412 Westwood Av.	(15) RESIDENCE 3412 Westwood Av.
(10) COLOR Wh. (11) AGE AT LAST BIRTHDAY 29 yrs. (Years)	(16) COLOR Wh (17) AGE AT LAST BIRTHDAY 30 yrs. (Years)
(12) BIRTHPLACE Philadelphia	(18) BIRTHPLACE Pa.
(13) OCCUPATION Civil Eng.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 2nd	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.49 P. M., on the date above stated.

(23) Signature E. A. Genick M.D. (Physician or Midwife)

Address 1605 N. Monroe St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 7 2 7

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED THE CORD MAY 26 1910 JAS BOSLEY M.D. BD OF HEALTH

Registrar

GIVEN NAME ADDED

HEALTH DEPARTMENT — CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56249

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2425 Druid Hill Av., St.; Ward)

(2) FULL NAME OF CHILD — Elsie Virginia Caples

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.		2nd	yes	April 12, 1910

FATHER		MOTHER	
(8) FULL NAME	Cecil C. Caples	(14) FULL MAIDEN NAME	Annie Crapster
(9) RESIDENCE	2425 Druid Hill Av	(15) RESIDENCE	2425 Druid Hill Av.
(10) COLOR	Wht	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	27 yrs	(17) AGE AT LAST BIRTHDAY (Years)	23 yrs.
(12) BIRTHPLACE	Carroll Co Md	(18) BIRTHPLACE	Carroll Co, Md.
(13) OCCUPATION	Milk wagon Driver	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3:20 a. M., on the date above stated.

(23) Signature E. A. Quick M.D.

(Physician or Midwife)

Address 1605 N Wolfe St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0037728

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

RECEIVED FOR RECORD MAY 26 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 45o250

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No.) 1025 (St.) Scott St. (Ward)

(2) FULL NAME OF CHILD Mildred Estelle Rollman

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	5 . 15 19 10

FATHER		MOTHER	
(8) FULL NAME	George Henry Rollman	(14) FULL MAIDEN NAME	Ollie Estelle Read
(9) RESIDENCE	1025 Scott St.	(15) RESIDENCE	1025 Scott St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	24	(17) AGE AT LAST BIRTHDAY (Years)	24
(12) BIRTHPLACE	Balto.	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Glass Beveler.	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.05 A.M. M., on the date above stated.

(23) Signature M.C. Freilinger M.D.
(Physician or Midwife)

Address 682 Columbia Ave

RECEIVED FOR RECORD MAY 26 1910
JAS. BOSLEY, M.D. COM'R OF HEALTH
Registrar

Filed , 19 .
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 7 2 9

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A50251

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1013 Faun st St.; Ward)

(2) FULL NAME OF CHILD Josephine Piazza } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	one		yes	May 8 1910

FATHER

(8) FULL NAME: Joseph Piazza

(9) RESIDENCE: 1013 Faun st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Italy

(13) OCCUPATION: Carpenter

MOTHER

(14) FULL MAIDEN NAME: Maria Auccelli

(15) RESIDENCE: 1013 Faun st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Italy

(19) OCCUPATION

(20) Number of children born to this mother, including present birth 3

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 1013 Faun st M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature Mrs Frances Mariagna
Midwife (Physician or Midwife)

Address 405 Colvin st

Filed May 25, 1910 — JAS. SOSLEY, M.D. Registrar
COMR OF HEALTH

RECEIVED FOR RECORD MAY 26 1910

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56252

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 112 Albemarl st St.; Ward)

(2) FULL NAME OF CHILD Florenzya Migliora { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legit. mate?	(7) Date of Birth (Month) (Day) (Year)
female	one		yes	May 13 1910

FATHER

(8) FULL NAME: Ciro Migliro

(9) RESIDENCE: 112 Albemarl st

(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Italy

(13) OCCUPATION: stone carver

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Matilde Genofeo

(15) RESIDENCE: 112 Albemarl st

(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Italy

(19) OCCUPATION:

(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 112 Albemarl st M. on the date above stated.

(23) Signature Mrs. Franca Montagna U 0 0 3 7 3 1 Midwife (Physician or Midwife)

Address 419 Colvin st

Filed May 25, 19 10

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD MAY 26 1910 JAS. BOSLEY M.D. CUSTR OF RECORDS Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56253

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 719 Lexington st St.; Ward)

(2) FULL NAME OF CHILD Concetta Matassa [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	one		yes	May 10 1910

FATHER

(8) FULL NAME: Cosimo Matassa

(9) RESIDENCE: 719 Lexington st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years):

(12) BIRTHPLACE: Italy

(13) OCCUPATION: shoe maker

MOTHER

(14) FULL MAIDEN NAME: Teresa Lupietra

(15) RESIDENCE: 719 Lexington st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years):

(18) BIRTHPLACE: Italy

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 3

(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 719 Lexington M. on the date above stated.

(23) Signature Mrs Frances Montagna (Physician or Midwife)
Mid wife

Address 400 Colvin st

Filed May 25, 1910

RECEIVED FOR RECORD MAY 26 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A 56254

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1700 Charles st St.; Ward)

(2) FULL NAME OF CHILD Caterina Freggitta — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	one		yes	May 21 1910

FATHER

(8) FULL NAME: Frank Freggitta

(9) RESIDENCE: 1700 Charles st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years):

(12) BIRTHPLACE: Italy

(13) OCCUPATION: Tailor

MOTHER

(14) FULL MAIDEN NAME: Jenny Reggi

(15) RESIDENCE: 1700 Charles st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years):

(18) BIRTHPLACE: Italy

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1700 Charles st M., on the date above stated.

(23) Signature: Mrs. Frances Montagna
U 0 0 3 7 3 3
Midwife (Physician or Midwife)

Address 405 Colvin st

Filed May 25, 1910

Registrar

RECEIVED FOR RECORD
MAY 26 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

{ ★When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56255

CITY OF BALTIMORE. (No. 1537, Ruskin Ave. St.; Ward)

(2) FULL NAME OF CHILD Mabel Hariett Morgan { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	5 — 11 — 1910

FATHER	MOTHER
(8) FULL NAME: Morton Wallace Morgan	(14) FULL MAIDEN NAME: Helen Fuller
(9) RESIDENCE: 1537 Ruskin Ave.	(15) RESIDENCE: 1551 Ruskin Ave.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 31 (Years)	(17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: N. J.	(18) BIRTHPLACE: Holyoke, Mass.
(13) OCCUPATION: Draftsman	(19) OCCUPATION: H. W.
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12:35 P. M., on the date above stated.

(23) Signature U 0 0 3 7 Dr. Pascal C. Metzel (Physician or Midwife)

Address 1903 W. North Ave. Balto.

Filed MAY 26 1910, 19 .

Registrar

(READ THE REVERSE SIDE)

JAS. BOSLEY M.D. COM'R OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56256

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural births)	5th Child		18th (Day) May (Month), 1910 (Year)

FATHER	MOTHER
(8) FULL NAME: George Snyder.	(14) FULL MAIDEN NAME: Susan Miller
(9) RESIDENCE: 1905 Retreat St. Edgewood	(15) RESIDENCE: 1905 Retreat St. Edgewood
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: Oct 11th 33 yrs (Years)	(17) AGE AT LAST BIRTHDAY: 9th 33 yrs (Years)
(12) BIRTHPLACE: Balto Md	(18) BIRTHPLACE: Balto Md
(13) OCCUPATION: Laborer.	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 5th.	(21) Number of children of this mother now living: 5th child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature: Wm. C. Faulstich, Midwife (Physician or Midwife)

Address: 857 N. Fulton

(24) Given name added from a supplemental report ____, 19__

Filed ____, 19__

Registrar

Registrar

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CU 0-0 3 78 3 0 RS
RECORD
MAY 26 1910
A.S. BOSLEY M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56257

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 409 Forest st St.; Ward)

(2) FULL NAME OF CHILD Oriddio Giuliano

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	one		yes	May 4 1910

FATHER

(8) FULL NAME Michele Giuliano

(9) RESIDENCE 409 (or) Forest

(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Italy

(13) OCCUPATION Tailor

MOTHER

(14) FULL MAIDEN NAME Flora Scoppitti

(15) RESIDENCE 409 Forest st

(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Italy

(19) OCCUPATION

(20) Number of children born to this mother, including present birth 4

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 409 Forest st M., on the date above stated.

(23) Signature Mrs. Frances Montagna

U 0 0 3 7 3 6 Midwife (Physician or Midwife)

Address 405 Colvin st

Filed May 25, 1910

RECEIVED FOR RECORD MAY 26 1910 JAS. BOSLEY M.D. COM'R OF HEALTH Registrar

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — CITY OF BALTIMORE. Registered No. B 56258

(No. 2431 W. North av. St.; Ward)

(2) FULL NAME OF CHILD Charles E. Fitzpatrick

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.		1st	Yes	April 30 1910

	FATHER	MOTHER
(8) FULL NAME	Edwin A Fitzpatrick	(14) FULL MAIDEN NAME Kathryn E. Bachman
(9) RESIDENCE	2431 W North Av.	(15) RESIDENCE 2431 W. North Av
(10) COLOR	Wh.	(16) COLOR Wh.
(11) AGE AT LAST BIRTHDAY (Years)	30 yrs.	(17) AGE AT LAST BIRTHDAY (Years) 20 yrs.
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE Balto.
(13) OCCUPATION	Clerk.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	one	(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 a.m. M., on the date above stated.

(23) Signature E. A. Smith M.D. (Physician or Midwife)

Address 1605 W. North Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 7 3 7

(24) Give name added from a supplemental report ____, 19

Filed ____, 19

Registrar

RECEIVED FOR RECORD MAY 26 1910 JAS BOSLEY M.D. Registrar COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56259

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1565 Rockland St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month; Day; Year)
M		1	Yes	Oct. 29, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Jno Frank	May Yingling
(9) RESIDENCE / (15) RESIDENCE	1720 Linden Ave.	1565 Rockland St.
(10) COLOR / (16) COLOR	Wht.	Wht.
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	18 yrs.	19 yrs.
(12) BIRTHPLACE / (18) BIRTHPLACE	Balto.	Balto.
(13) OCCUPATION / (19) OCCUPATION	Student	Shirt factory
(20) Number of children born to this mother, including present birth	one	(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8:15 A. M., on the date above stated.

(23) Signature E. A. Frick M.D. (Physician or Midwife)

Address 1605 N. North Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 7 3 8

RECEIVED FOR RECORD NOV 26 1910

JAS. BOSLEY M.D. COM'R OF HEALTH Registrar

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 .

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56260

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 502, N Gilmor St.; Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.		One	Yes	Apr. 27, 1910

	FATHER	MOTHER
(8) FULL NAME	Thos. W. Ford.	(14) FULL MAIDEN NAME: Mary E. Brickhead
(9) RESIDENCE	502 N Gilmor St.	(15) RESIDENCE: 502 N Gilmor St.
(10) COLOR	Wh.	(16) COLOR: Wh.
(11) AGE AT LAST BIRTHDAY (Years)	25 yrs.	(17) AGE AT LAST BIRTHDAY (Years): 17 yrs.
(12) BIRTHPLACE	Missouri	(18) BIRTHPLACE: Maryland
(13) OCCUPATION	Cable Carrier	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth	One	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 6 a m. M., on the date above stated.

(23) Signature: E. Cunniak M.D.

(Physician or Midwife)

U 0 0 3 7 3 9

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report_____, 19____

Address 1605 W. North Ave.

Filed _____, 19____

RECEIVED FOR RECORD APR 26 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Maryland Gen. Hospital — Registered No. B 50261

CITY OF BALTIMORE. (No. 2514, Penna. Av, St.; Ward)

(2) FULL NAME OF CHILD Chas W. Pindell Jr. — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.		1st	Yes	April 14, 1910

FATHER	MOTHER
(8) FULL NAME Chas W Pindell	(14) FULL MAIDEN NAME Edna Parker
(9) RESIDENCE 2514 Penna. Av	(15) RESIDENCE 2514 Penna. Av.
(10) COLOR WH. (11) AGE AT LAST BIRTHDAY 28 yrs. (Years)	(16) COLOR WH (17) AGE AT LAST BIRTHDAY 23 yrs. (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Iowa
(13) OCCUPATION Clerk	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 P. M., on the date above stated.

(23) Signature E. A. Quick M.D. (Physician or Midwife)

Address 1605 N. Monroe Av

Filed , 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003740

RECEIVED FOR RECORD MAY 26 1910

JAS. BOSLEY M.D. REGISTER OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56252

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1411, Stockton St.; Ward)

(2) FULL NAME OF CHILD John Harry King

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.		4th	Yes	April 17, 1910

FATHER	MOTHER
(8) FULL NAME Harry S. King	(14) FULL MAIDEN NAME Sophia Andree
(9) RESIDENCE 1411 Stockton St.	(15) RESIDENCE 1411 Stockton St
(10) COLOR Wh. (11) AGE AT LAST BIRTHDAY 49 yrs. (Years)	(16) COLOR Wh (17) AGE AT LAST BIRTHDAY 39 yrs. (Years)
(12) BIRTHPLACE Prince Geo. Co. Md.	(18) BIRTHPLACE Germany
(13) OCCUPATION Butcher	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 10:35 a. M., on the date above stated.

(23) Signature E. A. Engelhardt M.D. (Physician or Midwife)

U 0 0 3 7 4 1

Address 1605 W. Mosher Ave

RECEIVED FOR RECORD MAY 26 1910 WM. BOSLEY M.D. COM'R OF HEALTH Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56263

CITY OF BALTIMORE. (No. 2013, N Payson St.; Ward)

(2) FULL NAME OF CHILD — David L Bradfoot Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.	—	3rd	Yes	Apr. 15, 1910

	FATHER	MOTHER
(8) FULL NAME	David L Bradfoot	(14) FULL MAIDEN NAME: Birdie L. King
(9) RESIDENCE	2013 N Payson St.	(15) RESIDENCE: 2013 N Payson St.
(10) COLOR	Wh	(16) COLOR: Wh.
(11) AGE AT LAST BIRTHDAY (Years)	34 yrs.	(17) AGE AT LAST BIRTHDAY (Years): 31 yrs.
(12) BIRTHPLACE	Balto.	(18) BIRTHPLACE: Balto.
(13) OCCUPATION	Florist	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth	3rd	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 a.m., on the date above stated.

(23) Signature: E A Speicher M.D.

(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 7 4 2

Address: 1605 W North Ave

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

RECEIVED FOR RECORD APR 26 1910

JAS. BOSLEY, M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56264

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2125 Eagle St.; Ward)

(2) FULL NAME OF CHILD Hyman George Groefe { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	—	1st	Yes	May 1 1910.

FATHER	MOTHER
(8) FULL NAME May Groefe	(14) FULL MAIDEN NAME Ida Shapiro
(9) RESIDENCE 2125 Eagle St.	(15) RESIDENCE 2125 Eagle St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Merchant Tailor	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 a. M., on the date above stated.

(23) Signature Nathan B. Bodensky, M.D.

(Physician or Midwife)

Address 507 S. Pulaski St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 7 4 3

(24) Given name added from a supplemental report_____, 19

Registrar

Filed_____, 19

Registrar

RECEIVED FOR RECORD
MAY 26 1910
JAS BOSLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56265

CITY OF BALTIMORE. (No. 1013 Faun St St.; Ward)

(2) FULL NAME OF CHILD Vito Raolia — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	one		yes	May 1, 1910

FATHER	MOTHER
(8) FULL NAME Girolomo Raolia	(14) FULL MAIDEN NAME Odienza Caruso
(9) RESIDENCE 1013 Faun st	(15) RESIDENCE 1013 Faun st
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Italy	(18) BIRTHPLACE Italy
(13) OCCUPATION Peasant	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1013 Faun st M., on the date above stated.

(23) Signature Mrs. Frances Montagna (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 7 4 Midwife

Address 405 Calvin St

(24) Given name added from a supplemental report_____, 19

Filed May 25, 1910

Registrar

RECEIVED FOR RECORD MAY 26 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56266

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1314 Fremont ave. St.; Ward)

(2) FULL NAME OF CHILD Antonino Ayzarello

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	one		yes	May 1 1910

FATHER	MOTHER
(8) FULL NAME Joseph Ayzarello	(14) FULL MAIDEN NAME Concetta Pitara
(9) RESIDENCE 1314 Fremont ave	(15) RESIDENCE 1314 Fremont ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Italy	(18) BIRTHPLACE Italy
(13) OCCUPATION Fruit store	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1314 Fremont Ave. on the date above stated.

(23) Signature Mrs Frances Montayne

Midwife (Physician or Midwife)

Address 405 Calvin st

Filed May 25, 1910

RECEIVED FOR RECORD MAY 26 1910 JAS. BOSLEY, M.D. Registrar. COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 7 4 5

(24) Given name added from a supplemental report _____, 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B 156267

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2102 Ridgewood Ave. St.; Ward)

(2) FULL NAME OF CHILD Frederick Raymond Wordward (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	5, 11, 1910

FATHER	MOTHER
(8) FULL NAME Geo. W. Wordward	(14) FULL MAIDEN NAME Annie Bruhlman
(9) RESIDENCE 2102 Ridgewood Ave.	(15) RESIDENCE 2102 Ridgewood Ave.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Balto.	(18) BIRTHPLACE Balto.
(13) OCCUPATION Carpenter	(19) OCCUPATION H. W.
(20) Number of children born to this mother, including present birth 4th	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12:15 P. M., on the date above stated.

(23) Signature Dr. Roscoe C. Metzel

(Physician or Midwife)

Address 1903 W. North Ave.

Filed MAY 26 1910, 19 .

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 7 4 4

(24) Given name added from a supplemental report , 19

Registrar

RECEIVED RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH GIVEN NAME ADDED 2-18-60 Registered No. B. A56268

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Louis Franklin Baker (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male		2nd Child		May 21 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME Harry Baker.

(9) RESIDENCE 2406 Druid Hill Ave.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 26 yrs (Years)

(12) BIRTHPLACE Balto Md.

(13) OCCUPATION Conductor

MOTHER

(14) FULL MAIDEN NAME Margrite Rawe

(15) RESIDENCE 2406 Druid Hill Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 yrs (Years)

(18) BIRTHPLACE Balto Md

(19) OCCUPATION

(20) Number of children born to this mother, including present birth 2 and

(21) Number of children of this mother now living 2 and Child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Mrs. C. Faulstich Midwife (Physician or Midwife)

Address 1859 N. Fulton Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 7 4 7

RECORD MAY 26 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report 19 0

Filed 19 0

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B. 456269

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
Male		3rd Child		May 15th 1916

FATHER		MOTHER	
(8) FULL NAME	Howard C. Butcher	(14) FULL MAIDEN NAME	Lizzie Forman
(9) RESIDENCE	1516 Fraction Ave	(15) RESIDENCE	1516 Fraction Ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	Dec 30th	(17) AGE AT LAST BIRTHDAY (Years)	March 25th
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto Md.
(13) OCCUPATION	Rope-Maker	(19) OCCUPATION	

(20) Number of children born to this mother, including present birth 3rd

(21) Number of children of this mother now living 3rd Child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1516 Fraction Ave M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature Mrs. C. Faulstich (Physician or Midwife)

Address 2809 N. Fulton Ave

Filed ____, 19__ ____ Registrar

(24) Given name added from a supplemental report ____, 19__

Registrar

RECEIVED FOR RECORD MAY 26 1916 J.S. BOSLEY M.D. BOARD OF HEALTH

(READ THE REVERSE SIDE)

GIVEN NAME ADDED 2/25/72

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56270

(1) PLACE OF BIRTH — CITY OF BALTIMORE. Registered No. B.

(No. 1365 N. Gilmor St.; Ward)

(2) FULL NAME OF CHILD — ~~Not named~~ VIRGINIA GALLAGHER ANNE

If child is not named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Twin	1st	Yes	May 25 1910

FATHER

(8) FULL NAME: Alfred Norman Gallagher.

(9) RESIDENCE: 1365 N. Gilmor St.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Baltimore Co. Md.

(13) OCCUPATION: Salesman (Meat).

MOTHER

(14) FULL MAIDEN NAME: Mary Baker Block

(15) RESIDENCE: 1365 N. Gilmor St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Baltimore Md

(19) OCCUPATION: Housewife.

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 35 P. M., on the date above stated.

(23) Signature: George C. Shannon M.D. Physician (Physician or Midwife)

Address: 700 N. Fulton Ave. Balto. Md.

Filed 5/27, 1910

REGISTRAR'S RECORD MAY 27 1910 JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS BALTIMORE CITY HEALTH DEPARTMENT

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A 56271

CITY OF BALTIMORE. (No. 503 S Pulaski St.; Ward)

(2) FULL NAME OF CHILD Sylvia Billewitz (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female (4) Twin, triplet, or other? Single (To be answered only in event of plural births) (5) Number in order of birth 2 (6) Legitimate? Yes (7) Date of Birth May 20 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Simon Billewitz	(14) FULL MAIDEN NAME Backie Billewitz
(9) RESIDENCE 503 S Pulaski	(15) RESIDENCE 503 S Pulaski
(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE America
(13) OCCUPATION Tailor	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P. M., on the date above stated.

(23) Signature H Kahn (Physician or Midwife)

U 0 0 3 7 5 0 2 0 2 7 Walnut St

*When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Address

Filed ____, 19 .

RECEIVED FOR RECORD MAY 27 1910 JAS. BOSLEY M.D. Registrar

Registrar

(READ THE REVERSE SIDE) OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A50272

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 26 S. Fulton Ave. St.; Ward)

(2) FULL NAME OF CHILD Beatrice Drew. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female			Yes	May 2, 19 16

	FATHER	MOTHER
(8) FULL NAME	Joe. Drew.	(14) FULL MAIDEN NAME Helen Davis
(9) RESIDENCE	Navy	(15) RESIDENCE 530 Prince St. Alexandria Virginia
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	17 years	(17) AGE AT LAST BIRTHDAY (Years) 17 years
(12) BIRTHPLACE	Washington D. C.	(18) BIRTHPLACE Washington D. C.
(13) OCCUPATION	Navy	(19) OCCUPATION None

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 P. M., on the date above stated.

(23) Signature Mary E. Welton Midwife (Physician or Midwife)

Address 26 S. Fulton Ave. Balto Md

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

U 0 0 3 7 5 1

(24) Given name added from a supplemental report , 19

Filed , 19

RECEIVED FOR RECORD MAY 27 1910

JAS. BOSLEY M.D. Registrar OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56273

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 1729 Presbury St. St.; Ward)

(2) FULL NAME OF CHILD — Not named. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	May 23 1910

FATHER		MOTHER	
(8) FULL NAME	Elmer K. Richards	(14) FULL MAIDEN NAME	Clara Mason Poulton
(9) RESIDENCE	1729 Presbury St	(15) RESIDENCE	1729 Presbury St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	47
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	41
(12) BIRTHPLACE	Hampstead Md.	(18) BIRTHPLACE	Baltimore Md.
(13) OCCUPATION	Horse dealer	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	7	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.15 P. M., on the date above stated.

(23) Signature George E. Shannahan M.D. Physician (Physician or Midwife)

Address 700 N. Fulton Ave Balto Md.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

RECORDED MAY 27 1910

THOS ROGLEY M.D. REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 456274

CITY OF BALTIMORE. (No. 1365 N. Gilmor St.; Ward)

(2) FULL NAME OF CHILD — Not named. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
Male	Twin	2d	Yes	May 25 19 10

FATHER	MOTHER
(8) FULL NAME: Alfred Norman Gallagher.	(14) FULL MAIDEN NAME: Mary Baker Block.
(9) RESIDENCE: 1365 N Gilmor St.	(15) RESIDENCE: 1365 N. Gilmor St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 25 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Baltimore Co. Md.	(18) BIRTHPLACE: Baltimore Md.
(13) OCCUPATION: Salesman (Meat)	(19) OCCUPATION: Housewife.
(20) Number of children born to this mother, including present birth: 3.	(21) Number of children of this mother now living: 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 50 P. M., on the date above stated.

(23) Signature: George C. Shannon M.D. Physician (Physician or Midwife)

Address: 701 N. Fulton Ave. Balto. Md.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

RECEIVED MAY 27 1910 JAS. BOSLEY M.D. COMMR. OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56275

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1011 W. Lexington St.; Ward)

(2) FULL NAME OF CHILD Joseph Gross. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	May 17 1910

FATHER	MOTHER
(8) FULL NAME David S. Gross	(14) FULL MAIDEN NAME Dora L. Kolodner
(9) RESIDENCE 1011 W. Lexington St.	(15) RESIDENCE 1011 W. Lexington St.
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 23 (Years)	(17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Tailor	(19) OCCUPATION House work.
(20) Number of children born to this mother, including present birth one	(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30 P. M., on the date above stated.

(23) Signature Walter J. Thomas M.D. (Physician or Midwife)

Address 1325 N. Caroline St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 7 5 4

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 .

RECEIVED FOR RECORD MAY 27 1910 Registrar

Registrar

(READ THE REVERSE SIDE)

JOHN S. ROSLEY M.D. COMMISSIONER OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A 56276

GIVEN NAME ADDED 4-21-58

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (Addison's Row) (No.) 2855 W. Lafayette St.; Registered No. B. ; Ward)

(2) FULL NAME OF CHILD: Baby Kroner

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single	5	Yes	May 20 1910

FATHER	MOTHER
(8) FULL NAME: Geo Kroner	(14) FULL MAIDEN NAME: Margaret Revolus
(9) RESIDENCE: 2855 Lafayette Ave	(15) RESIDENCE: 2855 W Lafayette St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 31 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Va	(18) BIRTHPLACE: Va
(13) OCCUPATION: Fireman	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: 5th	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:30 P.M. on the date above stated.

(23) Signature: Harwood Kalmbach M.D. 1505 E Monument Ave (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Address ____

Filed ____, 19 ____

RECEIVED FOR RECORD MAY 27 1910 S. BOSLEY M.D. Registrar COMMISSIONER OF HEALTH

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A50277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* Col.
4. *Date of Birth,* May 22, 1910
5. *Place of Birth, (Street and number)* 1134 Fortieth St
6. *Full name of Mother,* Sophia [illegible]
7. *Mother's Maiden Name,* [illegible]
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* William [illegible]
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, 1414 Druid St

Remarks,

RECEIVED FOR RECORD, MAY 27 1910
JAS. BOSLEY M.D. COMR OF HEALTH

1910000375 6

been conferred) he may enter the full name and residence of its parents, the date and place of birth, and the said certificate shall be entered, duly signed by the practitioner, in the form of a certificate hereinbefore given, and shall be delivered to the Commissioner of Health within the first ten days of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, the father, if present, or if absent, the nearest relative present, shall forthwith report said birth to the Commissioner of Health, in the manner and within the period herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Of each child it may shall have been delivered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any person shall occur without the presence of a physician or midwife, the owner or occupier of the premises where such birth occurs, and the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Name of child,*	Katherine Reimer
2. *Sex, (state whether male or female)*	female
3. *Race or color, (if not of the White Race)*	
4. *Date of Birth*	May 22 1910
5. *Place of Birth, (Street and number)*	1832 Brunt St
6. *Full name of Mother,*	Catherine Reimer
7. *Mother's Maiden Name,*	Catherine Brandt
8. *Mother's Birthplace,*	Baltimore Md
9. *Full name of Father,*	John Reimer
10. *Father's Occupation,*	Tailoring
11. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Margaret Brannon
Address,	2104 Round Hill ave
Remarks,	Healthy

RECEIVED FOR RECORD MAY 27 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

1910 00 03757

RETURN OF A BIRTH. A56279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Name of child,* Ernst Buenzow
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* May 25. 1910
5. *Place of Birth, (Street and number)* 1421 Covington st
6. *Full name of Mother,* Margaret Buenzow
7. *Mother's Maiden Name,* Holle (Koeb)
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Rudolf Buenzow
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carlin Schwartz

Address, 734 S. Fort Ave.

Remarks,

1910 0003758

RECEIVED FOR RECORD MAY 27 1910 JAS BUSLEY, M.D. BOARD OF HEALTH

The ... of her case during the month, and shall set forth as far as the same can be ascertained the full name ... date and place of birth, and other particulars. The full name and occupation of the parents be ... of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of ... shall become the duty of the person or persons ... to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* May 23 1910
5. *Place of Birth, (Street and number)* 1007 E. Fort Ave
6. *Full name of Mother,* Maria Petz
7. *Mother's Maiden Name,* Lutzke
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Michael Petz
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carline Schwartz

Address, 434 E. Fort Ave

Remarks,

19100003759

RECEIVED FOR RECORD MAY 27 1910 ... OSLEY M.D. ... OF HEALTH

...or, or care during the month, and shall set forth as fully as the same shall be ascertained the information required under ... of such child (if any shall have been conferred) its sex, color, the full name ... date and hour of birth; and the said schedule shall be delivered, duly signed by the parent of the parents, the ... of a certificate of such birth as aforesaid, to the Commissioner of ... Health. In case the birth of any child shall not be reported ... midwife, or should no other person be in attendance upon ... shall become the duty of the person or parents of such child to report the birth to the Commissioner ... Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A56281

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE, (No. 1112 Woodley St.; Ward)

(2) FULL NAME OF CHILD Beatrice Rose Feldstein Feldstein (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	3	Yes	Apr 27 1910

FATHER	MOTHER
(8) FULL NAME Sam Feldstein	(14) FULL MAIDEN NAME Gaubur Frank
(9) RESIDENCE 1112 Woodley	(15) RESIDENCE 1112 Woodley
(10) COLOR White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Germany	(18) BIRTHPLACE Germany
(13) OCCUPATION Salesman	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 30 M on the date above stated.

1910 (23) Signature Harwood Talbert M.D.
(Physician or Midwife)

Address 2029 W Balto St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19 .

RECEIVED FOR RECORD
MAY 27 1910
Registrar
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 156282

CITY OF BALTIMORE. (No. 912 N. Montford Ave St.; 7th Ward)

(2) FULL NAME OF CHILD Sylvia Tmecek — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
F.		2nd	yes	Feb. 20, 1910 (Month) (Day) (Year)

(To be answered only in event of plural birth)

FATHER		MOTHER	
(8) FULL NAME	Josef Tmecek	(14) FULL MAIDEN NAME	Anna Prochazka
(9) RESIDENCE	912 N. Montford Ave	(15) RESIDENCE	912 N. Montford Ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY	33 years (Years)	(17) AGE AT LAST BIRTHDAY	28 years (Years)
(12) BIRTHPLACE	Bohemia	(18) BIRTHPLACE	Bohemia
(13) OCCUPATION	Tailor	(19) OCCUPATION	Housewife

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a M., on the date above stated.

(23) Signature Emil Novak M.D. (Physician or Midwife)

Address 839 N. Patterson Park Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

DIRECTOR'S RECORD
MAY 31 1910
MRS. BOSLEY, M.D.
COMMISSIONER OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56283

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 822 N. Bond St.; Ward)

(2) FULL NAME OF CHILD Margaret Mary Vogt — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	No.	1st	Yes	May 19 1910

FATHER	MOTHER
(8) FULL NAME William George Vogt	(14) FULL MAIDEN NAME Florence Margaret Coehler
(9) RESIDENCE 822 N. Bond St	(15) RESIDENCE 822 N Bond St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Baltimore, Md.	(18) BIRTHPLACE Baltimore, Md.
(13) OCCUPATION Clerk	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.30 a M., on the date above stated.

(23) Signature Emil Novak Md (Physician or Midwife)

Address 839 N. Patterson Park Ave.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECORDED 10 00 3762
MAY 31 1910
BOARD OF HEALTH
COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56284

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		7	yes	May 25 1910

FATHER	MOTHER
(8) FULL NAME: Flemon Hale	(14) FULL MAIDEN NAME: Sarah Scott
(9) RESIDENCE: 1423 E. Lexington St.	(15) RESIDENCE: 1423 E. Lexington St
(10) COLOR: Colored	(11) AGE AT LAST BIRTHDAY (Years)
(16) COLOR: Colored	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Va	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Elevator runner	(19) OCCUPATION

(20) Number of children born to this mother, including present birth 7

(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 p. M., on the date above stated.

(23) Signature M. E. Douglass MCD (Physician or Midwife)

Address 1905 St. Paul St.

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental report____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0037631

RECEIVED FEB
RECORDED
MAY 31 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B A56285

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. _____, _____ St.; _____ Ward)

{If child is not yet named, make supplemental report, as directed}

(2) FULL NAME OF CHILD

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1	yes	May 21 1910

FATHER

(8) FULL NAME: John Lewis Inskeep

(9) RESIDENCE: 1802 Walbrook Ave.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Va

(13) OCCUPATION: Motorman Street Car

MOTHER

(14) FULL MAIDEN NAME: Lucy F. Gimell

(15) RESIDENCE: 1802 Walbrook ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: Va.

(19) OCCUPATION

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 3-30 A M., on the date above stated.

(23) Signature: M E Douglass M.D.

(Physician or Midwife)

Address: 1913 St. Paul St

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 7 6 4

RECEIVED FOR RECORD MAY 31 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report _____, 19 _____

Registrar

Filed _____, 19 _____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56286

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 610, Dallas St.; Ward)

(2) FULL NAME OF CHILD — Baby Quigley. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Male			yes	May 18, 1910

FATHER	MOTHER
(8) FULL NAME: Abraham Quigley.	(14) FULL MAIDEN NAME: Annie Louise Parks.
(9) RESIDENCE: 1610 Dallas St.	(15) RESIDENCE: 1610 Dallas St.
(10) COLOR: Mulatto — (11) AGE AT LAST BIRTHDAY (Years): 28 yrs.	(16) COLOR: Mulatto — (17) AGE AT LAST BIRTHDAY (Years):
(12) BIRTHPLACE: Maryland.	(18) BIRTHPLACE: Maryland.
(13) OCCUPATION: Laborer.	(19) OCCUPATION: Washerwoman.
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5.30 A. M., on the date above stated.

(23) Signature: Cash Forsythe. (Physician or ~~Midwife~~)

Address: 2115 North Av

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY 31 1910 JAS BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

U 0 3 7 6 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 7/9/10

Registered No. B A56287

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 308 N. Gilmore St.; Ward)

(2) FULL NAME OF CHILD BIRDIE MILDRED STREET (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	May 8th 1910

FATHER	MOTHER
(8) FULL NAME Herbert A. Street	(14) FULL MAIDEN NAME Birdie E. Burnham
(9) RESIDENCE 308 N. Gilmore	(15) RESIDENCE 308 N. Gilmore St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Rocks, Harford Co. Md.	(18) BIRTHPLACE Pikesville, Baltimore Co., Md
(13) OCCUPATION Conductor (Street R.R.)	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 8	(21) Number of children of this mother now living Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30 a. M., on the date above stated.

(23) Signature Edw. Plummer M.D.

Physician (Physician or Midwife)

Address 1539 N. Fulton Ave

Filed ..... , 19 .

Registrar

(24) Given name added from a supplemental report ..... , 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD
JAS. BOSLEY M.D.
COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56288

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1117 Patterson ave. St.; 16th Ward)

(2) FULL NAME OF CHILD Louise Ludwig

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	May 27, 1910

FATHER	MOTHER
(8) FULL NAME Conrad H. Ludwig	(14) FULL MAIDEN NAME Elizabeth M. Schmidt
(9) RESIDENCE 1117 Patterson Ave.	(15) RESIDENCE 1117 Patterson Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Germany	(18) BIRTHPLACE Germany
(13) OCCUPATION Butcher	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 11	(21) Number of children of this mother now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.05 a. M., on the date above stated.

(23) Signature Wm. Grant M.D.

U 0 0 3 7 6 7

(Physician or Midwife)

Address 1720 W. Payson street

Filed MAY 31 1910, 19 .

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

REGISTERED FOR RECORD

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56289

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 923 Madison Ave St.; Ward)

(2) FULL NAME OF CHILD Clara May Roberts (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	X	X	Yes	May 28, 1910
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME William H. Roberts	(14) FULL MAIDEN NAME Delma Middleton
(9) RESIDENCE 923 Madison Ave	(15) RESIDENCE 923 Madison Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Driver Delivery Wagon	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.15 A. M., on the date above stated.

(23) Signature Wm Grant

Physician (Physician or Midwife)

Address 1120 N. Payson street

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0037688

RECEIVED FOR RECORD

MAY 31 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report_____, 19

Registrar

Filed _____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56290

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 902 Park Ave St.; Ward)

(2) FULL NAME OF CHILD — Alexander Dotson (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	May 28, 1910.

FATHER	MOTHER
(8) FULL NAME: Chas. Alexander Dotson	(14) FULL MAIDEN NAME: Maude Baker Dotson
(9) RESIDENCE: 902 Park Ave.	(15) RESIDENCE: 902 Park Ave.
(10) COLOR: Colored. (11) AGE AT LAST BIRTHDAY: 20 (Years)	(16) COLOR: Colored. (17) AGE AT LAST BIRTHDAY: 19 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore.
(13) OCCUPATION: Waiter	(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living:

RECEIVED FOR RECORD
MAY 30 1910
S. S. BOSLEY, M.D.
COMR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.30 A. M., on the date above stated.

(23) Signature: Clarence C. Price, M.D. (Physician or Midwife)

Address: 1012 Madison Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003769

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56291

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 661 George St St.; Ward)

(2) FULL NAME OF CHILD Mussio Robsion

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		2nd.	yes	May 26, 1910

FATHER	MOTHER
(8) FULL NAME James Robsion	(14) FULL MAIDEN NAME Hattie Moore
(9) RESIDENCE 661 George St	(15) RESIDENCE 661 George St
(10) COLOR Colored. (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Virginia Richmond	(18) BIRTHPLACE Richmond Va.
(13) OCCUPATION Laborer	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 1

RECEIVED FOR RECORD MAY 30 1910 H. S. BOSLEY M.D. COMMR. OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 661 George St M. on the date above stated.

(23) Signature [illegible]

U 0 0 3 7 7 0

(Physician or Midwife)

Address 638 N Howard St

Filed May 27, 1910. Baltimore, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56292

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 628 W. Germain St.; Ward)

(2) FULL NAME OF CHILD None

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	No	May 17 1910

FATHER

(8) FULL NAME: Chas. H. Bell

(9) RESIDENCE: Washington D.C.

(10) COLOR: Colored

(11) AGE AT LAST BIRTHDAY (Years): 19

(12) BIRTHPLACE: Washington D.C.

(13) OCCUPATION: Teamster

(20) Number of children born to this mother, including present birth: One

MOTHER

(14) FULL MAIDEN NAME: Annie Buthes

(15) RESIDENCE: 628 W. Germain St.

(16) COLOR: Colored

(17) AGE AT LAST BIRTHDAY (Years): 18

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Servant

(21) Number of children of this mother now living: One

RECEIVED FOR RECORD
NOV 30 1910
J. BOSLEY, M.D.
COM'R OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.15 a. M., on the date above stated.

(23) Signature: C. L. Nuckols, M.D. (Physician or Midwife)

Address 504 S. Paca St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56293

CITY OF BALTIMORE. (No. 1321 N Milton ave St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female		3rd	Yes	May 16, 1917

FATHER

(8) FULL NAME: Edgar Wesley Southcomb

(9) RESIDENCE: 1321 N Milton

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: Penn

(13) OCCUPATION: Moulder

MOTHER

(14) FULL MAIDEN NAME: Martha Anna McCollough

(15) RESIDENCE: 1321 N Milton

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Balt

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 3rd

(21) Number of children of this mother now living: 3

RECEIVED FOR RECORD MAY 30 1917
WM. S. BOSLEY M.D. COMMR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.30 P.M., on the date above stated.

(23) Signature: Geo D Young

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

18 U 0037721

(Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Address 1735 N Edward

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56294

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2011, Bolton St. St.; Ward)

(2) FULL NAME OF CHILD Margaret Bride Scott. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female | (4) Twin, triplet, or other? X (To be answered only in event of plural births) | (5) Number in order of birth X | (6) Legitimate? Yes | (7) Date of Birth May (Month) 21 (Day) 1910 (Year)

FATHER

(8) FULL NAME James B. Scott.

(9) RESIDENCE 2011 Bolton St.

(10) COLOR White | (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Consulting Electrical Engineer

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME Minnie Dolsow

(15) RESIDENCE 2011 Bolton St.

(16) COLOR White | (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Lucin Russel Co., Md.

(19) OCCUPATION

(21) Number of children of this mother now living

RECEIVED FOR RECORD SEP 30 1910 S. BOSLEY M.D. BOARD OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3:05 P. M., on the date above stated.

(23) Signature Blaine C. Price, M.D. (Physician or Midwife)

Address 1012 Madison Ave.

* When there was an attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH CITY OF BALTIMORE. GIVEN NAME ADDED 12-13-65 (No. 427 N Streeper St.; Ward) Registered No. B A56295

(2) FULL NAME OF CHILD Walter Christian William Hohenegger (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		4th	yes	May 24 1910

FATHER

(8) FULL NAME Henry William Hohenegger

(9) RESIDENCE 427 Streeper

(10) COLOR white (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Germany

(13) OCCUPATION Bartender

(20) Number of children born to this mother, including present birth 4th

MOTHER

(14) FULL MAIDEN NAME Bertha Marie Walter

(15) RESIDENCE 427 Streeper

(16) COLOR (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Germany

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 4

RECEIVED FOR RECORD MAY 30 1910 JAS. BOSLEY, M.D. COMM'R OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 on the date above stated.

(23) Signature God Hoenegger (Physician or Midwife)

Address 1235 N Broadway

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56296

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 702 N 34th St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legit. mate?	(7) Date of Birth (Month), (Day) 19 (Year)
M			Yes	May 29 1910

FATHER	MOTHER
(8) FULL NAME: Walter M. McFadden	(14) FULL MAIDEN NAME: Donna C. Cummins Lewis
(9) RESIDENCE: 702 N 34th St	(15) RESIDENCE: —
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 32 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: City	(18) BIRTHPLACE: City
(13) OCCUPATION: Driver	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 2

RECEIVED FOR RECORD MAY 30 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 15 P M., on the date above stated.

May 29 1910

(23) Signature: Sylvanus T. Evans M.D. (Physician or Midwife)

Address: 833 N. Fulton av.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. A56297

CITY OF BALTIMORE (No. 46 N. Bentalou St.; Ward)

(2) FULL NAME OF CHILD William Alexander Reilly — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 12 1910

FATHER	MOTHER
(8) FULL NAME Rudolph Peter Reilly	(14) FULL MAIDEN NAME Emma Marshall
(9) RESIDENCE 46 N. Bentalou	(15) RESIDENCE 46 N. Bentalou St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE South Carolina	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Sailor	(19) OCCUPATION

(20) Number of children born to this mother, including present birth Four (21) Number of children of this mother now living One

RECEIVED FOR RECORD MAY 31 1910 H. BOSLEY, M.D. REGISTRAR OF VITAL STATISTICS

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A. M., on the date above stated.

(23) Signature Frederick J. Wilbern M.D. (Physician or Midwife)

Address 250 E. Fairmount Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56298

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2805 E Preston St.; 8 Ward)

(2) FULL NAME OF CHILD Wagner (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	—	—	yes	5 . 21 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Chas Wagner	(14) FULL MAIDEN NAME Cath Smith
(9) RESIDENCE 2805 E Preston	(15) RESIDENCE 2805 E Preston
(10) COLOR W (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR W (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Balto.
(13) OCCUPATION Painter	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 0

RECEIVED FOR RECORD MAY 30 1910 JAS. BOSLEY, M.D., COMR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 on the date above stated.

(23) Signature F. F. Towers, M.D. (Physician or Midwife)

Address 2511 E Preston St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. A56299

CITY OF BALTIMORE. (No. 1726 Maryland Ave St.; Ward)

(2) FULL NAME OF CHILD Eugene Joseph Kelly — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date Birth (Month) (Day) (Year)
Male	X	X	Yes	May 25, 1910

FATHER	MOTHER
(8) FULL NAME Frederick William Kelly	(14) FULL MAIDEN NAME Kathleen Deforrest Lenahan
(9) RESIDENCE 1726 Maryland Ave	(15) RESIDENCE 1726 Maryland Ave
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 31 (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Ramsgate England	(18) BIRTHPLACE Cork, Ireland
(13) OCCUPATION Coachman	(19) OCCUPATION Housekeeping.
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

RECEIVED FOR RECORD MAY 30 1910 [illegible] M.D. REGISTRAR OF VITAL STATISTICS

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.10 A.M. on the date above stated.

(23) Signature J. Edwin Timmins Junior Medical Student (Physician or Midwife)

Address St Lukes Hospital

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 7 7 8

(24) Given name added from a supplemental report _____, 19 _____

Registrar

Filed _____, 19 _____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56300

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		8th.		May 27th., 1910

FATHER

(8) FULL NAME: Michael F. Ford.

(9) RESIDENCE: 1550 Richland St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 25 yrs. (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Butcher

(20) Number of children born to this mother, including present birth: 8th

MOTHER

(14) FULL MAIDEN NAME: Barbara Graber.

(15) RESIDENCE: 1550 Richland St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 21 yrs. (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION:

(21) Number of children of this mother now living: 5th

RECEIVED FOR RECORD MAY 30 1910

[illegible] M.D. REGISTRAR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1550 Richland St. on the date above stated.

(23) Signature: Mrs. C. Faulstich Midwife (Physician or Midwife)

Address: 2857 N. Fulton Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 1910

Registrar

Filed ____, 1910

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56301

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — Bmie

If child is not yet named, make supplemental report, as directed.

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 7, 1910

FATHER	MOTHER
(8) FULL NAME: Stephen Lynch	(14) FULL MAIDEN NAME: Jessie Knapp
(9) RESIDENCE: 431 Clement st	(15) RESIDENCE: 431 Clement st
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 22 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: Balto.	(18) BIRTHPLACE: Balt
(13) OCCUPATION: Labor tin factory	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 10.20 P.M., on the date above stated.

(23) Signature: Mrs Katie L [illegible] — Midwife (Physician, or Midwife)

Address: 1705 Byrd st

RECEIVED FOR RECORD MAY 28 1910 S. BOSLEY M.D. REGISTRAR OF HEALTH

0 0 0 3 7 8

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56302

CITY OF BALTIMORE. (No. ____, St.; ____ Ward)

(2) FULL NAME OF CHILD Esther Louise — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			Yes	May 21, 1910

FATHER	MOTHER
(8) FULL NAME: Philip Blotenberger	(14) FULL MAIDEN NAME: Lula Hamer
(9) RESIDENCE: 80½ Hanover st	(15) RESIDENCE: 80½ Hanover st
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 26 (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Labor Medicine factory	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 P. M., on the date above stated.

(23) Signature Mrs Kate Lee U 0 0 3 7 8 1 (Physician or Midwife)

Address 1703 Byrd st

Filed ____, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 28 1910 S. SOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56303

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. ____, St.; ____ Ward)

(2) FULL NAME OF CHILD: Agnes

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 21, 1910

FATHER

(8) FULL NAME: Joseph Dixon

(9) RESIDENCE: 403 East Cross st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 46 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Painter

MOTHER

(14) FULL MAIDEN NAME: Agnes Astin

(15) RESIDENCE: 403 East Cross st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: Y. Woman

(20) Number of children born to this mother, including present birth: 4

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 2.10 A M., on the date above stated.

(23) Signature: Mrs Katie Lear (Physician or Midwife)

Address: 1705 Byrd st

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 7 8 2

RECEIVED FOR RECORD MAY 28 1910 WM. S. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE AMENDED -12/5/18

(1) PLACE OF BIRTH CITY OF BALTIMORE. (No. ____, St.; ____ Ward)

Registered No. B A56304

(2) FULL NAME OF CHILD ~~Alice~~ AUDREY A. KRAMME (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			Yes	May 19, 1916

FATHER	MOTHER
(8) FULL NAME William ~~C~~ KRAMME	(14) FULL MAIDEN NAME Mary Foltz
(9) RESIDENCE 1725 Olive st	(15) RESIDENCE 1725 Olive st
(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Virginia
(13) OCCUPATION Silver Gilder	(19) OCCUPATION House work
(20) Number of children born to this mother, including present birth 7	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5.20 A M., on the date above stated.

(23) Signature Mrs Katie Lear (Physician or Midwife)

Address 1205 Byrd st

RECEIVED FOR RECORD MAY 18 1916 WM. BOSLEY M.D. COMMISSIONER OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 7 8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56305

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Esmer Catharine

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	May 13, 1910

FATHER	MOTHER
(8) FULL NAME: Jona Mason	(14) FULL MAIDEN NAME: Anna Schram
(9) RESIDENCE: 2021 Hanover st	(15) RESIDENCE: 2021 Hanover st
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 44 (Years)
	(16) COLOR: White
	(17) AGE AT LAST BIRTHDAY: 37 (Years)
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION: Iron Molder	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth: 7	(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 2.30 P.M., on the date above stated.

(23) Signature Mae Katie Leaver Midwife (Physician or Midwife)

Address 1205 Byrd st

Filed ____, 19 ____

Registrar

RECEIVED FOR RECORD 1910 JOSEPH S. ROSLEY M.D. REGISTER OF HEALTH

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

0 0 0 3 7 8 4

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56306

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD Evangelos

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		Yes	May 4, 1910

FATHER

(8) FULL NAME: Evangelos Vasilakos

(9) RESIDENCE: 605 East Fort ave

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Greece

(13) OCCUPATION: Candies Store

MOTHER

(14) FULL MAIDEN NAME: Agnes Katsone

(15) RESIDENCE: 605 Fort ave

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Greece

(19) OCCUPATION: Home work

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 P.M., on the date above stated.

(23) Signature: Mrs Katie Lear Midwife (Physician or Midwife)

U 0 0 3 7 8 5

Address: 1205 Bryn st

RECEIVED FOR RECORD MAY 28 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Filed , 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56307

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. , St. ; Ward)

(2) FULL NAME OF CHILD Howard

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	May 11, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: George K ellenberg

(9) RESIDENCE: 2044 N. Charles st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 22 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Labor - Iron foundry

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Mary Bohle

(15) RESIDENCE: 2044 N. Charles st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 20 (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: House work

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 10.20 A.M., on the date above stated.

(23) Signature Mrs Katie Lee (0 0 0 3 7 8 6) midwife (Physician or Midwife)

Address 1705 Byrd st

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Filed , 19

RECEIVED FOR RECORD MAY 28 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56308

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD John

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 9, 19 10

FATHER

(8) FULL NAME: John Adams

(9) RESIDENCE: 1409 Durst al

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Balto

(13) OCCUPATION: Labor coal pier

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Jennie Ackers

(15) RESIDENCE: 1409 Durst al

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 2, (Years)

(18) BIRTHPLACE: Balto

(19) OCCUPATION: House wak

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8:30 A M., on the date above stated.

(23) Signature: Mrs Katie Leon

0 0 0 3 7 8 7 Midwife (Physician or Midwife)

Address: 1205 Byrd st

RECEIVED FOR RECORD MAY 28 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE CORRECTED 6-19-63

A56309

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. ____ St.; ____ Ward) Registered No. B

(2) FULL NAME OF CHILD: Christopher Albert Hornung

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 7, 19 16

	FATHER	MOTHER
(8) FULL NAME	Michel Hornung	(14) FULL MAIDEN NAME: Mary Nagel
(9) RESIDENCE	1701 Patapsco St	(15) RESIDENCE: 1701 Patapsco St
(10) COLOR	White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years)	39	(17) AGE AT LAST BIRTHDAY (Years): 29
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE: Germany
(13) OCCUPATION	Labor on Street	(19) OCCUPATION: House work
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 1.10 P M., on the date above stated.

RECEIVED FOR RECORD MAY 28 1910 WM. A. BOSLEY, M.D. REGISTRAR OF HEALTH

(23) Signature U 0 0 3 7 8 8 Midwife (Physician or Midwife)

Address Mrs Katie Lear 1705 Bryden st

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56310

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD John William

If child is not yet named, make supplemental report, as directed

(3) Sex of Child Male

(4) Twin, triplet, or other? (To be answered only in event of plural births)

(5) Number in order of birth 7 work

(6) Legitimate? yes

(7) Date of Birth May 12, 1910 (Month) (Day) (Year)

FATHER

(6) FULL NAME John Frailer

(9) RESIDENCE 2050 Hanover st

(10) COLOR White

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Balto

(13) OCCUPATION Struct cont

(20) Number of children born to this mother, including present birth 2

MOTHER

(14) FULL MAIDEN NAME Rose Schrote

(15) RESIDENCE 2050 Hanover st

(16) COLOR White

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Balto

(19) OCCUPATION House work

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 A. M., on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature Mrs Katie Lear

U 0003789 Midwife (Physician or Midwife)

(24) Given name added from a supplemental report , 19

Address 1205 Byrd st

Filed , 19 .

RECEIVED FOR RECORD MAY 28 1910 S. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Baltimore

Registered No. B A56311

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Lorraine Atilson Nichols

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural births)	One		March 4th, 19 10 (Month, Day, Year)

FATHER

(8) FULL NAME: Edgar A. Nichols

(9) RESIDENCE: 613 N. Eden St

(10) COLOR: Colored

(11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Porter

(20) Number of children born to this mother, including present birth ____

MOTHER

(14) FULL MAIDEN NAME: Harvey Estelle Franklin

(15) RESIDENCE: 613 N. Eden St

(16) COLOR: Colored

(17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION ____

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 May 9th 1910 2 P M., on the date above stated.

RECEIVED FOR RECORD

(23) Signature Mrs Matilda Coates

0 0 8 0 1 0 3 7 9 0 wife (Physician or Midwife)

J. S. BOSLEY, M.D. REGISTRAR OF VITAL STATISTICS

Address 1412 Monument St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed May 26, 1910

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56312

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Hilda Shapiro — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural births)			May 19 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME Hyman Shapiro

(9) RESIDENCE 407 N. Bond st.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION clerk in hospital

(20) Number of children born to this mother, including present birth 3

MOTHER

(14) FULL MAIDEN NAME Esther Morovitz

(15) RESIDENCE 407 N. Bond st.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION none

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 407 N. Bond st. M., on the date above stated.

(23) Signature Bessie Harmatz (Physician or Midwife)

Address 132 S. Eden st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 000379

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

RECEIVED FOR RECORD MAY 28 1910 JAS. BOSLEY Registrar COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56313

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Annie and Sarah Shwarz

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	twin	Annie 1st Sarah		May 18 1910

FATHER	MOTHER
(8) FULL NAME Abraham Shwarz	(14) FULL MAIDEN NAME Goldie Prail
(9) RESIDENCE 1526 E. Baltimore st.	(15) RESIDENCE 1526 E. Baltimore st.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 38 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION rabbi	(19) OCCUPATION none
(20) Number of children born to this mother, including present birth 10	(21) Number of children of this mother now living 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1526 E. Balto. st. M., on the date above stated.

(23) Signature Bessie Harmetz

0 0 0 3 7 9 2 Midwife (Physician or Midwife)

Address 132 S. Eden st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

RECEIVED FOR RECORD MAY 28 1910 JAS. BOSLEY M.D. COMR. OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56314

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Lena Greenberg — If child is not yet named, make supplemental report, as directed

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth | (6) Legitimate? | (7) Date of Birth April 25 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Benjamin Greenberg

(9) RESIDENCE 114 S. Eden st.

(10) COLOR White (11) AGE AT LAST BIRTHDAT 30 (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION bigler

(20) Number of children born to this mother, including present birth III

MOTHER

(14) FULL MAIDEN NAME Sarah (G.) Rink

(15) RESIDENCE 114 S. Eden st.

(16) COLOR White (17) AGE AT LAST BIRTHDAT 30 (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION none

(21) Number of children of this mother now living III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6. Eden st. M., on the date above stated.

(23) Signature Bessie Harnatz Midwife (Physician or Midwife)

Address 1312 S. Eden st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar — Registrar

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RECEIVED FOR RECORD
JAMES H. BOSLEY M.D.
COMMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56315

CITY OF BALTIMORE. (No. 1252 Clyndon Av St.; Ward)

(2) FULL NAME OF CHILD Helen Szulinska (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl	I			May 2 1910

FATHER	MOTHER
(8) FULL NAME: Stanislow Szulinska	(14) FULL MAIDEN NAME: Anna Jankowska
(9) RESIDENCE: 1252 Clyndon Av.	(15) RESIDENCE: 1252 Clyndon Av.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 22 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 19 (Years)
(12) BIRTHPLACE: Russland	(18) BIRTHPLACE: Russland
(13) OCCUPATION: Plant Init	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30 M., on the date above stated.

(23) Signature U 0 0 3 7 9 4 Midwife (Physician or Midwife)

Address Anna Dorsa 1325 Jarmar St

Filed MAY 28 1910, 19 .

Registrar

(24) Given name added from a supplemental report ....., 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 28 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56316

CITY OF BALTIMORE. (No. 1617 Coole St.; Ward)

(2) FULL NAME OF CHILD Rosalia Grashofer — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legit. mate?	(7) Date of Birth (Month) (Day) (Year)
Girl	1			May 11 1910

FATHER	MOTHER
(8) FULL NAME Ludvig Grashofer	(14) FULL MAIDEN NAME Elisabeth Kocleh
(9) RESIDENCE 1617 Coole St	(15) RESIDENCE 1617 Coole St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 19 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Hungary	(18) BIRTHPLACE Hungary
(13) OCCUPATION Day Worker	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.15 M., on the date above stated.

(23) Signature

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. } U 0 0 3 7 9 5 Midwife (Physician or Midwife)

Address Anna Dosa 1325 Jones St.

(24) Given name added from a supplemental report _____, 19

Filed MAY 28 1910, 19 .

Registrar

Registrar

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JAS. BOSLEY M.D. COM'R OF HEALTH

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56317

CITY OF BALTIMORE. (No. 1255 Sargeant St.; Ward)

(2) FULL NAME OF CHILD Leslie Loomis

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl	I			May 2nd 1910

FATHER	MOTHER
(8) FULL NAME William Loomis	(14) FULL MAIDEN NAME Edith Hadaway
(9) RESIDENCE 1255 Sargeant St	(15) RESIDENCE 1255 Sargeant St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Driver	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.30 M., on the date above stated.

(23) Signature U 0 0 3 7 9 6 Midwife (Physician or Midwife)

Address Anna Rosa 1325 James St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Registrar

RECORD

Filed MAY 28 1910 19 .

Registrar

JAS BOSLEY M.D. (SEE THE REVERSE SIDE)
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Baltimore — Registered No. B / A56318

CITY OF BALTIMORE (No. 1518 Burrough St St.; 24th Ward)

(2) FULL NAME OF CHILD Annie May Ireland — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	May 20, 1910

	FATHER	MOTHER
(8) FULL NAME	Richard Ireland	(14) FULL MAIDEN NAME Bertha Gertrude
(9) RESIDENCE	1518 Burrough St	(15) RESIDENCE 1518 Burrough St
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	27 yrs	(17) AGE AT LAST BIRTHDAY (Years) 25
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION	Labor	(19) OCCUPATION

(20) Number of children born to this mother, including present birth 4 — (21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1518 Burrough St on the date above stated.

(23) Signature Mrs Evelina Ryer (Physician or Midwife)

Address 1176 Garrett Ave

Filed May 27, 1910 — Registrar

(24) Given name added from a supplemental report ____, 19 — Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 28 1910 — CHAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Baltimore — Registered No. B 1 A56319

CITY OF BALTIMORE. (No. 1300 Garrett Ave St.; 24th Ward)

(2) FULL NAME OF CHILD Mary Homestead — If child is not yet named, make supplemental report, as directed

(3) Sex of Child Female (4) Twin, triplet, or other? (5) Number in order of birth (To be answered only in event of plural births) (6) Legitimate? yes (7) Date of Birth May 21 (Month) 1910 (Day) (Year)

FATHER

(8) FULL NAME Martin Homestead

(9) RESIDENCE 1300 Garrett Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 38 yrs. (Years)

(12) BIRTHPLACE Switzerland

(13) OCCUPATION Labor

MOTHER

(14) FULL MAIDEN NAME Mary Hawles

(15) RESIDENCE 1300 Garrett Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE Germany

(19) OCCUPATION

(20) Number of children born to this mother, including present birth 10

(21) Number of children of this mother now living 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1300 Garrett Ave on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature Mrs Eveline Ryer M.D. (Physician or Midwife)

Address 1425 Garrett Ave

Filed May 27. 1910

(24) Given name added from a supplemental report ____, 19

Registrar

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Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56320

(1) PLACE OF BIRTH 1609 E. Chase St. Registered No. B.

CITY OF BALTIMORE. (No. 1609 E. Chase St. St.; Ward)

(2) FULL NAME OF CHILD Hazel Ruth { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	2nd	Yes	May 5 1910.

FATHER		MOTHER	
(8) FULL NAME	Wm. H. German.	(14) FULL MAIDEN NAME	Rosella Bankhead German
(9) RESIDENCE	1609 E. Chase St.	(15) RESIDENCE	1609 E. Chase St.
(10) COLOR	White (11) AGE AT LAST BIRTHDAY 26 yrs. (Years)	(16) COLOR	White (17) AGE AT LAST BIRTHDAY 29 yrs. (Years)
(12) BIRTHPLACE	Balto County.	(18) BIRTHPLACE	Balto. Md.
(13) OCCUPATION	Plumber.	(19) OCCUPATION	Housewife.

(20) Number of children born to this mother, including present birth 2nd (21) Number of children of this mother now living Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 10 A. M., on the date above stated.

(23) Signature [signature] (Physician or Midwife)

Address 1504 E. Eager St.

Filed MAY 28 1910, 19 .

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes NOR shows other evidence of life after birth. } U 003799

RECEIVED FOR RECORD

(24) Given name added from a supplemental report ____, 19 ____

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1503 N. Dallas St. Registered No. B. A56321

CITY OF BALTIMORE (No. 1503 N. Dallas St. St.; Ward)

(2) FULL NAME OF CHILD Catherine Mary

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	1st	Yes.	May 5th - 19

FATHER		MOTHER	
(8) FULL NAME	John L. Ulrich	(14) FULL MAIDEN NAME	Mary E. Hellein
(9) RESIDENCE	1503 N. Dallas St.	(15) RESIDENCE	1503 N. Dallas St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	27 yrs.	(17) AGE AT LAST BIRTHDAY (Years)	24 yrs
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto. Md.
(13) OCCUPATION	Fire Maker	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1st	(21) Number of children of this mother now living	First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 15 P. M., on the date above stated.

(23) Signature C. C. Loveridge

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003800

RECEIVED FOR RECORD

(24) Given name added from a supplemental report _____, 19

(Physician or Midwife)

Address 1503 N. Dallas St.

Filed MAY 28 1910 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Quee

(1) PLACE OF BIRTH 1108 Wilcox St. Registered No. B. A56322

CITY OF BALTIMORE (No. 1108 Wilcox St. St.; Ward)

(2) FULL NAME OF CHILD (Florence) Magdalen Elizabeth Busser { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female.	Single	4th	yes.	May 9th 1916

FATHER	MOTHER
(8) FULL NAME (Adam) F. Busser.	(14) FULL MAIDEN NAME Emma Bottner.
(9) RESIDENCE 1108 Wilcox St.	(15) RESIDENCE 1108 Wilcox St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 27 yrs. (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 26 yrs. (Years)
(12) BIRTHPLACE Balto. Md.	(18) BIRTHPLACE Balto. Md.
(13) OCCUPATION Laundry	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 4th	(21) Number of children of this mother now living Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.15 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature [illegible] (Physician or Midwife)

U 0 0 3 8 0 1

RECEIVED FOR RECORD MAY 23 1916

Address 1404 Eager St

Filed MAY 23 1916 19

JAS. BOSLEY, M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Baltimore — Registered No. B. A56323

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Saul Miller — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male				May (Month) 8 (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Isaac Miller	(14) FULL MAIDEN NAME Ida Harrison
(9) RESIDENCE 653 W. Lexington st.	(15) RESIDENCE 653 W. Lexington st.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION tailor	(19) OCCUPATION none
(20) Number of children born to this mother, including present birth IV	(21) Number of children of this mother now living IV.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 653 W. Lexington St., on the date above stated.

(23) Signature Bessie Harmatz (Physician or Midwife)

Address 132 N. Eden st.

Filed ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

U 0 0 0 0 7 8 0

MAY 28 1910

BALTIMORE CITY, MD.
REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56324

(1) PLACE OF BIRTH Baltimore — Registered No. B 1

CITY OF BALTIMORE. (No. 1539. Ludlow St — St.; 24th Ward)

(2) FULL NAME OF CHILD Edgar Carrell Shipley — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 15th 1916

FATHER		MOTHER	
(8) FULL NAME	Edgar Carrell Shipley	(14) FULL MAIDEN NAME	Mary Sheckels
(9) RESIDENCE	1539 Ludlow St	(15) RESIDENCE	1539 Ludlow
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Labor	(19) OCCUPATION	

(20) Number of children born to this mother, including present birth 4 — (21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1539 Ludlow St on the date above stated.

(23) Signature Mrs Evelyne Ryer — (Physician or Midwife)

Address 114 N Garrett Ave

Filed May 27, 1916

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD MAY 25 1916 803 — THOS. POSLEY, M.D. COMM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56325

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. № 1809 Lancaster St. 2nd Ward)

(2) FULL NAME OF CHILD Stanislaus Bukowski (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Boy	no	3d	yes	May 8th 1910.

FATHER	MOTHER
(8) FULL NAME Stephan Bukowski	(14) FULL MAIDEN NAME Veronika Trodjenen.
(9) RESIDENCE 1809 Lancaster st.	(15) RESIDENCE 1809 Lancaster st
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Galazia Russia.	(18) BIRTHPLACE Galazia Russia.
(13) OCCUPATION Laborer.	(19) OCCUPATION House work.

(20) Number of children born to this mother, including present birth 3 (21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1809 Lancaster St. M., on the date above stated.

(23) Signature Mrs. Annie Fisher (Physician or Midwife)

U 0003804

Address 726 S. Bond st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19 _____

Registrar

RECEIVED FOR RECORD MAY 28 1910

Filed _____, 19 _____

BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56326

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1612 Lancaster St.; Ward)

(2) FULL NAME OF CHILD John Bochaiak. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Boy	no	2	yes	May 19 1910

FATHER

(8) FULL NAME Kazimis Bochaiak.

(9) RESIDENCE No 1612 Lancaster st,

(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Galazia Russia.

(13) OCCUPATION Tailor.

(20) Number of children born to this mother, including present birth 2

MOTHER

(14) FULL MAIDEN NAME Kate Witkoska.

(15) RESIDENCE No 1612 Lancaster st

(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Prussia Germany.

(19) OCCUPATION House work.

(21) Number of children of this mother now living one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1612 Lancaster st M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature Wilhelmina Fisher Midwife. (Physician or Midwife)

Address No 726 S. Bond st.

(24) Given name added from a supplemental report_____, 19

Registrar

Filed MAY 28 1910, 19

Registrar

RECEIVED FOR RECORD MAY 28 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

D 0003805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1171 Wilcox St — Registered No. B. A56327

CITY OF BALTIMORE. (No. 1171 Wilcox St — St.; — Ward)

(2) FULL NAME OF CHILD John Paul — If child is not yet named, make a supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single	3rd	Yes	May 28th 1910

FATHER		MOTHER	
(8) FULL NAME	Theodor Probst	(14) FULL MAIDEN NAME	Annie K Hoffman
(9) RESIDENCE	1171 Wilcox St	(15) RESIDENCE	1171 Wilcox St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	34 yrs	(17) AGE AT LAST BIRTHDAY (Years)	30 yrs
(12) BIRTHPLACE	Balto Md	(18) BIRTHPLACE	Balto Md
(13) OCCUPATION	Plumber	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	3rd	(21) Number of children of this mother now living	Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 45 A M., on the date above stated.

(23) Signature [signature] (Physician or Midwife)

Address 1807 Eager St

Filed MAY 28 1910, 19 .

JAS. BOSLEY M.D. COM'R OF HEALTH — Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ——————, 19

Registrar

U 003806

RECEIVED FOR RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 119 D Fairmont St. Registered No. B. A56328

CITY OF BALTIMORE. (No. 119 D. Fairmont St. St.; Ward)

(2) FULL NAME OF CHILD Morton Irwin (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.	Single	6th	Yes	May 15 1910

FATHER		MOTHER	
(8) FULL NAME	David Schaefer	(14) FULL MAIDEN NAME	Annie Goldberg.
(9) RESIDENCE	119 D Fairmont St.	(15) RESIDENCE	119 D Fairmont St.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	39 yrs.
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	29 yrs.
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Liquors	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	6	(21) Number of children of this mother now living	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 45 M., on the date above stated.

(23) Signature [signature] (Physician or Midwife)

Address 1807 Eager St

Filed MAY 28 1910 19 .

JAS. BOSLEY M.D. COM'R OF HEALTH Registrar

U 003807

RECEIVED FOR RECORD

* When there was no attending physician or midwife, then the father, householder) etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report_____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56329

(1) PLACE OF BIRTH 2035 Orleans St. Registered No. B.

CITY OF BALTIMORE. (No. 2035 Orleans St St.; Ward)

(2) FULL NAME OF CHILD Wm Kenneth (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.	Single	2.	Yes.	May 16 1910

FATHER	MOTHER
(8) FULL NAME Sylvester W. Wolff.	(14) FULL MAIDEN NAME Catherine M. Schwartzkopf
(9) RESIDENCE 2035 Orleans St	(15) RESIDENCE 2035 Orleans St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 26 yrs (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 26 yrs. (Years)
(12) BIRTHPLACE Newark N. J.	(16) BIRTHPLACE Balto. Md.
(13) OCCUPATION Plumber.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 30 A. M., on the date above stated.

(23) Signature [illegible] (Physician or Midwife)

Address 1504 N

Filed MAY 28 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

U 003808

RECEIVED FOR RECORD MAY 28 1910

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A56330.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAY 28 1910
S. BOSLEY M.D.
BD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Name of Child,*
2. *Sex, (state whether male or female)* Boy
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 1 May 1910
5. *Place of Birth, (Street and number)* 8 N. Population St
6. *Full name of Mother,* Elizabeth L. Talbert Evans
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* Hall J. Talbert
10. *Father's Occupation,* Driver C. Bldg
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Marion J. Dixon

Address, 1425 W. Lanvale St.

Remarks,

19100003809

Said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the officer, person or parents of such child as shall be required by the Commissioner of Health. In case the other person be in attendance upon the mother, Commissioner of Health, in the event of such person or parents of such child to report its birth as herein required, within the period above required, or if such person or persons who shall be required by the Commissioner of Health, to comply with the provisions of said ordinance shall neglect or refuse to make such report, he or they shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6/30/03

RETURN OF A BIRTH. A56331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Name of Child,* William Julius Haase
2. *Sex, (state whether male or female)* [illegible]
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 17 Mai 1910
6. *Place of Birth, (Street and number)* 1312 Lanvale St
6. *Full name of Mother,* Minnie Haase
7. *Mother's Maiden Name,* [illegible]
8. *Mother's Birthplace,* Prussia Germany
9. *Full name of Father,* William Haase
10. *Father's Occupation,* Merchant
11. *Father's Birthplace,* Prussia Germany

Name of Medical Attendant, or other person who makes this Return, Martha J Evans

Address, 726 N Eutaw St

Remarks, Filed 5/28/10

1910000038 10

RECEIVED FOR RECORD MAY 28-1910 AB BOSLEY M.D. BOARD OF HEALTH

Occupation of the parents; the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate to the Health Officer of the district, or to such person as he may designate to receive the same, within thirty-six hours after the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the person in charge of the house where the birth occurs shall report the same to the Health Officer of the district, and the person in charge of such house who shall neglect to report such birth as herein required, and any such person or persons who shall hereafter offend in the same way shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAY 25 1910
JAMES BOSLEY M.D.
COMR. OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 2d
1. Name of Child,
2. Sex, (state whether male or female) Boy
3. Race or color, (if not of the White Race)
4. Date of Birth, March 13th 1910
6. Place of Birth, (Street and number) 1117 E. Fremont St.
6. Full name of Mother, Mrs Rosa Keller's
7. Mother's Maiden Name, Miss Estelle
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Mr. Charlie L. Collins
10. Father's Occupation, Tele Teller
11. Father's Birthplace, Baltimore Md
Name of Medical Attendant, or other person who makes this Return, Mrs Martha J. Swan
Address, 425 N. Emmanuel
Remarks,

19100003811

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each calendar month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Name of Child,* ? ?
2. *Sex, (state whether male or female)* Boy
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 14 March 1910
6. *Place of Birth, (Street and number)* 1314 E. Lombard St
6. *Full name of Mother,* Mrs. Marie Tavenner
7. *Mother's Maiden Name,* Miss Williams
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Mr. Louis Tavenner
10. *Father's Occupation,* Farmer
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Martha F. Wilson

Address, 405 N. Gammon st.

Remarks,

RECEIVED FOR RECORD MAY 25 1910 BOSLEY M.D. BOARD OF HEALTH

1910003812

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 4-26-60

RETURN OF A BIRTH. A56334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAY 23 1910
JAS. BOSLEY M.D.
COMMISSIONER OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Name of Child, Theresa Johanna Zeuch
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth, 27 April 1910
6. Place of Birth, (Street and number) 1101 S Carey St.
6. Full name of Mother, Johanna Zeuch
7. Mother's Maiden Name, " " Nunberger
8. Mother's Birthplace, Baiern Germany
9. Full name of Father, Karl Zeuch
10. Father's Occupation, Storekeeper
11. Father's Birthplace, Hessen Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

19100003813

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, and the said schedule shall be delivered, duly signed by the parent, or in case of his absence from the city, by the nearest relative present, to the office of the Commissioner of Health, within thirty-six hours after the birth, and in case the birth of any child shall occur without the city, a like certificate of the birth, if known, shall be delivered at said office within the same time after the return of the parent to the city; and in case the birth of any child shall occur in a house where there is no physician or midwife, or should no other person be in attendance as required by this section, the parent shall himself make and deliver the certificate and schedule required immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form provided in this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7/2/23

RETURN OF A BIRTH. 56335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
MAY 28 1910
S. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* FRANCES BELBOT
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 17 Mai 1910
6. *Place of Birth, (Street and number)* 116 E. Lexington St.
6. *Full name of Mother,* Wanda Belbot
7. *Mother's Maiden Name,* " " Zalus
8. *Mother's Birthplace,* Polen Russia
9. *Full name of Father,* Paul Belbot
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia Poland

Name of Medical Attendant, or other person who makes this Return, Martha J. Kunn

Address, 425 E. Lexington

Remarks,

19100003814

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the occupant of each house in which such birth shall occur within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A56336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
FEB 28 1910
REGISTRAR V.M.S.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of Child,* Child
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* 5 Feb 1910
6. *Place of Birth, (Street and number)* 425 E. Lemmon st.
6. *Full name of Mother,* Anna M. Fehring
7. *Mother's Maiden Name,* " " "
8. *Mother's Birthplace,* Prussia Austria
9. *Full name of Father,* Paul Eitel
10. *Father's Occupation,* Electric Tower
11. *Father's Birthplace,* Prussia Austria

Name of Medical Attendant, or other person who makes this Return, Martha J. Wilson

Address, 425 E. Lemmon st.

Remarks,

19100003815

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A56337

GIVEN NAME ADDED 2-27-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
OCT 28 1910
BAILEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of Child, Louise Sohl
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth, 14 April 1910
6. Place of Birth, (Street and number) 548 S Bentalou St.
6. Full name of Mother, Fanny Sohl
7. Mother's Maiden Name, " " Rollins
8. Mother's Birthplace, Baltimore Md
9. Full name of Father, Jakes Sohl
10. Father's Occupation, Electrician
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Gustav E Quinn

Address, 725 S Carrollton Ave

Remarks,

19100003816

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then the owner or agent of the house in which the birth shall occur, or the father, mother or nearest relative of such child present at the birth, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. 1286.

RETURN OF A BIRTH. A56338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 7th

1. *Name of child,* Thelma J Kahl
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* the 22nd day of May
5. *Place of Birth, (Street and number)* No 1017 Hanover St
6. *Full name of Mother,* Catherine Kahl
7. *Mother's Maiden Name,* Catherine Kettlety
8. *Mother's Birthplace,* Baltimore Md
9. *Full name of Father,* John Kahl
10. *Father's Occupation,* Proprietor of Moving Picture Parlor
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, H Md Auer

Address, No 107 Fisher St

Remarks, 1910000038 17

RECEIVED FOR RECORD MAY 25 1910 S. HOSLEY M.D. BOARD OF HEALTH

Every person who shall have been concerned in any birth occurring within the limits of Baltimore City, after the same can be ascertained, the full name of each child, date of birth, sex, color, the full name and occupation of its parents, the place of residence of the parents, and the place of birth of the child, shall, within ten days after the birth, make a return of the same to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth of the child, then it shall be the duty of the mother, within ten days after the birth, to make a return of the same to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Name of Child,* John F. Holzman.
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Race
4. *Date of Birth,* 25th of May
6. *Place of Birth, (Street and number)* S. Fleet St.
6. *Full name of Mother,* Adelheide B. Holzman
7. *Mother's Maiden Name,* Schultz
8. *Mother's Birthplace,* Germany
9. *Full name of Father,* Karl Cesar Holzman
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Midwife Helen Holz

Address, 1326 N. Washington St.

Remarks,

1910 0003818

RECEIVED FOR RECORD MAY 28 1910 S. BOSLEY M.D. BOARD OF HEALTH

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person, in attendance upon the mother, make the return required by this section, it shall be the duty of the mother of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) None

1. Name of Child,
2. Sex, (state whether male or female) Male.
3. Race or color, (if not of the White Race) White
4. Date of Birth, May 11-1910
6. Place of Birth, (Street and number) 239 N Chappel St.
6. Full name of Mother, Lillie V Hatmaugh
7. Mother's Maiden Name, Lillie Kelly.
8. Mother's Birthplace, Baltimore
9. Full name of Father, George W Hatmaugh
10. Father's Occupation, Laborer
11. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E Peregoy.

Address, 2001 Bank St. Balto. Md.

Remarks, 1910000038 19

RECEIVED FOR RECORD MAY 30 1910 H.S. FOSLEY M.D. PRES. BD. OF HEALTH

and schedule shall be delivered, duly signed by the practitioner in the form of certificate above given, to the Clerk of the Board of Health, or person appointed to receive the same, within ten days after the birth of any child and every such practitioner shall, before the third day of each and every month, to the office of Commissioner of Health, or should no other person be in attendance upon the mother, then the person in charge of the house where such birth shall occur without the attendance of a physician or midwife, or the person or parents of such child, if such practitioner shall hereafter it shall become the duty of the person or parents of such child to report the same in writing to the Commissioner of Health, in the manner and within the period above required of physicians and midwives, with the particulars required of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A56341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-One

1. *Name of Child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* May 31 1910
6. *Place of Birth, (Street and number)* 2034 Gough St.
6. *Full name of Mother,* Ethel Rayner
7. *Mother's Maiden Name,* Ethel Pearson
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Calvin Rayner
10. *Father's Occupation,* Waiter
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary E Peregoy

Address, 2001 Bank St. Balto. Md.

Remarks, 1910000003820

RECEIVED FOR RECORD
MAY 31 1910
COMMISSIONER M.D.
BOARD OF HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month, to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above named and immediately thereafter if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above named any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Name of Child,* Margaret Frank
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)* Negro
4. *Date of Birth,* 23rd of May
6. *Place of Birth, (Street and number)* 2025. N. Oliver st.
6. *Full name of Mother,* Jenny K. Frank
7. *Mother's Maiden Name,* Schriefer
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Andrew G. Frank
10. *Father's Occupation,* Salesman
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Midwife Helen Hill

Address, 1326 N. Washington st.

Remarks,

1910000382 1

RECEIVED FOR RECORD
JUN 28 1910
J. FOSTER M.D.
COMR OF HEALTH

be confirmed) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said births shall be proved, duly attested by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the householder or owner of the house or tenement where such child is born shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the Registrar of Vital Statistics, within the city or County in which the birth occurred, within the first ten days after the birth, and on the failure of the person required by this section to report such birth within the said time, such person shall be subject to a fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-one.

1. *Name of Child,* John Coleman Smith
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* April 29-1910 ~~First 1910~~
6. *Place of Birth, (Street and number)* 320 Duncan St.
6. *Full name of Mother,* Mary E. Smith
7. *Mother's Maiden Name,* Mary E. Conelly Connelly
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Harry L. Smith
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E Conelly.

Address, 2001 Bank St. Balto. md.

Remarks,

RECEIVED FOR RECORD MAY 30 1910 S. ROSLEY M.D. REGISTER OF HEALTH

1910000038 22

GIVEN NAME ADDED 7/15/69

RETURN OF A BIRTH.

A56344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second one

1. Name of Child, THELMA MAY MILLER
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, May 15, 1910
6. Place of Birth, (Street and number) 104 S. Wolfe St.
6. Full name of Mother, Alice Miller
7. Mother's Maiden Name, Alice Beatty
8. Mother's Birthplace, Baltimore
9. Full name of Father, John Miller
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

RECEIVED FOR RECORD MAY 31 1910 JAS BOSLEY M.D. REGISTRAR OF HEALTH

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Peregoy.

Address, 2001 Bendy St.

Remarks, Balto. Md

19100003823

said schedule shall be delivered, duly filled by the practitioner in a form of a certificate hereto annexed, to the Registrar of Vital Statistics, Board of Health, Baltimore, Md., within five days after the birth, and shall also deliver a duplicate of said certificate to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to deliver the certificate hereto annexed and such duplicate as aforesaid, within ten days after the birth. Any person or parents who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 one

1. Name of Child, Elizabeth Jewell
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, May 27 1910
6. Place of Birth, (Street and number) 418 S. Chester St.
6. Full name of Mother, Catherine Jewell
7. Mother's Maiden Name, Catherine Cosgrove
8. Mother's Birthplace, Baltimore
9. Full name of Father, William Jewell.
10. Father's Occupation, Laborer.
11. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Peregoy

Address, 2001 Aisquith St.

Remarks, Balto. Md.

1910 00038241

RECORD

JAS. LOSLEY M.D. COM'R OF HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as herein above set forth, and said duly signed certificate shall be delivered to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the person or parents of such child shall be required to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-19-58

RETURN OF A BIRTH.

A56346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the father, mother, householder or other person present at the birth or nearest of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Name of Child,* Viola Elizabeth Gaskins
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth,* 22 th of May
6. *Place of Birth, (Street and number)* 1135 Orleans st
6. *Full name of Mother,* Martha Gaskins
7. *Mother's Maiden Name,* Martha Ringold
8. *Mother's Birthplace,* West Moreland Co Va
9. *Full name of Father,* Benjamin Gaskins
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* West Moreland co Va

Name of Medical Attendant, or other person who makes this Return, Mrs Maria Wright

Address,

Remarks,

1910000003825

RECEIVED FOR RECORD
JUN 1910
JAS. BOSLEY, M.D.
REGISTRAR OF HEALTH

CERTIFICATE AMENDED - 5/24/73

RETURN OF A BIRTH. A56347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child, ~~Infant~~ FRANK Cohen
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) White
4. Date of Birth May 6 1910
5. Place of Birth, (Street and number) 2445 Eager St
6. Full name of Mother, Fannie Cohen
7. Mother's Maiden Name, Fannie Feather
8. Mother's Birthplace, Russia
9. Full name of Father, Louis Cohen
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Fannie Lefkowitz

Address, 828 E Baltimore St

Remarks, 1910000382 5

RECEIVED FOR RECORD MAY 31 1910 J. M. BOSLEY, M.D. REGISTER OF VITAL STATISTICS

The law requires that the name of the child shall be given within one month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of marriage of the parents, the number of children born to the present mother in the present marriage, the number now living, the number born dead, the number of children born to the present mother in the present marriage, the number now living, the number born dead, the number of children born to the present mother in the present marriage, the number now living, the number born dead

RETURN OF A BIRTH. A56348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Name of child,* Harry Blumberg
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* May 19 10
5. *Place of Birth, (Street and number)* 914 E. Pratt St.
6. *Full name of Mother,* Annie Blumberg
7. *Mother's Maiden Name,* Annie Friedman
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Idel Blumberg
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Fannie Silverman

Address, 828 E. Baltimore St.

Remarks,

RECEIVED FOR RECORD MAY 31 1910 S. BOSLEY M.D. COMM'R OF HEALTH

1910000 3827

date and place of birth; and the said schedule shall be delivered, duly filled out, by the person giving information of the facts required, to the person whose duty it is to make a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, then the said schedule shall be delivered, duly filled out, by the mother, immediately thereafter. It shall become the duty of the person or parents of such child to cause the same to be registered as herein provided, and any such person or parents who shall refuse or neglect to comply with the provisions of this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2,

1. Name of child, Willie Meltzer
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth May 1 1910
5. Place of Birth, (Street and number) 132 N. Front St
6. Full name of Mother, Rosie Meltzer
7. Mother's Maiden Name, Rosie Dannbaley
8. Mother's Birthplace, Russia
9. Full name of Father, Dave Meltzer
10. Father's Occupation, tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Fannie Silverman

Address, 828 E. Baltimore St

Remarks,

1910003828

RECEIVED FOR RECORD MAY 31 1910 S. BOSLEY M.D. BOARD OF HEALTH

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the person required by this section to report the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In such case a special blank will be furnished for the purpose. Any person or parent failing to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A56350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

If each child of any child have been conferred—sex, color, the full names and correct residence of the parents, the date and place of birth, and the said schedule shall be filled out and delivered by the practitioner in the form of a certificate between the first and tenth days of each month to the office of Commissioner of Health. If no attendance be in attendance upon the mother of such child shall occur without the attendance of a physician or practitioner in midwifery, it shall be the duty of the person in charge of the house in which the birth occurs, or of the parent of such child, to report the birth to the Commissioner of Health. If no other person

Dead

RETURN OF A BIRTH.

A56351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of each child, if any shall have been conferred; sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the...

...of a certificate between the first and third day of each month, to the Registrar of Vital Statistics of the City of Baltimore, without the attendance of a physician or practitioner of the healing art, or midwife in attendance upon the mother, immediately thereafter it shall be the duty of such person to report the case to the Registrar of Vital Statistics, Board of Health. To each birth of any person to whom application for a certificate is made, it shall be the duty of the person or parties of such child to report the same to the Registrar of Vital Statistics, Board of Health, in the manner and within the period of time prescribed in this section, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Name of child* (Calman Neustaum) Clement Neubaum
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* May 8 1910
5. *Place of Birth, (Street and number)* 904 E. Lanvale St.
6. *Full name of Mother,* Minnie (Neustaum) Neubaum
7. *Mother's Maiden Name,* Minnie Grader Graber
8. *Mother's Birthplace,* Austria Austria
9. *Full name of Father,* David (Neustaum) Neubaum
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia Austria

RECEIVED FOR RECORD MAY 31 1910 JAS. BOSLEY M.D. COMMR. OF HEALTH

Name of Medical Attendant, or other person who makes this Return, E. Lanvale St. Hospital

Address, 828 E. Baltimore St

Remarks, 19100003830

CERTIFICATE AMENDED 6/18/74

RETURN OF A BIRTH. A56352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child, ~~Infant~~ LEON Land

2. Sex, (state whether male or female) Male

3. Race or color, (if not of the White Race) White

4. Date of Birth May 9 10

5. Place of Birth, (Street and number) 1516 E. Fayetta rd St.

6. Full name of Mother, Annie Land

7. Mother's Maiden Name, Annie Klawawska

8. Mother's Birthplace, Russia

9. Full name of Father, Jake Land

10. Father's Occupation, Tailor

11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Fanny Silverman

Address, 6218 Gardenia St

Remarks, Filed 5/31/10 0 0 0 3 8 3 1

RECEIVED FOR RECORD MAY 31 1910 H. O. DOOLEY, M.D.

Date and Place of Birth. Every person in charge of any lying-in establishment, midwife, or other person who shall attend upon any child shall cause the birth of any child occurring under his or her charge to be registered with the Commissioner of Health, in the form prescribed by him, within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Children.

1. *Name of Child,* Theodor Jackson.
2. *Sex, (state whether male or female)* Boy.
3. *Race or color, (if not of the White Race)* Colored.
4. *Date of Birth,* / May 20th 1910
6. *Place of Birth, (Street and number)* 563 Lepon St. Baltimore
6. *Full name of Mother,* Lula Jackson.
7. *Mother's Maiden Name,* Lula Nolan.
8. *Mother's Birthplace,* St Marys Co. Md.
9. *Full name of Father,* George Jackson.
10. *Father's Occupation,* Stevedore
11. *Father's Birthplace,* St Marys Co.

Name of Medical Attendant, or other person who makes this Return, Dr. Ellis.

Address, RECORDED Elizabeth Johnson 884 Lepon

Remarks, MAY 31 1910

1910 00003832

JAMES BUBLEY M.D.
COMR OF HEALTH

been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. It shall be the duty of any midwife attending upon a birth or stillbirth, or any other person having charge of any such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* Helen Eliz. Andrew Burton
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* May 28, 1910.
6. *Place of Birth, (Street and number)* 2774 N. Charles
6. *Full name of Mother,* Helen A. Burton
7. *Mother's Maiden Name,* " Andrew
8. *Mother's Birthplace,* Scotland
9. *Full name of Father,* Perry P. Burton
10. *Father's Occupation,* Trav. Salesman
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. H.C. Knapp. M.D.

Address, 1716 E. Preston St.

Remarks,

RECEIVED FOR RECORD MAY 31 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

19100000·3833

The Sanitary Code, Art. 4, Sec. 19, requires that the name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Name of Child, Mildred
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth, May 8, 1910.
6. Place of Birth, (Street and number) 1320 Hiecman
6. Full name of Mother, Ruth W. Stayton
7. Mother's Maiden Name, " Wittle
8. Mother's Birthplace, Balto.
9. Full name of Father, Wm G. Stayton
10. Father's Occupation, Promoter Adams Exp Co.,
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, W C Knapp M.D.

Address, 1716 E. Preston St.

Remarks,

RECEIVED FOR RECORD
MAY 31 1910
JAS. BOSLEY M.D.
SUPT. BOARD OF HEALTH

1910000 03834

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur when there is no physician or midwife in attendance, or should no certificate of birth be delivered as above required, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A56356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Name of child,* Annie Cooper
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* May 24 1910
5. *Place of Birth, (Street and number)* 307 N Eden St.
6. *Full name of Mother,* Beckie Cooper
7. *Mother's Maiden Name,* Beckie Piavos
8. *Mother's Birthplace,* Russia
9. *Full name of Father,* Joe Cooper
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

RECEIVED FOR RECORD MAY 31 1910 H. BOSLEY, M.D.

Name of Medical Attendant, or other person who makes this Return. Annie L Abramson

Address, 828 E Baltimore St

Remarks, 1910000 3835

date and place of birth and the said return shall be delivered, duly signed by the proper officer, in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of such birth, then it shall be the duty of the householder or owner of the premises where such birth occurs to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Name of child, Beckie Edlavitz
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth May 21 1910
5. Place of Birth, (Street and number) 112 Aisquith St.
6. Full name of Mother, Ida Edlavitz
7. Mother's Maiden Name, Ida Lavigo
8. Mother's Birthplace, Russia
9. Full name of Father, Charlie Edlavitz
10. Father's Occupation, Cap Maker
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fannie Silverman

Address, 828 E. Baltimore St.

Remarks,

1910 00038 36

RECEIVED FOR RECORD ... 1910 ... BOARD OF HEALTH

date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month, to the officer of the Board of Health, to whom he is required to report births; and in all cases of births occurring without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Name of child, Celia Sandler
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth May 12 1910
5. Place of Birth, (Street and number) 1443 E. Pratt St.
6. Full name of Mother, Sadie Sandler
7. Mother's Maiden Name, Sadie Glazer
8. Mother's Birthplace, Russia
9. Full name of Father, Morris Sandler
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Irma Silverman

Address, 828 E. Baltimore St.

Remarks, 1910 0003837

RECEIVED FOR RECORD MAY 31 1910 J. BOSLEY M.D. BOARD OF HEALTH

of each child of any such mother, to be recorded, as herein required, the full name of such child, the full name and occupation of its parents, the date and place of birth of such child, and the full maiden name of the mother, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no person be in attendance at the birth who is required by this section to report the same, then the parent or parents of such child is required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56359

CITY OF BALTIMORE. (No. 1703 Jackson St.; 24 Ward)

(2) FULL NAME OF CHILD Virginia Bess C — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 27 1910

FATHER

(8) FULL NAME: Wm H Bess C

(9) RESIDENCE: 1703 Jackson St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 27

(12) BIRTHPLACE: Md

(13) OCCUPATION: Fireman

MOTHER

(14) FULL MAIDEN NAME: Myrtle Padgett

(15) RESIDENCE: 1703 Jackson St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 22

(18) BIRTHPLACE: Md

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5.30 A M., on the date above stated.

(23) Signature: P E Campbell MD (Physician or Midwife)

Address: 644 Hanover St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 1 8 3 8

RECORD

MAY 31 1910

J. BOSLEY M.D.

REGISTRAR OF HEALTH

(24) Given name added from a supplemental report _____, 19

Registrar

Filed _____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56360

CITY OF BALTIMORE. (No. 909. Port St.; Ward)

(2) FULL NAME OF CHILD Augustin Anna Bernard (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
2	(To be answered only in event of plural births)			4 may 1910

FATHER	MOTHER
(8) FULL NAME Male Augustin Bernard	(14) FULL MAIDEN NAME Anna Bernard
(9) RESIDENCE White	(15) RESIDENCE Anna Hladek
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Bohemia	(16) BIRTHPLACE Bohemia
(13) OCCUPATION Klaissman	(18) OCCUPATION
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

RECEIVED FOR RECORD MAY 31 1910 JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

(23) Signature U 0 0 3 8 3 9 (Physician or Midwife)

Address Katerina Krepela 905 K.

Filed ____, 19 . Medaira St. Registrar

(24) Given name added from a supplemental report 31 may, 1910

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56361

CITY OF BALTIMORE. (No. 915 N. Medaira St.; Ward)

(2) FULL NAME OF CHILD Anna Švehla

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
1				2 maj 1910

FATHER	MOTHER
(8) FULL NAME Male Frenk Švehla	(14) FULL MAIDEN NAME Marie Švehlova
(9) RESIDENCE White	(15) RESIDENCE Marie Špriklova
(10) COLOR (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Balttimare	(18) BIRTHPLACE Balttimare
(13) OCCUPATION Smick	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

RECEIVED FOR RECORD MAY 31 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature U 0 0 3 8 4 0 (Physician or Midwife)

(24) Given name added from a supplemental report 31 maj, 1910

Address Kateřina Křepela 905 N

Filed , 19 . Medaira St.

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56362

CITY OF BALTIMORE. (No. 928 Benford St.; Ward)

(2) FULL NAME OF CHILD 1 Marie Novak

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
1				29 maj 1910

FATHER	MOTHER
(8) FULL NAME Male Frennk Novak	(14) FULL MAIDEN NAME Anaška Novak
(9) RESIDENCE White	(15) RESIDENCE Anaška Krištov
(10) COLOR W	(16) COLOR
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Bohemie	(18) BIRTHPLACE Bohemie
(13) OCCUPATION Labotor	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

RECEIVED FOR RECORD MAY 31 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(23) Signature U 0 0 3 8 4 1 (Physician or Midwife)

Address Katerina Křepela 902 c N

Filed ____, 19 . Medaira St. Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report 31 maj, 1910

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56363

CITY OF BALTIMORE. (No. 1105 E North av St.; Ward)

(2) FULL NAME OF CHILD Sarah Louise Welte (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	X X	1st X X	yes	May 29, 1910

FATHER

(8) FULL NAME John Harvey Welte

(9) RESIDENCE 1105 E. North av

(10) COLOR White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Gettysburg Penn

(13) OCCUPATION Linotype Operator

(20) Number of children born to this mother, including present birth One

MOTHER

(14) FULL MAIDEN NAME Elsie Catherine Yeagy ~~Welte~~

(15) RESIDENCE 1105 E. North av

(16) COLOR White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Gettysburg Penn

(19) OCCUPATION none

(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 P. M., on the date above stated.

(23) Signature C. H. Duker M.D. (Physician or Midwife)

Address 928 E North av

RECEIVED FOR RECORD MAY 31 1910 JAS BOSLEY M.D. REGISTRAR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56364

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 109 N Luzerne St.; 6 Ward)

(2) FULL NAME OF CHILD Laura Hopkins — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	May 5, 1910

FATHER	MOTHER
(8) FULL NAME Clarence Hopkins	(14) FULL MAIDEN NAME Ada [illegible]
(9) RESIDENCE 109 N Luzerne	(15) RESIDENCE 109 Bond N Luzerne
(10) COLOR White (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Balto
(13) OCCUPATION Clerk	(19) OCCUPATION Wife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 O'clock P. M., on the date above stated.

(23) Signature J T Shickhall (Physician or Midwife)

Address 2112 E Balto St

Filed MAY 31 1910, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

REGISTERED RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth May 30th 1910
4. Place of Birth, (Street and Number) Bay View Hospital
5. Full Name of Mother, Annie Elizabeth Wilson
6. Mother's Maiden Name, Annie Elizabeth Trott
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Harry Elmer Wilson
9. Father's Occupation, Seaman
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. Paul Brown

Address Bay View Hospital Balto. Md

Remarks, 1910 0003844

RECEIVED FOR RECORD MAY 31 JAS. BOSLEY REGISTRAR

Every physician or midwife in attendance upon a parturition shall write the date and place of birth; and the name, sex, color, number of child to the mother, and the full name, occupation and residence of the parents, on a certificate to be furnished by the Commissioner in the form of a certificate between the parents of any child born alive, and every person who shall be present at the birth of any child shall subscribe his name to such certificate; and every physician or midwife, or other person who shall officiate at the birth of any child born dead, shall within ten days after the occurrence of such birth, make a report thereof to the Commissioner of Health, in such form as he may require; and every such physician or midwife, or other person who shall officiate at the birth of any child born dead, shall subscribe his name to such report; and every such

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56366

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. ; St. ; Ward)

(2) FULL NAME OF CHILD Alexander Gordon 3rd — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	3rd	Yes	Nov. 12 1909

	FATHER	MOTHER
(8) FULL NAME	Alex Gordon [illegible]	(14) FULL MAIDEN NAME Elizabeth Ringo
(9) RESIDENCE	1204 St Paul St	(15) RESIDENCE 1204 St. Paul St
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years) 32
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE Kentucky
(13) OCCUPATION	Stock Broker	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.40 A. M., on the date above stated.

(23) Signature [illegible] (Physician or Midwife)

Address [illegible] Cathedral St.

(24) Given name added from a supplemental report , 19

Filed MAY 31 1910 19 .

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003845

RECEIVED FOR RECORD

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56367

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1440 Brunt St.; Ward)

(2) FULL NAME OF CHILD

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Yes	May 30 1910

	FATHER	MOTHER
(8) FULL NAME	Chas. H. Moore	(14) FULL MAIDEN NAME Dora E. Allen
(9) RESIDENCE	1440 Brunt St	(15) RESIDENCE 1440 Brunt St
(10) COLOR	Black	(16) COLOR Black
(11) AGE AT LAST BIRTHDAY (Years)	29 yrs	(17) AGE AT LAST BIRTHDAY (Years) 28 yrs
(12) BIRTHPLACE	Carrol Co Md	(18) BIRTHPLACE Staunton Va
(13) OCCUPATION	Waiter	(19) OCCUPATION none

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 P. M., on the date above stated.

(23) Signature John Huck

0003846

(Physician or Midwife)

Address 647 W. Lafayette Ave

RECEIVED FOR RECORD JUN -1 1910 JAS. BOSLEY M.D. REGISTRAR

Filed , 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56368

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 650 Pitcher St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Yes	May 23, 1910

FATHER		MOTHER	
(8) FULL NAME	Louis Bowes	(14) FULL MAIDEN NAME	Eva Hudson
(9) RESIDENCE	650 Pitcher St	(15) RESIDENCE	650 Pitcher St
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	21 Yrs	(17) AGE AT LAST BIRTHDAY (Years)	25 Yrs
(12) BIRTHPLACE	North Carolina	(18) BIRTHPLACE	Balt. City
(13) OCCUPATION	Laborer	(19) OCCUPATION	none

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at [illegible] M., on the date above stated.

RECEIVED FOR RECORD JUN 1 1910 M. S. BOSLEY M.D. REGISTRAR OF HEALTH

(23) Signature John B Huck

U 0003847

(Physician or Midwife)

Address 647 N. Lafayette Ave

Filed _____, 19 .

Registrar

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56369

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1801 Division St.; Ward)

(2) FULL NAME OF CHILD Elmer Thompson

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	May 3 1910

FATHER		MOTHER	
(8) FULL NAME	Elmer Thompson	(14) FULL MAIDEN NAME	Estes Slaughter
(9) RESIDENCE	1801 Division St	(15) RESIDENCE	1801 Division St
(10) COLOR	C	(16) COLOR	C
(11) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years)	23
(12) BIRTHPLACE	Philadelphia Pa.	(16) BIRTHPLACE	Montgomery W. Va
(13) OCCUPATION	Laborer	(19) OCCUPATION	Wife
(20) Number of children born to this mother, including present birth	Four	(21) Number of children of this mother now living	Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ~~8~~ 10.30 P. M., on the date above stated.

(23) Signature Wm H. Wright

(Physician or Midwife)

U 0003848

Address 1373 N. Carey St

* When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

RECEIVED FOR RECORD JUN 1 1910 JOHN S. FOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56370

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2017 Lafayette Ave St.; Ward)

(2) FULL NAME OF CHILD MARGARET (H) E POLLEY (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		4	Yes	May 25, 1910

FATHER	MOTHER
(8) FULL NAME Eugene (Polly) POLLEY	(14) FULL MAIDEN NAME Carrie M (Luccarini)
(9) RESIDENCE 2017 Lafayette Ave	(15) RESIDENCE 2017 Lafayette Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 38 yrs (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 38 yrs (Years)
(12) BIRTHPLACE Balto City	(18) BIRTHPLACE Philad. Pa.
(13) OCCUPATION Clerk	(19) OCCUPATION none
(20) Number of children born to this mother, including present birth 7	(21) Number of children of this mother now living 6

RECEIVED FOR RECORD JUN -1 1910 JAS. BOOLEY M.D. COMM'R OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7 A M., on the date above stated.

(23) Signature John S. Hutt (Physician or Midwife)

Address 647 N. Lafayette Ave

Filed _____, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003849

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56371

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 420, N. Washington St.; Ward)

(2) FULL NAME OF CHILD Mariana Jankiewicz

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		3rd	Married	May 20th 1910

FATHER

(8) FULL NAME Stanislow Jankiewicz

(9) RESIDENCE 420 N Washington St

(10) COLOR White

(11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Austria

(13) OCCUPATION Shoe-Maker

(20) Number of children born to this mother, including present birth 3rd

MOTHER

(14) FULL MAIDEN NAME Maggie Synovacka. {Jankiewicz}

(15) RESIDENCE 420 N Washington St

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Germany

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Mrs H Iron Midwife (Physician or Midwife)

RECEIVED FOR RECORD JUN -1 1910

0 0 0 3 8 5 0

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Address 403 N. Washington St

Filed May 31st, 19 10

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56372

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 2013, Jefferson St.; Ward)

(2) FULL NAME OF CHILD: Emma Meier

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2nd	Married	May 22nd, 1910

FATHER

(8) FULL NAME: John Meier

(9) RESIDENCE: 2013 Jefferson St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 24

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Sailor

MOTHER

(14) FULL MAIDEN NAME: Meier Freda Lustel

(15) RESIDENCE: 2013 Jefferson St.

(16) COLOR:

(17) AGE AT LAST BIRTHDAY (Years): 21

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housekeeper

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 A. M., on the date above stated.

(23) Signature: Mrs H. Krow

(Physician or Midwife)

Address: 203 W. Washington St.

Filed: May 31st, 1910

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19____

Registrar

(READ THE REVERSE SIDE)

RECORD
BOARD OF HEALTH
CITY MD. 851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56373

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 123, S Bond St.; Ward)

(2) FULL NAME OF CHILD — Dora Schmidt — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		7th	Planned	May 28th, 1910

FATHER		MOTHER	
(8) FULL NAME	John Schmidt	(14) FULL MAIDEN NAME	Maggie Vonhatten Schmidt
(9) RESIDENCE	123 S Bond St.	(15) RESIDENCE	123 S Bond St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	34	(17) AGE AT LAST BIRTHDAY (Years)	31
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Plumber	(19) OCCUPATION	Housekeeper
(20) Number of children born to this mother, including present birth	7	(21) Number of children of this mother now living	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5A M., on the date above stated.

(23) Signature — Mrs K Shaw — Midwife (Physician or Midwife)

Address 203 N Washington St

Filed May 31st, 1910

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR JUN 1 1910 — 0 0 0 3 8 5 2 — JAS. BOSLEY M.D. COMMR. OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56374

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1825, Bank St.; Ward)

Registered No. B

(2) FULL NAME OF CHILD Alice Darby

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		5th	Married	May 20th 1910

FATHER

(8) FULL NAME	Alex Darby
(9) RESIDENCE	1825 Bank St
(10) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	50
(12) BIRTHPLACE	Colchester County
(13) OCCUPATION	Sailor
(20) Number of children born to this mother, including present birth	5

MOTHER

(14) FULL MAIDEN NAME	Alice Darby Stickley
(15) RESIDENCE	1825 Bank St
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	41
(18) BIRTHPLACE	Pennsylvania
(19) OCCUPATION	Housekeeper
(21) Number of children of this mother now living	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Mrs H Stroe (Physician or Midwife)

Address M.D. 203 N Washington St

Filed May 31st, 1910.

Registrar

(24) Given name added from a supplemental report ____, 19____

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD JUN - 1 1910 BOARD OF HEALTH

0 0 0 3 8 5 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56375

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2717 E. Fayette St.; Ward)

(2) FULL NAME OF CHILD — Anna Clark

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		15th	Married	May 12th, 1910

FATHER

(8) FULL NAME: Edward Clark

(9) RESIDENCE: 2717 E. Fayette St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 41

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Clerk

MOTHER

(14) FULL MAIDEN NAME: Anna Dorse Clark

(15) RESIDENCE: 2717 E. Fayette St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 40

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: housekeeper

(20) Number of children born to this mother, including present birth: 15

(21) Number of children of this mother now living: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5 P. M., on the date above stated.

(23) Signature: Mrs L Strau (Physician or Midwife)

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED BALTIMORE CITY
RECORD 0 3 8 5 4
JUN 1 1910
BUREAU OF VITAL STATISTICS
CITY HEALTH DEPARTMENT

(24) Given name added from a supplemental report, 19

Address: 203 N. Washington St.

Filed May 31st, 19 10.

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56376

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 625 Harvy St.; Ward)

Registered No. B

(2) FULL NAME OF CHILD — Lucy Anna Dantoni

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F.	✓	✓	Yes	May 10, 1910

FATHER

(8) FULL NAME — Henry Dantoni

(9) RESIDENCE — 625 Harvy St

(10) COLOR — W.

(11) AGE AT LAST BIRTHDAY (Years) — 25 yrs.

(12) BIRTHPLACE — Balto.

(13) OCCUPATION — Laborr.

(20) Number of children born to this mother, including present birth — 1.

MOTHER

(14) FULL MAIDEN NAME — Margaret Wiedeck

(15) RESIDENCE — 625 Harvy St.

(16) COLOR — W.

(17) AGE AT LAST BIRTHDAY (Years) — 22 yrs

(18) BIRTHPLACE — Balto. Md

(19) OCCUPATION — Housework

(21) Number of children of this mother now living — 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.30 A M., on the date above stated.

(23) Signature — C. M. Bramin, M.D. (Physician or Midwife)

Address — 1100 Hanover St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1910 00 07055

RECEIVED FOR RECORD JUN – 1 1910 JAS. BOSLEY M.D. COMM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56377

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Mary Elizabeth Ball. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Female. (4) Twin, triplet, or other? (To be answered only in event of plural births) (5) Number in order of birth (9) Legitimate? Yes (7) Date of Birth 5 (Month) 1 (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME Arthur S. Ball.	(14) FULL MAIDEN NAME Elizabeth N. Delhaw
(9) RESIDENCE 2117 Christian St	(15) RESIDENCE 2117 Christian St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 28. (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Tobacco Worker.	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth 3.	(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 12 — M., on the date above stated.

1910

(23) Signature Mary A. Keating. Midwife for 1503 Mc Henry St (Physician or Midwife)

Address 1503 Mc Henry St.

Filed JUN -1 1910, 19 . J. OSLER, M.D. COMR OF HEALTH — Registrar

(24) Given name added from a supplemental report ____, 19 ____ — Registrar

RECEIVED FOR RECORD JUN -1 1910

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56378

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — Sarah Rebecca Houck. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female.			Yes	5 — 17 — 1918

FATHER	MOTHER
(8) FULL NAME: Eugene Savoy Houck.	(14) FULL MAIDEN NAME: Anastatia Stuott.
(9) RESIDENCE: 116 S. Calhoun St	(15) RESIDENCE: 116 S Calhoun St
(10) COLOR: White. (11) AGE AT LAST BIRTHDAY: 28 (Years)	(16) COLOR: White. (17) AGE AT LAST BIRTHDAY: 18 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore.
(13) OCCUPATION: Driver.	(19) OCCUPATION: Housekeeper.
(20) Number of children born to this mother, including present birth: 1st	(21) Number of children of this mother now living: 1st.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.30 a M., on the date above stated.

(23) Signature: Mary A. Straining Midwife (Physician or Midwife)

Address: 703 Mc. Henry St.

Filed ____, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

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RECEIVED RECORD

JUN -1 1918

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56379

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Eugenia Lynette Mc Guirk (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female			Yes	5 — 22 — 1910

FATHER

(8) FULL NAME Bernard C. Mc Guirk.

(9) RESIDENCE 340 S. Fulton St.

(10) COLOR White. (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Baltimore.

(13) OCCUPATION Electrician

MOTHER

(14) FULL MAIDEN NAME Martha Angela Dolzauer.

(15) RESIDENCE 340 S. Fulton St.

(16) COLOR White. (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Baltimore.

(16) OCCUPATION House keeper

(20) Number of children born to this mother, including present birth 5th.

(21) Number of children of this mother now living Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.45 P M., on the date above stated.

(23) Signature Mary A Manning. Midwife (Physician or Midwife)

Address 1503 Mc Henry St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 8 5 8

RECEIVED FOR RECORD JUN 1 1910 JAS. H. BLOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56380

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1317, N. Gilmore St.; Ward)

(2) FULL NAME OF CHILD Mary L. Elizabeth Bruce

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Fem			Yes	5, 4, 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Elmer E Bruce	(14) FULL MAIDEN NAME Mary R Barry
(9) RESIDENCE 1317 N. Gilmore St	(15) RESIDENCE 1317 N. Gilmore St
(10) COLOR W. (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR W. (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Va.	(18) BIRTHPLACE Va.
(13) OCCUPATION None	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Leonard E Brack M.D.

(Physician or Midwife)

Address 817 W Fayette St

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD JUN -1 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

(24) Given name added from a supplemental report , 19 . Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56381

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD Rosie Finkelstein [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child Female | (4) Twin, triplet, or other? | (5) Number in order of birth 3 | (6) Legitimate? White | (7) Date of Birth May 2, 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Jack Finkelstein	(14) FULL MAIDEN NAME Sarha Rosenberg
(9) RESIDENCE 7 E York St.	(15) RESIDENCE 7 E. York St
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 24 (Years)	(17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Shoemaker	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature C. A. Huss (Physician or Midwife)

Address 1 E Fayette St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD JUN -1 1910 WM. BOSLEY, M.D. COMR OF HEALTH

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56382

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Fresia Blond — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		1	White	May 3, 1910

FATHER	MOTHER
(8) FULL NAME: Louis Blond	(14) FULL MAIDEN NAME: Sillie Bedinack
(9) RESIDENCE: 1732 E. Fayette St.	(15) RESIDENCE: 1732 E. Fayette St.
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 39 (Years)
	(16) COLOR: White
	(17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: designer	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Leda Hess (Physician or Midwife)

Address 1732 E. Fayette St.

RECEIVED FOR REGISTRATION JUN -1 1910 CHAS. BOSLEY M.D. COMMR. OF HEALTH

0 1 0 0 0 3 8 6 1

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56383

CITY OF BALTIMORE. (No. , St. ; Ward)

(2) FULL NAME OF CHILD — Hatte Hoffenberg — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child: female | (4) Twin, triplet, or other? (To be answered only in event of plural births) | (5) Number in order of birth: 9 | (6) Legitimate? white | (7) Date of Birth: April 27, 19 11 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: Hoffenberg	(14) FULL MAIDEN NAME: Jenie Ruck
(9) RESIDENCE: 16 E. Hiell st	(15) RESIDENCE: 16 E. Hiell
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 41 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 41 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: Ada Huss (Physician or Midwife)

Address: 1116 E. Fayette St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD JUN -1 1910 A. BOSLEY M.D. COMMISSIONER OF HEALTH

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56384

CITY OF BALTIMORE. (No. 1213 Druid Hill ave St.; Ward)

(2) FULL NAME OF CHILD Ruth Elaine Bowman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F			yes	May 5 1910

FATHER

(8) FULL NAME: William Alphonsus Bowman

(9) RESIDENCE: 1213 Druid Hill ave

(10) COLOR: C. (11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Baltimore Md

(13) OCCUPATION: Laborer

MOTHER

(14) FULL MAIDEN NAME: Annie Hamlet

(15) RESIDENCE: 1213 Druid Hill ave

(16) COLOR: C (17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Keyesville Va

(19) OCCUPATION: Wife

(20) Number of children born to this mother, including present birth: three

(21) Number of children of this mother now living: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1:20 a. M., on the date above stated.

(23) Signature: Wm H Wright (Physician or Midwife)

Address 1373 N. Carey St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD JUN 1 1910 WM. H. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report_____, 19____

Registrar

Filed_____, 19____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56385

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1318 Riggs Ave St.; Ward)

(2) FULL NAME OF CHILD Edith Jones

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	May 3 1910

FATHER	MOTHER
(8) FULL NAME: Thomas Jones	(14) FULL MAIDEN NAME: Cora Jackson
(9) RESIDENCE: 1318 Riggs ave	(15) RESIDENCE: 1318 Riggs ave
(10) COLOR: C (11) AGE AT LAST BIRTHDAY: 48 (Years)	(16) COLOR: C (17) AGE AT LAST BIRTHDAY: 34 (Years)
(12) BIRTHPLACE: Virginia	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Laborer	(19) OCCUPATION: Wife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.05 A. M., on the date above stated.

(23) Signature Wm H. Wright (Physician or Midwife)

U 0 0 3 8 6 4

Address 1373 N. Carey St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD JUN 1 1910 [illegible] M.D. COMM'R OF HEALTH

RETURN OF A BIRTH.

56386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JUN -1 1910
W. R. BOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Name of Child, Helen
2. Sex, (state whether male or female) Girl
3. Race or color, (if not of the White Race) White Race
4. Date of Birth, 18 may 1910
6. Place of Birth, (Street and number) 936 E. Madison str
6. Full name of Mother, Ida Wittenberg
7. Mother's Maiden Name, Haffnessy
8. Mother's Birthplace, Baltimore Md.
9. Full name of Father, John Wittenberg
10. Father's Occupation, Waiter
11. Father's Birthplace, Essen a/d Ruhr Reinprovinz Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Barbara Jay midwife

Address, 944 wiguith str

Remarks,

19100003865

said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required by this section to report such birth, then the person in whose house or on whose premises such child is born shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JUN -1 1910
S. BOSLEY M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Name of Child,* Maria Dorothi
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White Race
4. *Date of Birth,* 5 May 1910
6. *Place of Birth, (Street and number)* 912 aisquith str
6. *Full name of Mother,* Teresia A. Khalerman
7. *Mother's Maiden Name,* Unkelbach
8. *Mother's Birthplace,* Baltimore md.
9. *Full name of Father,* Henry C. Khalerman
10. *Father's Occupation,* Blumer
11. *Father's Birthplace,* Baltimore md.

Name of Medical Attendant, or other person who makes this Return. mrs Barbara Jay midwife

Address, 944 aisquith str.

Remarks,

19100003866

And schools shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, or should no other person, such attendance upon the mother be present, then it shall be the duty of the person or persons in charge of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the city, it shall be the duty of such attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Name of Child,* Roxanna Virginia
2. *Sex, (state whether male or female)* Girl
3. *Race or color, (if not of the White Race)* White Race
4. *Date of Birth,* 29 April 1910
6. *Place of Birth, (Street and number)* 928 E Chase
6. *Full name of Mother,* Rosa Voelker
7. *Mother's Maiden Name,* Schubert
8. *Mother's Birthplace,* Heilepstadt Bayern Germanie
9. *Full name of Father,* Henry F Voelker
10. *Father's Occupation,* Barber
11. *Father's Birthplace,* Jacksen Weimar Germanie

Name of Medical Attendant, or other person who makes this Return, Mrs Barbara Jay midwife

Address, 944 Aisquith Str

Remarks,

RECEIVED FOR RECORD JUN 1 1910 JOHN S. ROSLEY M.D. BOARD OF HEALTH

1910 U 003867

of each child, (if any shall have been conferred), sex, color, the full name and occupation of the parents, the date and place of birth; and the said fee shall be paid by the person required by this section to make such return. If a certificate of birth shall not be filed with the office of Commissioner of Health, as herein required, within the time specified, the person required to make such return, or in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the Commissioner of Health shall become the duty of the person or persons in charge of the house where such birth occurs, to report the same within the time specified above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 56389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* May 30th 1910
5. *Place of Birth, (Street and number)* Baltimore - 1243 Lambert St
6. *Full name of Mother,* Mrs Catherine Madigan
7. *Mother's Maiden Name,* Catherine Flynn
8. *Mother's Birthplace,* Ireland
9. *Full name of Father,* Mr. Thomas Madigan
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Amy Gleaves

Address, 1142 S. Hull St.

Remarks, 1910003868

RECEIVED FOR RECORD JAN -1 1910 ... HEALTH

RETURN OF A BIRTH.

A56390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Name of child,*
2. *Sex, (state whether male or female)* Male and Female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* May 10th 1910
5. *Place of Birth, (Street and number)* Baltimore 1238 Hull St.
6. *Full name of Mother,* Margrete Golden
7. *Mother's Maiden Name,* Margrete Burns
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Anthony Golden
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Gleason

Address, 1425 Hull St.

Remarks,

1 9 1 0 U 0 0 3 8 6 9

RECEIVED FOR RECORD JUN - 1 1910 [illegible] M.D. BOARD OF HEALTH

or each child (if any shall have been conferred) sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no older person be in attendance upon the mother, it shall immediately thereafter be the duty of the nearest relative present, or of the owner or agent of the premises where such birth shall occur, or of the nearest neighbor, to report the said birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56391

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 4849 Parkheights Av St.; Ward)

(2) FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		4	Y/S	May 26 1911

FATHER	MOTHER
(8) FULL NAME: Arthur B. Stamo	(14) FULL MAIDEN NAME: Margaretha Hoffman
(9) RESIDENCE: 4849 Parkheights Av	(15) RESIDENCE: 4849 Parkheights Av
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 35 yrs (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 32 yrs (Years)
(12) BIRTHPLACE: Balto City	(18) BIRTHPLACE: Balto City
(13) OCCUPATION: Clerk	(19) OCCUPATION: none
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ... M., on the date above stated.

(23) Signature: John G Huck

Address: 647 W Lafayette Ave

* *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

0 0 0 3 8 7 0

(Physician or otherwise)

RECEIVED FOR RECORD JUN -1 1911 H. BOSLEY, M.D. HEALTH OFFICER

(24) Given name added from a supplemental report ..., 19 ...

Registrar

Filed ..., 19 ...

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56392

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 233, E. Ann St.; Ward)

(2) FULL NAME OF CHILD Norman John Allas

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 1910 (Year)
Male		6th	Married	May 30th

FATHER	MOTHER
(8) FULL NAME: John Allas	(14) FULL MAIDEN NAME: Lizzie Ufas
(9) RESIDENCE: 233 E Ann St	(15) RESIDENCE: 233 E Ann St
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY (Years): 29
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY (Years): 27
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Engineer	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 6	(21) Number of children of this mother now living

RECEIVED FOR RECORD JUN - 1 1910 J.S. BOSLEY M.D. COMR OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Mac L. Lane

(Physician or Midwife)

U 0003871

Address 203 N. Washington St.

Filed May 31st, 1910

Registrar

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56393

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1225, Holbrook St.; Ward)

(2) FULL NAME OF CHILD John - Adison Schnitzke

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Married	May 18th 1910

FATHER		MOTHER	
(8) FULL NAME	John Schnitzke	(14) FULL MAIDEN NAME	Irene Owings Schnitzke
(9) RESIDENCE	1225 Holbrook St	(15) RESIDENCE	1225 Holbrook St.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years) 35	(16) COLOR White
			(17) AGE AT LAST BIRTHDAY (Years) 18
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Laborer	(19) OCCUPATION	Housekeeper.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	

RECEIVED FOR RECORD
JUN -1 1910 7.10 A.M.
A. BOSLEY M.D.
CITY HEALTH OFFICER

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ on the date above stated.

(23) Signature Mrs A. [illegible]

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 8 7 2

(Physician or Midwife) Midwife

(24) Given name added from a supplemental report ____, 19

Address 2036 Washington St.

Filed May 31st, 1910.

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56394

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 223, N. Chapel St.; Ward)

(2) FULL NAME OF CHILD — Leonard Koebel

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Married	May 19th 1910

FATHER

(8) FULL NAME	Samuel Koebel
(9) RESIDENCE	223 N Chapel St
(10) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Baltimore
(13) OCCUPATION	Tailor
(20) Number of children born to this mother, including present birth	1

MOTHER

(14) FULL MAIDEN NAME	Lizzie Lower Koebel
(15) RESIDENCE	223 N Chapel St
(16) COLOR	White
(17) AGE AT LAST BIRTHDAY (Years)	19
(18) BIRTHPLACE	Baltimore
(19) OCCUPATION	Housekeeper
(21) Number of children of this mother now living	1

RECEIVED FOR RECORD JUN -1 1910 8 A. M.
H. BOSLEY M.D. COMM'R OF HEALTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at an the date above stated.

(23) Signature Mrs L Koebel Midwife (Physician or Midwife)

Address 203 W. Washington St.

Filed May 31st, 1910

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 8 7 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56395

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2005 Ashland Ave St.; Ward)

(2) FULL NAME OF CHILD Edward Clark Hurley — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		2nd	Natural	May 21st, 1910

	FATHER	MOTHER
(8) FULL NAME	William Hurley	(14) FULL MAIDEN NAME Olivia Turner {Hurley}
(9) RESIDENCE	2005 Ashland Ave.	(15) RESIDENCE 2005 Ashland Ave
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	24	(17) AGE AT LAST BIRTHDAY (Years) 21
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION	Clerk	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 9 A. M., on the date above stated.

(23) Signature Otto H Kurz

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 D 9103 8 7 4

Midwife (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 203 N Washington St

Filed May 31st, 1910.

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56396

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1302, 72 Milton Ave St.; Ward)

(2) FULL NAME OF CHILD Conrad Dietrich

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Mal		6th	Married	May 21st, 1910

FATHER	MOTHER
(8) FULL NAME: George Dietrich	(14) FULL MAIDEN NAME: Anna Dietrich
(9) RESIDENCE: 1302 N. Milton Ave	(15) RESIDENCE: 1302 N. Milton Ave
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 36	(17) AGE AT LAST BIRTHDAY (Years): 33
(12) BIRTHPLACE: Germany	(18) BIRTHPLACE: Germany
(13) OCCUPATION: Baker	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 6	(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 A. M., on the date above stated.

(23) Signature: Chas H Kline (Physician or Midwife)

Address: 203 N. Washington St

Filed: May 31st, 1910

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

RECORD
U.O.V.M.D. 875
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A58397

(1) PLACE OF BIRTH 1315 W. Lafayette ave — Registered No. B

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD Paul F. Schminke Jr — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	May 18, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Paul F. Schminke	Rebecca Schminke
(9) RESIDENCE / (15) RESIDENCE	1315 W. Lafayette ave.	1315 W. Lafayette ave
(10) COLOR / (16) COLOR	white	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	35	30
(12) BIRTHPLACE / (18) BIRTHPLACE	Baltimore Md	York, Penna.
(13) OCCUPATION / (19) OCCUPATION	Paper Hangings	Housekeeper
(20) Number of children born to this mother, including present birth	1 4/4	
(21) Number of children of this mother now living	1 4/4	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 30 P M., on the date above stated.

(23) Signature E. C. Shower, M.D. (Physician or Midwife)

RECEIVED FOR RECORD JUN -1 1910 GEO. BOSLEY M.D. COMR OF HEALTH

Address 1524 W. North ave

Filed , 19 . Registrar

(24) Given name added from a supplemental report , 19 . Registrar

* When there was an attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56398

CITY OF BALTIMORE. (No. 1436 Bethel St.; Ward)

(2) FULL NAME OF CHILD — Hires

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3	Yes	May 31 1910

FATHER

(8) FULL NAME: Edgar Clausen Hires

(9) RESIDENCE: 1436 Bethel St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 38 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Brass Finisher

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Marie Plitt

(15) RESIDENCE: 1436 Bethel St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 30 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housework

(21) Number of children of this mother now living: 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7.15 A M., on the date above stated.

(23) Signature: Alfred Ullman

Address: 777 Broadway (Physician or Midwife)

* *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

RECEIVED FROM DR. ULLMAN
JUN -1 1910
OSLEY M.D.
OF HEALTH

(24) Given name added from a supplemental report_____, 19____

Registrar

Filed _____, 19____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56399

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD William Joseph Boyle. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	5, 3, 1918

FATHER	MOTHER
(8) FULL NAME Frank O. Boyle.	(14) FULL MAIDEN NAME Mary Regina Shanahan.
(9) RESIDENCE 1329 W. Pratt St	(15) RESIDENCE 1329 W. Pratt St.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Baltimore.	(18) BIRTHPLACE Baltimore.
(13) OCCUPATION Boilermaker	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3- a M., on the date above stated.

(23) Signature Mary A. Kraning, Midwife (Physician or Midwife)

Address 1303 Mc Henry St

Filed ____, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003878

RECEIVED FOR RECORD JUN 1 1910

JAS. BOSLEY, M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56400

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD: John Ignatius Stencel. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Male			Yes	5 - 7 - 1910

FATHER		MOTHER	
(8) FULL NAME	Michael Stencel.	(14) FULL MAIDEN NAME	Faurilla Adet.
(9) RESIDENCE	1809 Wilhelm St.	(15) RESIDENCE	1809 Wilhelm St.
(10) COLOR	White.	(16) COLOR	White.
(11) AGE AT LAST BIRTHDAY (Years)	37	(17) AGE AT LAST BIRTHDAY (Years)	35
(12) BIRTHPLACE	England.	(18) BIRTHPLACE	Baltimore Md.
(13) OCCUPATION	Steamfitter.	(19) OCCUPATION	Housekeeper.

(20) Number of children born to this mother, including present birth: 6th

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.30 A M., on the data above stated.

(23) Signature: Mary A Kraning. Midwife (Physician or Midwife)

Address: 503 Mc Henry St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

0 0 0 0 8 7

RECORD

JUN - 1 1910

S. BOSLEY M.D.

OF HEALTH

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56401

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD William Joseph McBee. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
Male			Yes.	5 - 13 - 10

FATHER	MOTHER
(8) FULL NAME Joseph M. McBee,	(14) FULL MAIDEN NAME Josephine Knell.
(9) RESIDENCE 1573 Ramsay St.	(15) RESIDENCE 1573 Ramsay St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Fireman	(19) OCCUPATION Housekeeper.
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.40 P. M., on the date above stated.

(23) Signature Mary A. Kraning. Midwife (Physician or Midwife)

Address 1203. Mc. Henry St.

Filed ____, 19 ____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

0 0 3 8 8 0

RECEIVED FOR RECORD JUN 1 1910

WM. BOSLEY M.D. SUPT OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1830 N. Mulberry St.; Ward)

Registered No. B A56402

(2) FULL NAME OF CHILD Norman Dawning

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male	(To be answered only in event of plural births)		Yes	7 (Month) 12 (Day) 1910 (Year)

FATHER

(8) FULL NAME Dent Dawning

(9) RESIDENCE 1830 N. Mulberry St

(10) COLOR M. (11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE Prince George's Co. Md.

(13) OCCUPATION Manager in Dept. Store

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Mazie Augusta Shipley

(15) RESIDENCE 1830 N. Mulberry St

(16) COLOR M. (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Howard Co. Md.

(19) OCCUPATION House wife

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Lenard E. Beach M.D. (Physician or Midwife)

Address 857 N. Fayette St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 0 3 8 8 1

CERTIFICATE OF RECORD

(24) Given name added from a supplemental report ____ 19 ____

Filed ____ 19 ____

CHAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

TO BE CERTIFIED ON BACK OF THIS CERTIFICATE

GIVEN NAME ADDED 8-26-55

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56403

(1) PLACE OF BIRTH

CITY OF BALTIMORE (No. 1723 Calhoun (N.) St.; 15 Ward)

(2) FULL NAME OF CHILD Carroll Talbott Streeks

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 9, 1910

FATHER		MOTHER	
(8) FULL NAME	Fredrick Talbott Streeks	(14) FULL MAIDEN NAME	Nellie May Earbacher
(9) RESIDENCE	1723 N. Calhoun St	(15) RESIDENCE	1723 N. Calhoun St
(10) COLOR	W.	(16) COLOR	W.
(11) AGE AT LAST BIRTHDAY (Years)	21	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Balto Co.	(18) BIRTHPLACE	Balto Cnty
(13) OCCUPATION	Candy Worker	(19) OCCUPATION	Home mkr
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 P M., on the date above stated.

(23) Signature Leonard E Beard M.D.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

VOID FOR 3 8 8 2 Physician (Physician or Midwife)

RECORD

(24) Given name added from a supplemental report ____, 19__ — Address 857 N Fayette St.

Filed ____, 19__ J. S. BOSLEY, M.D. COMM'R OF HEALTH Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56404

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 5, N. Randall St.; 23 Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 23, 1910

FATHER

(8) FULL NAME: Gilbert B. Cox

(9) RESIDENCE: 5 N Randall St

(10) COLOR: N.

(11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: Va.

(13) OCCUPATION: Inspector

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Margrett Elizabeth Braun

(15) RESIDENCE: 5 N. Randall St

(16) COLOR: N

(17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: A.A. Co Md.

(19) OCCUPATION: Home wife

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 3 13 P. M., on the date above stated.

(23) Signature: Lunard E Beach M.D.

0 0 3 8 8 3 Physician (Physician or Midwife)

Address: 337 N Fayette St

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report_____, 19____

Registrar

RECEIVED FOR RECORD JUN -1 1910 HAS. BUSLEY M.D. COMR OF HEALTH

Filed _____, 19____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A56405

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. [illegible] St.; Ward)

(2) FULL NAME OF CHILD Paul Christian Kiess — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	—	—	Yes	May 13 19 [illegible]

FATHER	MOTHER
(8) FULL NAME Reno Rosbin Kiess	(14) FULL MAIDEN NAME Augusta Frederick [illegible]
(9) RESIDENCE 2119 W. Baltimore St.	(15) RESIDENCE 2119 W. Baltimore St.
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 24 yrs. (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY [illegible] (Years)
(12) BIRTHPLACE Baltimore, Md.	(18) BIRTHPLACE Baltimore Md.
(13) OCCUPATION Salesman	(19) OCCUPATION At home.
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 [illegible] M., on the date above stated.

(23) Signature H. H. Arthur M.D.

(Physician or Midwife)

Address 15 W. Lexington St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 8 8 4

RECEIVED FOR RECORD JUN -1 1910 JAS. BOYLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56406

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 742 N. Carey St. St.; Ward)

(2) FULL NAME OF CHILD George Robert Freaner. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	May 28 1910

FATHER	MOTHER
(8) FULL NAME George Vincent Freaner	(14) FULL MAIDEN NAME Roberta Louise McCahan
(9) RESIDENCE 745 N. Carey St.	(15) RESIDENCE 745 N. Carey St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Baltimore Md.	(18) BIRTHPLACE Baltimore, Md.
(13) OCCUPATION Clerk.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 30 P. M., on the date above stated.

(23) Signature H. H. Arthur M.D. (Physician or Midwife)

Address 6 W Lexington St.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DEPARTMENT OF HEALTH RECORD
JUN -1 1910
JAS. BOSLEY M.D.
COMMISSIONER OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56407

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD ✓ Israel Glick

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male		3	White	April 26, 19 10

FATHER		MOTHER	
(8) FULL NAME	Myer Glick	(14) FULL MAIDEN NAME	Minnie Shafir
(9) RESIDENCE	700 Montgomery St	(15) RESIDENCE	700 Montgomery St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	26
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Cigar Maker	(19) OCCUPATION	Shoe Ripper

(20) Number of children born to this mother, including present birth ____

(21) Number of children of this mother now living ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature Ada Huss (Physician or Midwife)

Address 1116 E. Fayette St

Filed ____, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19 10

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 4 9 U 0-00388

RECEIVED FOR JUN -1 1910 REGISTER OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56408

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Sam Miller — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate	(7) Date of Birth (Month) (Day) (Year)
Male		4	White	May 20, 19[illegible]

FATHER	MOTHER
(8) FULL NAME: Esriel Miller	(14) FULL MAIDEN NAME: Hattie Milstien
(9) RESIDENCE: 218 S. Carline St.	(15) RESIDENCE: 218 S. Carline St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 29 (Years)	(17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Cigar Maker	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: Ada Huss (Physician or Midwife)

Address 1116 E. Fayette St

Filed , 19 . Registrar

(24) Given name added from a supplemental report , 19 . Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD JUN -1 1910 WESLEY M.D. BOARD OF HEALTH

U 0 0 3 8 8 7

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56409

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. , St.; Ward)

(2) FULL NAME OF CHILD — Joe Sigel

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		7	White	May 5, 1910

FATHER	MOTHER
(8) FULL NAME: Siman Sigel	(14) FULL MAIDEN NAME: Bessie Sigel
(9) RESIDENCE: 103 S. Wood St.	(15) RESIDENCE: 103 S. Wood St.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 46 (Years)	(17) AGE AT LAST BIRTHDAY: 37 (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature: Ada Huss (Physician or Midwife)

Address: 1116 E. Fayette St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD
JAS BOSLEY M.D.
COMR OF HEALTH

U 0 0-3 8 8 8

(24) Given name added from a supplemental report , 19

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A56410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
JUN -1 1910
H. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. *Name of Child,* John Frank
2. *Sex, (state whether male or female)* Boy
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* 11 april 1910
6. *Place of Birth, (Street and number)* 400. W. Lombard
6. *Full name of Mother,* Minnie Fritsh
7. *Mother's Maiden Name,* Partim
8. *Mother's Birthplace,* almrich Hamburg Saksen Gennaggy
9. *Full name of Father,* John Fritsh
10. *Father's Occupation,* Taylor
11. *Father's Birthplace,* Shönbach Kreistger Bohemie austria

Name of Medical Attendant, or other person who makes this Return. mr Barbara Jay midwif

Address, 944 aisguith str

Remarks,

1910000038 89

Every person who shall hereafter begin the practice of medicine or midwifery within this State, and every person who shall hereafter attend the birth of any child, shall, within ten days after the birth of such child, cause the birth of such child to be registered in the office of the Registrar of Vital Statistics of the district in which such birth occurred, and for each neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

Every physician, midwife or other person who shall hereafter attend upon any birth shall, within ten days after the birth, deliver to the parent, or person having charge of the child, a duly signed certificate in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, in the manner and within the period above required, and for each neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Name of child,*
2. *Sex, (state whether male or female)* Male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth* May 16th 1910
5. *Place of Birth, (Street and number)* Baltimore Towson St. 1430
6. *Full name of Mother,* Minnie Abbott
7. *Mother's Maiden Name,* Minnie Duffy
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* John G Abbott
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Anna Gooman

Address, 1495 Hull St

Remarks, 1 9 1 0 0 0 0 3 8 9 0

RECEIVED FOR RECORD JUN -1 1910 ... M.D. BOARD OF HEALTH

Every child born within the limits of Baltimore City shall be registered by the occupant of the premises in which the birth occurs, or by the parent of such child, or by the nurse in attendance upon the mother, or by the physician or midwife present at the birth, or by the undertaker who shall bury such child, or by the sexton of the burial ground in which such child is buried, or by the person having charge of such burial ground, or by the person who shall bury such child, if the same be buried elsewhere than in a burial ground, or by the person who shall become the owner, and within the period above required, and in the form above prescribed, to the Registrar of Vital Statistics, or his deputy, at the office of the Board of Health, at the City Hall. In case the birth of any child shall occur in a hospital, almshouse, asylum, or other institution for the reception of the sick, or for lying-in women, or in a dispensary, or in the practice of a physician or practitioner of midwifery, or should no other person or persons reside in the house where the birth occurs, then the duty of registering the birth of such child shall devolve upon the person in charge of such institution, or upon the physician or midwife present at the birth, or upon the person who shall become the owner of the premises, and such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

over

A56412

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 908 Asquith St.; Ward)

(2) FULL NAME OF CHILD — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 12 1910

	FATHER	MOTHER
(8) FULL NAME	Charles Zimmerman	(14) FULL MAIDEN NAME: Editta Zimmerman
(9) RESIDENCE	908 Asquith	(15) RESIDENCE: 908 Asquith St.
(10) COLOR	White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years)	26	(17) AGE AT LAST BIRTHDAY (Years): 26
(12) BIRTHPLACE	Balto	(18) BIRTHPLACE: Balto
(13) OCCUPATION	Machinist	(19) OCCUPATION: Wife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1:30 P M., on the date above stated.

(23) Signature J. T. Spurgnall

U 0 0 3 6 8 9 1 Physician (Physician or Midwife)

Address 2112 E Balto St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19 _____

Registrar

RECEIVED FOR
JUN -2 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

Filed _____, 19 _____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56413

CITY OF BALTIMORE (No. 20 E Lafayette av St.; Ward)

(2) FULL NAME OF CHILD James Richard Stewart

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		1st	yes	May 21 1910

FATHER		MOTHER	
(8) FULL NAME	Jas Richd Stewart	(14) FULL MAIDEN NAME	Cora Estella Massey
(9) RESIDENCE	20 E Lafayette av	(15) RESIDENCE	20 E Lafayette av
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	23
(12) BIRTHPLACE	Louisville Ky	(18) BIRTHPLACE	Marion
(13) OCCUPATION	"Cricket-man" at Stewart & Co	(19) OCCUPATION	none

(20) Number of children born to this mother, including present birth one

(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 45 P M., on the date above stated.

(23) Signature Wm C Litchenberg M.D. (Physician or Midwife)

Address 1618 Preston St

*When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 8 9 2

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD JUN -2 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56414

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 500 N. Chapel St St.; 7th Ward)

(2) FULL NAME OF CHILD George Frazier Smith — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 13, 1910

FATHER		MOTHER	
(8) FULL NAME	James F. Smith	(14) FULL MAIDEN NAME	Lana Larkins
(9) RESIDENCE	500 N. Chapel St	(15) RESIDENCE	500 N Chapel St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	32
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Bricklayer	(19) OCCUPATION	At Home
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 A M., on the date above stated.

(23) Signature Edward J. Cook M.D. (Physician or Midwife)

Address 413 N. Washington St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

RECORD FOR 1893
JUN -2 1910
CHAS. BOOLEY M.D.
COMR OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56415

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Maryland Gen'l Hosp. St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes.	May 27 1910

	FATHER	MOTHER
(8) FULL NAME	Wm Fischer	(14) FULL MAIDEN NAME: Lizzie Fairfax
(9) RESIDENCE	711 Druid Hill Ave	(15) RESIDENCE: 711 Druid Hill Ave
(10) COLOR	Black	(16) COLOR: Black.
(11) AGE AT LAST BIRTHDAY	29 (Years)	(17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE	Balt.	(18) BIRTHPLACE: Balto.
(13) OCCUPATION	Waiter	(19) OCCUPATION: Maid.
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living: 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: Ed P Lewis MD (Physician or Midwife)

Address: Maryland Gen'l Hosp.

*When there was no attending physician or midwife, then the father, householder, etc., should make the returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 8 9 4

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56416

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Genl. Hosp. St.: Ward)

Registered No. B.

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes.	May 17 1910.

FATHER

(8) FULL NAME: Joe Kennedy.

(9) RESIDENCE: 2

(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY: 26. (Years)

(12) BIRTHPLACE: Md.

(13) OCCUPATION: Waiter.

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Eleanor Black.

(15) RESIDENCE: Sandy Bottom Md.

(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE:

(19) OCCUPATION: Waiter.

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 30 M., on the date above stated.

RECEIVED FOR RECORD JUN 9 1910 A.S. BOSLEY, M.D. REGISTRAR OF VITAL STATISTICS

(23) Signature: E. T. Lewis MD (Physician or Midwife)

Address: Maryland Gen. Hosp

Filed ____, 19 ____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53417

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No.) Maryland Genl Hosp (St.; Ward) — Registered No. B.

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	May 24 1910

FATHER		MOTHER	
(8) FULL NAME	Wilmer Carren	(14) FULL MAIDEN NAME	Annie Sanderson
(9) RESIDENCE	1623 Druid Hill Ave	(15) RESIDENCE	1623 Druid Hill Ave
(10) COLOR	Black.	(16) COLOR	Black.
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	20.
(12) BIRTHPLACE	Md.	(18) BIRTHPLACE	Md.
(13) OCCUPATION	Cook.	(19) OCCUPATION	Maid.
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.15 A.M., on the date above stated.

(23) Signature C. P. Lewis M.D. (Physician or Midwife)

Address Maryland Genl Hosp

Filed ....., 19 .....

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ....., 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56418

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Genl Hosp St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			M.	May 20 1911

FATHER

(8) FULL NAME: John Brooks.

(9) RESIDENCE: 1927 Etting St.

(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY (Years): 20.

(12) BIRTHPLACE: Md.

(13) OCCUPATION: Letter.

MOTHER

(14) FULL MAIDEN NAME: Arabelle Curtis.

(15) RESIDENCE: 2122 Etting St.

(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY (Years): 19

(18) BIRTHPLACE: Md.

(19) OCCUPATION: Maid.

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A M., on the date above stated.

(23) Signature: E. N. Lewis M.D. (Physician or Midwife)

Address: Maryland Genl Hosp.

Filed ..... 19 .....

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(24) Given name added from a supplemental report ....., 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56419

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Maryland Gen'l Hosp St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May, (Day) 27, 19 10 (Year)
Male			m	

FATHER		MOTHER	
(8) FULL NAME		(14) FULL MAIDEN NAME	Louise Taylor
(9) RESIDENCE		(15) RESIDENCE	134 Lemmon Ave.
(10) COLOR	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR	Black (17) AGE AT LAST BIRTHDAY 19. (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	Md.
(13) OCCUPATION		(19) OCCUPATION	maid
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.55 P.M., on the date above stated.

(23) Signature E.R. Lewis M.D. (Physician or Midwife)

Address Maryland Gen'l Hosp.

RECEIVED FOR REGISTRATION JUN 02 1910 3898 H. BOSLEY, M.D. REGISTRAR

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report....., 19

Filed ....., 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56420

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Genl Hosp. St.; Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) May (Day) 21 (Year) 19 16
Male			yes	

FATHER

(8) FULL NAME: Geo Taylor

(9) RESIDENCE: 1217 Brevard St.

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY (Years): 22

(12) BIRTHPLACE: Va.

(13) OCCUPATION: Laborer

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Gertrude Jackson

(15) RESIDENCE: 1217 Brevard St.

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY (Years): 27

(18) BIRTHPLACE: W. Va.

(19) OCCUPATION: Maid

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.40 A.M., on the date above stated.

(23) Signature E.A. Lewis MD (Physician or Midwife)

Address Maryland Genl Hosp.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR JUN 2 1916 BOSLEY M.D. REGISTRAR OF HEALTH

10 0 0 3 8 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56421

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Genl Hosp. St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes.	May 21 1910.

	FATHER	MOTHER
(8) FULL NAME	Thos. Sipp.	(14) FULL MAIDEN NAME Lucitia Parker
(9) RESIDENCE	? Gusdorf	(15) RESIDENCE 125 Eutaw St.
(10) COLOR	Black.	(16) COLOR Black.
(11) AGE AT LAST BIRTHDAY	33. (Years)	(17) AGE AT LAST BIRTHDAY 21. (Years)
(12) BIRTHPLACE	Va.	(18) BIRTHPLACE Va
(13) OCCUPATION	Butler.	(19) OCCUPATION Maid-
(20) Number of children born to this mother, including present birth	/	(21) Number of children of this mother now living /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 30 P. M., on the date above stated.

(23) Signature E. K. Lewis M.D. (Physician or Midwife)

Address Maryland Genl Hosp.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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JUN -2 1910

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56422

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Genl Hosp St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May (Day) 25 (Year) 1910.
Male			Yes	

FATHER	MOTHER
(8) FULL NAME John W Stiles	(14) FULL MAIDEN NAME Ella Belling
(9) RESIDENCE ?	(15) RESIDENCE Lewisburg W. Va
(10) COLOR Black. (11) AGE AT LAST BIRTHDAY 3 (Years)	(16) COLOR Black. (17) AGE AT LAST BIRTHDAY 16. (Years)
(12) BIRTHPLACE ?	(18) BIRTHPLACE W. Va.
(13) OCCUPATION Minister	(19) OCCUPATION Maid.
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 30 A.M. on the date above stated.

(23) Signature E.R. Lewis M.D. (Physician or Midwife)

Address Maryland Genl Hosp.

CHECKED FOR JUN 2 1910 BOSLEY M FORM OF HEA

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*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Filed 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

456423

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Gen'l Hosp. St.; Ward)

Registered No. B.

{If child is not yet named, make supplemental report, as directed

(2) FULL NAME OF CHILD

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May (Day) 19 (Year) 10
Male			Yes.	

FATHER

(8) FULL NAME: Robt. Taylor.

(9) RESIDENCE: 1616 Presstman St.

(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: Va.

(13) OCCUPATION: Laborer

MOTHER

(14) FULL MAIDEN NAME: Gertrude Barker.

(15) RESIDENCE: 1616 Presstman St.

(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: Va.

(19) OCCUPATION: Maid.

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7a. M., on the date above stated.

(23) Signature: Chas. Lewis. (Physician or Midwife)

Address: Maryland Gen'l Hosp.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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JUN -2 1910

MD. BOARD OF HEALTH

(24) Given name added from a supplemental report, 19

Registrar

Filed, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A 63424

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Maryland Gen'l Hosp. St.; Ward)

(2) FULL NAME OF CHILD — { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes.	May 26 1920

FATHER

(8) FULL NAME: Edgar Powell

(9) RESIDENCE: 1023 Druid Hill Ave.

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY (Years): 22

(12) BIRTHPLACE: Va.

(13) OCCUPATION: Butler

MOTHER

(14) FULL MAIDEN NAME: Henrietta Jones

(15) RESIDENCE: 1023 Druid Hill Ave

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY (Years): 21

(18) BIRTHPLACE: Md

(19) OCCUPATION: Maid

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 30 P. M., on the date above stated.

RECEIVED FOR RECORD

(23) Signature: E. R. Lewis M.D.

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. } D 0 0 0 5 0 9 0 3

(Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Address: Maryland Gen'l Hosp.

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 456425

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1114 Jenkins Alley St.; Ward)

(2) FULL NAME OF CHILD Edward Dudley. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			No.	May 12 1910

FATHER

(8) FULL NAME Edward Dudley.

(9) RESIDENCE Tennessee

(10) COLOR Black. (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Tennessee.

(13) OCCUPATION Laborer.

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME Ada Sollers.

(15) RESIDENCE 1114 Jenkins Alley.

(16) COLOR Black. (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Baltimore.

(19) OCCUPATION House Keeper.

(21) Number of children of this mother now living 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.50 A. M., on the date above stated.

(23) Signature James Conti. (Physician or Midwife)

Address 855 Hamilton Terrace

Filed May 16, 1910 Registrar

(24) Given name added from a supplemental report, 19 Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(READ THE REVERSE SIDE)

RECORD
JUN -2 1910
E. BOSLEY M.D.
REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56426

CITY OF BALTIMORE. (No. 134 Hoffman St.; Ward)

(2) FULL NAME OF CHILD William Christopher (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single	32	Yes	Aug 1st 1910

FATHER	MOTHER
(8) FULL NAME: William Christopher	(14) FULL MAIDEN NAME: Emily McCann
(9) RESIDENCE: 134 Hoffman St.	(15) RESIDENCE: 134 Hoffman St.
(10) COLOR: W (11) AGE AT LAST BIRTHDAY: 33 (Years)	(16) COLOR: W (17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Md.	(16) BIRTHPLACE: Md.
(13) OCCUPATION: Typewriter	(19) OCCUPATION: Domestic - Home
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 A. M., on the date above stated.

A. Lee Ellis (Physician or Midwife)

Address 322 Mad. ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature U 0 0 3 9 0 5

(24) Given name added from a supplemental report _____, 19 _____

Registrar

RECEIVED FOR RECORD
JAN -2 1910
Filed _____, 19 _____
REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. A5

To the Office of Registrar of Vital Statistics, Board of Health, Baltim

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Name of child,* Alfred Smith.
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Colored
4. *Date of Birth* May 28, 1910
5. *Place of Birth, (Street and number)* 1821 Etting st. Balto. M
6. *Full name of Mother,* Tyler Smith
7. *Mother's Maiden Name,* Helen Lacey
8. *Mother's Birthplace,* Baltimore Md.
9. *Full name of Father,* Daniel Smith
10. *Father's Occupation,* Laborer man
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Julia Stevenson

Address, 2125 Etting st

Remarks,

1910000039 06

...VED FOR ...CORD
... 2 1910
...BOSLEY M.D.
...ER OF HEALTH

...ch child born alive within the limits of this City, the full name and occupation of the parents, the ... and place of birth, and the sex, color, and number of children born to the mother, shall be registered ... Health, and the said information shall be delivered thereto in this form ... the first day of each and every month to the office or Commissioner of ... In case the birth of any child shall occur without the attendance of a physician or Practitioner of ... midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the ... shall become the duty of the person in charge of the house in which the birth occurs, or of the ... birth, to report the same to the Commissioner of Health as herein required, and any such person or persons who shall ... refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars ... for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56428

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1119 Battery Ave St.; Ward)

(2) FULL NAME OF CHILD Ethel Gardner

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		yes	5, 16 1910

FATHER

(8) FULL NAME: Allyn Atworth Gardner

(9) RESIDENCE: 1119 Battery Ave

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: Washington D.C.

(13) OCCUPATION: Clerk in bakery supplies.

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Caroline Moore

(15) RESIDENCE: 1119 Battery Ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 31 (Years)

(18) BIRTHPLACE: Maryland

(19) OCCUPATION: housewife

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6:30 A. M., on the date above stated.

(23) Signature G. H. Burton. M.D. (Physician or Midwife(s))

Address 222 East Cross St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 0 7

RECEIVED FOR RECORD
JUL 2 1910
J. S. BOSLEY M.D.
COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56429

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 806 E. Fort ave St.; Ward)

(2) FULL NAME OF CHILD Margaret Wundell Brundle — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F			Yes	May 16, 1910

FATHER	MOTHER
(8) FULL NAME Arthur Lee Brundle	(14) FULL MAIDEN NAME Jennie Danielson Wundell
(9) RESIDENCE 802 E. Fort Ave	(15) RESIDENCE 802 E. Fort Ave
(10) COLOR W. (11) AGE AT LAST BIRTHDAY 42 (Years)	(16) COLOR W. (17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE New York
(13) OCCUPATION Railroad Brakeman	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.10 a.m., on the date above stated.

(23) Signature Otis B. Towles M.D.

U 003908 1714 Webster St. (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD JUN -2 1910

(24) Given name added from a supplemental report , 19

Address

Filed , 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56430

CITY OF BALTIMORE (No. 605 S Payson St.; Ward)

(2) FULL NAME OF CHILD Ida Davidow (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	5 . 17 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Aaron Davidow	(14) FULL MAIDEN NAME Dora Greenberg
(9) RESIDENCE 605 S Payson St.	(15) RESIDENCE 605 S. Payson St.
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 30 (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Ladies Tailor	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 6	(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 2. P. M., on the date above stated.

(23) Signature Harry Goldberg Physician (Physician or Midwife)

Address 1604 Penna. Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

UNDER 1909 RECORD

JAS BOSLEY M.D. COMMR OF HEALTH

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 10-24-66

Registered No. B. A56431

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1540 N. Carlington Ave St.; _____ Ward)

(2) FULL NAME OF CHILD ETHEL MAY HUDSON { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 7 1910

FATHER		MOTHER	
(8) FULL NAME	Charles Edward Hudson	(14) FULL MAIDEN NAME	Florence Finnick
(9) RESIDENCE	No. 1540 N. Carlington Ave	(15) RESIDENCE	No. 1540 N. Carlington Ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	46 years	(17) AGE AT LAST BIRTHDAY (Years)	34 years
(12) BIRTHPLACE	Baltimore city	(18) BIRTHPLACE	Baltimore city
(13) OCCUPATION	Carpenter	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	8	(21) Number of children of this mother now living	(5?) five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5:30 P. M., on the date above stated.

(23) Signature C. C. Elwell, M.D. (Physician or Midwife)

Address 1141 Harford ave

Filed _____, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 1 0 0 0 3 9 1 0

RECEIVED FOR RECORD MAY 2 1910 BOSLEY M.D. BOARD OF HEALTH

(24) Given name added from a supplemental report _____, 19 .

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Ave 1496. St.; Ward)

Registered No. B. 3432

(2) FULL NAME OF CHILD _____ { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May (Day) 5 (Year) 1910
Female			Yes	

FATHER

(8) FULL NAME

(9) RESIDENCE

(10) COLOR (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER

(14) FULL MAIDEN NAME Della Keyser

(15) RESIDENCE Richmond Va.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Richmond Va.

(19) OCCUPATION Maid.

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1:30 P.M., on the date above stated.

(23) Signature C. C. Lewis M.D.

{ *When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathed nor shows other evidence of life after birth. } U 0 0 3 9 1 1

(Physician or Midwife)

(24) Given name added from a supplemental report _____, 19 Address 1496 Maryland Ave.

Filed _____, 19 .

Registrar

RECEIVED BY REGISTRAR JUN 13 1910 H. BOSLEY M.D. COMMISSIONER OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56433

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 916 D. Hill ave St.; Ward)

(2) FULL NAME OF CHILD Rose Sachs

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	6 th	Yes	Nov. 24 1910

FATHER	MOTHER
(8) FULL NAME Harry Sachs	(14) FULL MAIDEN NAME Rebecca Cohen
(9) RESIDENCE 916 D. Hill ave.	(15) RESIDENCE 916 D. Hill ave.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Tailor	(19) OCCUPATION Wife
(20) Number of children born to this mother, including present birth 6	(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 A. M., on the date above stated.

(23) Signature A. Lee Ellis

922 Mod. ave. (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 1 2

RECEIVED FOR RECORD JAN -2 1910 BALTIMORE CITY COM'R OF HEALTH

(24) Given name added from a supplemental report, 19

Address

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56434

CITY OF BALTIMORE. (No. 2031 Boyd St. St.; Ward)

(2) FULL NAME OF CHILD Martha Helena Norwood — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	May 22, 1910

FATHER	MOTHER
(8) FULL NAME: John B. Norwood	(14) FULL MAIDEN NAME: Mary Hohn
(9) RESIDENCE: 2031 Boyd St.	(15) RESIDENCE: 2031 Boyd St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 49	(17) AGE AT LAST BIRTHDAY (Years): 33
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Marble carver	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 8	(21) Number of children of this mother now living: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I bereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature E. V. Dickey M.D. (Physician or Midwife)

Address 44 N. Monroe St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 1 3

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

DELIVERED FOR RECORD
JAS. A. KELLEY M.D.
COMM'R OF HEALTH

RETURN OF A BIRTH. A56435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

FILED FOR RECORD
JAN 2 1910
[illegible] GOSLEY, M.D.
REGISTRAR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Name of Child,
2. Sex, (state whether male or female) female
3. Race or color, (if not of the White Race)
4. Date of Birth, May 27, 1910
6. Place of Birth, (Street and number) 724 Luzerne St.
6. Full name of Mother, Mary Hopkins
7. Mother's Maiden Name, Mary Machabe
8. Mother's Birthplace, Balto.
9. Full name of Father, Samuel Hopkins
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne
Address, 224 S. Canton St.

Remarks, 1910000 3914

Any physician, midwife or other person who shall neglect or refuse to make the return of a certificate between the first and third day of each and every month, to the office of Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, or if such birth occurs in a public institution, or if the attendance of a physician or midwife ceased before the birth of such child, the certificate required to be made and returned by the person or parents of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56436

CITY OF BALTIMORE. (No. 1302 Harlem Ave St.; Ward)

(2) FULL NAME OF CHILD Charles Dorsey Gorman (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single	1st	Yes.	May 7th 1910

FATHER	MOTHER
(8) FULL NAME Charles Dorsey Gorman	(14) FULL MAIDEN NAME Mary Bell Dorsey Gorman
(9) RESIDENCE 1302 Harlem Ave	(15) RESIDENCE 1302 Harlem Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAT 40 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAT 36 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Cumberland Md.
(13) OCCUPATION Leather Cutter.	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth One.	(21) Number of children of this mother now living one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 12-5-5 A. M., on the date above stated.

(23) Signature Wm Nelson White M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 3 9 | 5/8/10 W. Charles St. (Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Address

Registrar

Filed _____, 19 .

Registrar

RECEIVED FOR RECORD
JUN -2 1910
JAS. BOSLEY, M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56437

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 6 W. Hamburg St.; Ward)

(2) FULL NAME OF CHILD Wm. Francis Brophy. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M.			Yes	May 16, 1910

FATHER		MOTHER	
(8) FULL NAME	Leo Brophy	(14) FULL MAIDEN NAME	Roberta Keyes
(9) RESIDENCE	6 W. Hamburg	(15) RESIDENCE	6 W. Hamburg
(10) COLOR	W.	(16) COLOR	W
(11) AGE AT LAST BIRTHDAY (Years)	22	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Md.
(13) OCCUPATION	Labor.	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.40 M., on the date above stated.

(23) Signature Philip Bi Tomlin M.D. (Physician or Midwife)

Address 1717 Webster St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 0 0 0 3 9 1 6

(24) Given name added from a supplemental report _____, 19

Registrar

Filed JUN -2 1910, 19 .

Registrar

RECORD

JAS BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56438

CITY OF BALTIMORE. (No. 1826 Bunough. St.; Ward)

(2) FULL NAME OF CHILD Joseph Faldauer — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.			yes	Apr. 7, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	Gotfried Faldauer	Grace Jones
(9) RESIDENCE / (15) RESIDENCE	1826 Bunough.	1826 Bunough.
(10) COLOR / (16) COLOR	W.	W.
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	30	20
(12) BIRTHPLACE	Germany.	Baltimore
(13) OCCUPATION	Driver.	Housewife

(20) Number of children born to this mother, including present birth 4 (21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6-45 P M., on the date above stated.

(23) Signature Philip B. Tonkin M.D. (Physician or Midwife)

Address 1826 Wilkes St.

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003917

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD JUN -2 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed ____ 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56439

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1712 Freemount ave St.; Ward)

(2) FULL NAME OF CHILD James Pillen — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 4 1910

FATHER	MOTHER
(8) FULL NAME William Thomas Miller	(14) FULL MAIDEN NAME Adelia Elizabeth Barshinger
(9) RESIDENCE No. 1712 Freemount ave	(15) RESIDENCE No. 1712 Freemount ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 22 years (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 22 years (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Clerk (B. & O. R.R.)	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth Two	(21) Number of children of this mother now living Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 6.15 A. M., on the date above stated.

(23) Signature A. A. Elwell, M.D. (Physician or Midwife)

Address 2211 Harford ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 9 1 8

RECEIVED FOR RECORD JUN -2 1910 A. G. BOSLEY M.D. BD OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 11/3/1

Registered No. B. A56440

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1701 N. Spring St.; Ward)

(2) FULL NAME OF CHILD HOWARD CHARLES COX

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	May 4 1910

FATHER

(8) FULL NAME Thomas Edward Cox

(9) RESIDENCE No. 1701 N. Spring St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 years. (Years)

(12) BIRTHPLACE Baltimore city

(13) OCCUPATION Salesman in Hardware Store

MOTHER

(14) FULL MAIDEN NAME Teresa Elizabeth Hufnagle.

(15) RESIDENCE No. 1701 N. Spring St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 years. (Years)

(18) BIRTHPLACE Baltimore city

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth Three

(21) Number of children of this mother now living Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 8 a. m., on the date above stated.

(23) Signature A. A. Clewell M.D. (Physician or Midwife)

Address 1701 Harford ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

_____ Registrar

RECEIVED FOR RECORD

9 1 0-0 0 0 3 9 1 9

JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Filed _____, 19

FILED: 6/2 1910 Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56441

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1611 Ensor St.; Ward)

(2) FULL NAME OF CHILD Leonard Leroy

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.			Yes.	May 5 1916

FATHER		MOTHER	
(8) FULL NAME	John Joseph McNally	(14) FULL MAIDEN NAME	Catherine Winnifred Long (Long)
(9) RESIDENCE	No. 1617 Ensor Street	(15) RESIDENCE	No. 1617 Ensor Street
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	27 years
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	23 years
(12) BIRTHPLACE	Baltimore city	(18) BIRTHPLACE	Baltimore city
(13) OCCUPATION	Paper Hanger	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	One	(21) Number of children of this mother now living	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.30 A. M., on the date above stated.

(23) Signature W. W. Elwell, M.D. (Physician or Midwife)

Address 1711 Harford ave

Fded MAY -2 1916, 19

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

U O CARED 920 RECORD
S. BOSLEY, M.D. OF HEALTH

NOTE.—IF TWINS OR TRIPLETS, OR OTHER MULTIPLE BIRTH, ONE CERTIFICATE MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH, STATED

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56442

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2143 Harford ave St.; Ward)

(2) FULL NAME OF CHILD Ralph Henry } If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.		1	Yes	May 9 1910

FATHER

(8) FULL NAME Joshua Henry Hall

(9) RESIDENCE No. 2143 Harford ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 years (Years)

(12) BIRTHPLACE Baltimore city

(13) OCCUPATION Salesman (Boy Goods)

(20) Number of children born to this mother, including present birth Four

MOTHER

(14) FULL MAIDEN NAME Mary Beatrice Welsh.

(15) RESIDENCE No. 2143 Harford ave.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 25 years (Years)

(18) BIRTHPLACE Baltimore city

(19) OCCUPATION Housewife

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 P. M., on the date above stated.

(23) Signature R. A. Glennell, M.D. (Physician or Midwife)

Address 1741 Harford ave

Filed JUN 2 1910, 19 . Registrar

(24) Given name added from a supplemental report ____, 19 ____

Registrar

* When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD JUN 2 1910

S. S. BOSLEY, M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

NOTE.—In every instance one cross (X) or line (—) must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56443

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 231 E. Madison St.; Ward)

If child is not yet named, make supplemental report, as directed

(2) FULL NAME OF CHILD

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.			Yes.	May 25 1910

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	Robe Johnson	(14) FULL MAIDEN NAME	Viola Elizabeth Williams
(9) RESIDENCE	No. 431 E. Madison St.	(15) RESIDENCE	No. 431 E. Madison St.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY	31 years (Years)
		(16) COLOR	White
		(17) AGE AT LAST BIRTHDAY	26 years (Years)
(12) BIRTHPLACE	Texas.	(18) BIRTHPLACE	Baltimore city
(13) OCCUPATION	Motorman	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	Three	(21) Number of children of this mother now living	Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30 A. M., on the date above stated.

(23) Signature A. A. Colwell, M.D. (Physician or Midwife)

Address 1241 Harford ave

Filed JUN -2 1910, 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 U 0 0 3 9 2 2

RECEIVED FOR RECORD JUN -2 1910 BOSLEY M.D. COMMISSIONER OF HEALTH

(READ THE REVERSE SIDE)

N. B.—If twins or more than one child are born at a birth, a separate return must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56444

CITY OF BALTIMORE. (No. 68 Belair road St.; Ward)

(2) FULL NAME OF CHILD JOHN HENRY MILCHLING (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 26 1910

	FATHER	MOTHER
(8) FULL NAME	Henry Frederick Milchling	(14) FULL MAIDEN NAME Elizabeth Frances Berold.
(9) RESIDENCE	No. 68 Belair road.	(15) RESIDENCE No. 68 Belair road
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	41 years	(17) AGE AT LAST BIRTHDAY (Years) 35 years
(12) BIRTHPLACE	Maryland.	(18) BIRTHPLACE Maryland.
(13) OCCUPATION	Motorman	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living Four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.45 A. M., on the date above stated.

(23) Signature A. A. Elwell M.D. (Physician or Midwife)

Address 1741 Harford road.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 0 2 3

RECORD

JUN -2 1910

S. BOSLEY M.D.

COMMR OF HEALTH

(24) Given name added from a supplemental report 5/30 1910

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

NOTE.—In the event that there is only a SINGLE BIRTH this CERTIFICATE must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56445

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Maryland Genl Hosp. St.; Ward)

(2) FULL NAME OF CHILD Edward A Watson — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	May 13 1910

	FATHER	MOTHER
(8) FULL NAME	John Watson.	(14) FULL MAIDEN NAME Margaret Purcell
(9) RESIDENCE	841 S. Paca St.	(15) RESIDENCE 841 S. Paca St.
(10) COLOR	White	(16) COLOR White.
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE	Balto.	(18) BIRTHPLACE Balto.
(13) OCCUPATION	Fireman	(19) OCCUPATION Housewife.

(20) Number of children born to this mother, including present birth 5

(21) Number of children of this mother now living 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12 45 A.M. on the date above stated.

(23) Signature E. P. Lewis M.D. (Physician or Midwife)

Address Maryland Genl Hosp

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

CERTIFICATE FOR BIRTH NO. 30924

JUN -2 1910

BOSLEY, M.D. COMR OF HEALTH

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56446

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2554 Hollins St.; Ward)

(2) FULL NAME OF CHILD Edward Earl Scriven — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 10, 1910

FATHER	MOTHER
(8) FULL NAME Wm. B. Scriven	(14) FULL MAIDEN NAME Mary T. Feldmacher
(9) RESIDENCE 2554 Hollins St.	(15) RESIDENCE 2554 Hollins St.
(10) COLOR White — (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR White — (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Tailor, Shirt cutter	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 3

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature E. A. Drake, M.D. (Physician or Midwife)

Address 14 N. Monroe St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed JUN 3 1910, 19 .

JAS. BUCKLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD JUN 3 1910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56447

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No.) 3016 Edmondson Ave St.; Ward)

(2) FULL NAME OF CHILD Arthur Charles Yost

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M		1st	yes	5, 19, 1910

FATHER	MOTHER
(8) FULL NAME Henry Ludwig Yost	(14) FULL MAIDEN NAME Elsie Zeigler
(9) RESIDENCE 3016 Edmondson Ave	(15) RESIDENCE 3016 Edmondson Ave
(10) COLOR W (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR W (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Md
(13) OCCUPATION Harness Maker	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 a M., on the date above stated.

(23) Signature H. Stonner

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 2 0 3016 Edmondson Ave.
(Physician or Midwife)

RECEIVED RECORD JUN -2 1910

(24) Given name added from a supplemental report ____, 19

Address ____

Filed JAS. BOSLEY M.D. COM'R OF HEALTH 19

Registrar

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

A56448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RECEIVED FOR RECORD
OCT -2 1910
BOSLEY M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* May 27, 1910
6. *Place of Birth, (Street and number)* 2113 Forster Ave
6. *Full name of Mother,* Hattie Shaw
7. *Mother's Maiden Name,* Hattie Bloodworth
8. *Mother's Birthplace,* Dorchester County
9. *Full name of Father,* Harry Shaw
10. *Father's Occupation,* Brakeman
11. *Father's Birthplace,* Wycomico County

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Canton St.

Remarks, 1910000003927

correct register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been named) sex, color, and parentage of the same, and the date and place of birth, and such other facts as said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required to report such birth, it shall be the duty of the parent or nearest relative of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* May 28, 1910
6. *Place of Birth, (Street and number)* 2329 Canton Ave
6. *Full name of Mother,* Sulu Haas
7. *Mother's Maiden Name,* Sulu Yeager
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* William Haas
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 S. Canton St.

Remarks, 1 9 1 0 0 0 0 3 9 2 8

RECEIVED FOR RECORD JUN 2 1910 BOSLEY M.D. COMR OF HEALTH

correct Register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child born, the sex and race thereof, the name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or shall occur in any institution, it shall become the duty of the person or persons in charge of such institution, or of the parents of such child, or of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eighth

1. *Name of Child,*
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* May 18 1910
6. *Place of Birth, (Street and number)* 2729 Dillon St
6. *Full name of Mother,* Carrie Moore
7. *Mother's Maiden Name,* Carrie Cripart
8. *Mother's Birthplace,* Balto.
9. *Full name of Father,* James Moore
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 S. Caxton St.

Remarks, 1910U003929

RECEIVED FOR RECORD JUN -2 1910 JAS BOSLEY M.D. BOARD OF HEALTH

Physicians are required to report each birth and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex, color, the full name and occupation of the parents, the date of birth, and the place of birth; and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and third days of every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the parents of such child or other persons in charge thereof shall neglect for the space of ten days after the occurrence of the birth to report the same, the owner, occupier or person in charge of the house where the birth shall occur shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED - 11/26/14

RETURN OF A BIRTH. A56451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Name of Child, WILBERT LEDSINGER
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race)
4. Date of Birth, May 8 1910
6. Place of Birth, (Street and number) 3007 O'donnell St.
6. Full name of Mother, ELIZABETH ~~Lizzie~~ Ledsinger STOCK WISH
7. Mother's Maiden Name, ELIZABETH ~~Lizzie~~ Holdsinger RECEIVED FOR RECORD
8. Mother's Birthplace, Balto JUN -2 1910
9. Full name of Father, John Ledsinger DOSLEY M.D.
10. Father's Occupation, R. Engineer REGISTRAR OF HEALTH
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 S. Canton St.

Remarks, 1910000039 Sec: 6/2/10

Section 3 of said Ordinance shall enter the same on Blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name and residence of the parents; the name and sex of each child born; the date and place of birth; and the name and residence of the physician, midwife or other person who shall have been concerned in such delivery, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected, to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56452

(1) PLACE OF BIRTH

CITY OF BALTIMORE, (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Thomas Raymond Miller. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) May (Day) 17 (Year) 1910
Male				

FATHER

(8) FULL NAME Thomas J. Miller

(9) RESIDENCE 306 Hamburg St.

(10) COLOR W (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Baltimore Md.

(13) OCCUPATION Car Builder

(20) Number of children born to this mother, including present birth 2

MOTHER

(14) FULL MAIDEN NAME Rosa Riley.

(15) RESIDENCE 306 Hamburg St.

(16) COLOR W (17) AGE AT LAST BIRTHDAY 23. (Years)

(18) BIRTHPLACE Baltimore Md.

(19) OCCUPATION

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11'15 A. M., on the date above stated.

(23) Signature Mrs Elizabeth U 0 0 3 9 3 1 Yewell. (Physician or Midwife) M.D.

Address 618 E. Fort Ave. 2 1910

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 . J. S. BOSLEY M.D. BOARD OF HEALTH Registrar

Registrar

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56453

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Not decided. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May (Day) 23 (Year) 1910.
Male				

FATHER	MOTHER
(8) FULL NAME Ulysses G. Hampton	(14) FULL MAIDEN NAME Della Thompson
(9) RESIDENCE 1625 Belt Ave.	(15) RESIDENCE 1625 Belt Ave.
(10) COLOR	(16) COLOR
(11) AGE AT LAST BIRTHDAY 43. (Years)	(17) AGE AT LAST BIRTHDAY 43. (Years)
(12) BIRTHPLACE Columbia Co. Pa.	(18) BIRTHPLACE Harford Co. Md.
(13) OCCUPATION B. & O. R. R.	(19) OCCUPATION

(20) Number of children born to this mother, including present birth 5.

(21) Number of children of this mother now living 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7'15 P.M., on the date above stated.

(23) Signature Mrs Elizabeth Yewell. (Physician or Midwife)

Address 618 E. Fort Ave.

* When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 3 2

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 . .

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD JUN -2 1910 [illegible] BOSLEY M.D. COMMR OF HEALTH

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

RETURN OF A BIRTH. A56454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Name of child, Anna R.
2. Sex, (state whether male or female) Girl
3. Race ar color, (if nat af the White Race) White
4. Date af Birth 3 May 1910
5. Place of Birth, (Street and number) 816 Dukham str.
6. Full name of Mather, Marie Flirt
7. Mather's Maiden Name, Marie Masinda
8. Mather's Birthplace, Bohemia
9. Full name of Father, Josef Flirt
10. Father's Occupation, Bohemia
11. Father's Birthplace, Louisa Lima

Name af Medical Attendant, or other person who makes this Return, 2039 Rohland ave

Address,

Remarks, 1910000 A56454

RECEIVED FOR RECORD
MAY -3 1910
WOOLLEY M.D.
COMR OF HEALTH

...a birth shall hereafter take place, shall keep ... a true and correct register of such birth, on blank schedule to be furnished by ... the Commissioner of Health. Such register shall contain a list of the births which have occurred under ... his or her care during the month, and shall set forth as far as the same can be ascertained, the name ... of each child (if any shall have been conferred) its sex, color, the day of its birth, and the full ... date and place of birth; and the said list shall be signed by the practitioner in the form ... of a certificate, and delivered to the Commissioner of Health on the third day of each and every month to the office of Commissioner of ... Health at the City Hall. No certificate of the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the parent shall report its birth to the Commissioner of Health, and shall within ten days after the expiration of the period above required, and any such person or persons who shall become the duty of the person ... shall fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A56455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED FOR RECORD
JUN -3 1910
THOS. BOSLEY, M.D.
BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Name of child,*	Martin B.
2. *Sex, (state whether male or female)*	boy
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth*	4 May 1910
5. *Place of Birth, (Street and number)*	2325 McElderry str
6. *Full name of Mother,*	Nadie Webb
7. *Mother's Maiden Name,*	Nadie Houghston
8. *Mother's Birthplace,*	Baltimore
9. *Full name of Father,*	Martin B. Webb
10. *Father's Occupation,*	Clark
11. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Louisa Lima
Address,	2034 Ashland Ave
Remarks,	1910000 AC 9736

...ct 3. That every midwife or other person who shall keep a house for the reception of lying-in women, or who shall undertake the charge or superintendence of a birth, shall, before such birth, enter in a book to be kept for that purpose the name and surname of the father and mother of such child, the sex of such child, and the day and year of its birth, and shall certify the same on oath or affirmation, if required by the Commissioner of Health, to the Registrar of Vital Statistics; and shall set forth as far as the same can be ascertained, the name, surname and place of birth of the parent or parents of such child, and the full name and surname of the midwife or other person who shall have been concerned in the birth, and shall subscribe the same with his or her own hand; and shall, within ten days after the birth of such child, make a true and correct register of such birth, and shall enter in a list of the births which have occurred under the care of such midwife or other person, the name, surname and place of birth of the parent or parents of such child, and the full name and surname of the midwife or other person who shall have been concerned in the birth, and shall set forth as far as the same can be ascertained, the name, surname and place of birth of the parent or parents of such child, and the full name and surname of the midwife or other person who shall have been concerned in the birth, and shall certify the same on oath or affirmation, if required by the practitioner in the form of a certificate between the 1st and 5th days of each and every month in the office of Commissioner of Health. If any child shall occur without the attendance of a physician, midwife or other person, the parent or parents of such child shall within ten days thereafter report the date and place of birth; and the said schedule day

RETURN OF A BIRTH. A56456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 7/14/64

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of child, Vernal Clifford Elliott
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) white
4. Date of Birth May the 6th 1910.
5. Place of Birth, (Street and number) 313 E. Fort Ave. VOID FOR RECORD
6. Full name of Mother, Minnie Elliott JUL -3 1910
7. Mother's Maiden Name, Streiter
8. Mother's Birthplace, Baltimore
9. Full name of Father, Phillip Elliott
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Seiler

Address, 1622 Hartman St.

Remarks,

1910003935

a true and correct ... of such birth, and shall enter ... birth ... the name on the ... Health ... and ... Commissioner ... or ... of each ... due and ... midwife ... a certificate ... Health ... shall become ... hereof, ... for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56457

(1) PLACE OF BIRTH

CITY OF BALTIMORE, (No. 24 W Lafayette Ave St.; Ward)

(2) FULL NAME OF CHILD John Epps. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			No	May 24, 1910

FATHER	MOTHER
(8) FULL NAME: Willie F Fitzgerald	(14) FULL MAIDEN NAME: Rhoda Estella Epps
(9) RESIDENCE: Biddle St	(15) RESIDENCE: 24 W Lafayette Ave
(10) COLOR: Colored (11) AGE AT LAST BIRTHDAY (Years):	(16) COLOR: Colored (17) AGE AT LAST BIRTHDAY (Years): 17 years
(12) BIRTHPLACE: Virginia	(18) BIRTHPLACE: Virginia
(13) OCCUPATION: Laborer	(19) OCCUPATION: Housework
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30 a. M., on the date above stated.

(23) Signature H.K. Delaney. (Physician or Midwife)

Address St. Agnes Hospital

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 3 6

(24) Given name added from a supplemental report, 19

Filed JAN -3 1910 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 456458

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 318 S. Bond St.; Ward)

(2) FULL NAME OF CHILD Mildred Emma Johnson

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 11, 1910

FATHER	MOTHER
(8) FULL NAME: William Johnson	(14) FULL MAIDEN NAME: Katherine Zulauf
(9) RESIDENCE: 318 S. Bond St.	(15) RESIDENCE: 318 S. Bond St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 28 (Years)	(16) COLOR: (17) AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Germany	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Seaman	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: one	(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.15 a.M., on the date above stated.

(23) Signature Mary T. Goldschmidt Midwife (Physician or Midwife)

Address 3503 E. Baltimore St.

Filed JAS. BOSLEY, M.D. 1910 . Registrar

(24) Given name added from a supplemental report , 19 . Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 9 3 0 7

RECORD

JAS. BOSLEY, M.D.
COM'R OF HEALTH

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56459

CITY OF BALTIMORE. (No. ____, St. ____, Ward)

(2) FULL NAME OF CHILD Hilda M. Wallerth. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
girl				May 5, 1910

FATHER		MOTHER	
(8) FULL NAME	Edward Wallerth	(14) FULL MAIDEN NAME	Ernestine Halal
(9) RESIDENCE	410 Streeper str	(15) RESIDENCE	410 Streeper str
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	Germania	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Fireman	(19) OCCUPATION	Wife of Fireman
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature Louisa Sisna

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 3 8 (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Address 2039 Ashland ave

Filed JAN -3 1910, 19 .

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56460

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Girl				May 30, 1910

FATHER	MOTHER
(8) FULL NAME: Frederick Smith	(14) FULL MAIDEN NAME: Marie Stettler
(9) RESIDENCE: 950 Duncan alley	(15) RESIDENCE: 950 Duncan alley
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: City work man	(19) OCCUPATION: Wife of work man
(20) Number of children born to this mother, including present birth: 9	(21) Number of children of this mother now living: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: Louisa Sinn

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 3 9

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Address 2022 Ashland ave

Registrar

Filed JUN -3 1910, 19 .

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

Where there are twins, triplets, etc., a separate return must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56461

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 425 N. Grove St.; Ward)

(2) FULL NAME OF CHILD Margaret Lear

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 10, 19 0

FATHER

(8) FULL NAME Louis Lear

(9) RESIDENCE 425 N. Grove St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Clerk. Fish Business

(20) Number of children born to this mother, including present birth None

MOTHER

(14) FULL MAIDEN NAME Elizabeth Hammann

(15) RESIDENCE 425 N. Grove St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Home wife

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.20 A.M., on the date above stated.

(23) Signature [illegible] for A. J. [illegible] Physician

(Physician or Midwife)

Address 1 WEDGEFIELD: Eastwood Ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 4 0

(24) Given name added from a supplemental report ..... , 19

Registrar

Filed JUN -3 1910 , 19 .

Registrar

RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56462

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1006 E. Federal St.; 8 Ward)

(2) FULL NAME OF CHILD Deloris Parr

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female	—	—	Yes	5	7	1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Andrew J. Parr	(14) FULL MAIDEN NAME Della Mannion
(9) RESIDENCE 1006 E. Federal St.	(15) RESIDENCE 1006 E. Federal St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE City	(18) BIRTHPLACE Ireland
(13) OCCUPATION Fireman	(19) OCCUPATION House wife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 40 P. M., on the date above stated.

(23) Signature Edwin B. Fenby

U 0 0 3 9 4 1 Physician (Physician or Midwife)

Address 1223 N. Caroline St.

(24) Given name added from a supplemental report _____, 19

Filed JUN -3 1910

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED RECORD JUN -3 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

*When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56463

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1118 Woodley St.; Ward)

(2) FULL NAME OF CHILD Mary Ellen Pugh

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	—	—	Yes	5 (Month), 8 (Day), 1910 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Wm. A. Pugh	(14) FULL MAIDEN NAME Katie Mc Millen
(9) RESIDENCE 1118 Woodley st.	(15) RESIDENCE 1118 Woodley st
(10) COLOR White (11) AGE AT LAST BIRTHDAY 44 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Ireland	(18) BIRTHPLACE Ky
(13) OCCUPATION Salesman	(19) OCCUPATION House-wife
(20) Number of children born to this mother, including present birth 7	(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 40 P. M., on the date above stated.

(23) Signature Edwin B. Fenby

Physician (Physician or Midwife)

Address 1223 N. Caroline st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003942

(24) Given name added from a supplemental report _____, 19

Registrar

Filed JUN -8 1910, 19

Registrar

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56464

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1610 N. Chapel St.; 8 Ward)

(2) FULL NAME OF CHILD Anna May Schmidt — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	____	____	Yes	5 — 14 — 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Rudolph Schmidt	(14) FULL MAIDEN NAME Edna E. Moore
(9) RESIDENCE 1610 N. Chapel st	(15) RESIDENCE 1610 N. Chapel st.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Germany	(18) BIRTHPLACE City
(13) OCCUPATION Shoemaker	(19) OCCUPATION House wife
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 05 P. M., on the date above stated.

(23) Signature Edwin B. Fenby Physician (Physician or Midwife)

Address 1223 N. Carolina st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 U 0 0 3 9 4 3

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD Filed JUN -3 1910, 19 .

A.S. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56465

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1628 Oliver place St.; 8 Ward)

(2) FULL NAME OF CHILD Harriet Emily Lillibridge — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	May 18 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: Roy A. Lillibridge	(14) FULL MAIDEN NAME: Annie May Fullen
(9) RESIDENCE: 1628 Oliver place	(15) RESIDENCE: 1628 Oliver place
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 27 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 21 (Years)
(12) BIRTHPLACE: Spartensburg, Pa.	(18) BIRTHPLACE: Balto. City
(13) OCCUPATION: Laundry	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: One	(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 05 P. M., on the date above stated.

(23) Signature Edwin B. Fenby

Physician (Physician or Midwife)

Address 1223 N. Carolina st.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10 U 000394

(24) Given name added from a supplemental report _____, 19

Registrar

Filed JUN -3 1910, 19

WM. S. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56466

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE, (No. 10 E. Montgomery St.; Ward)

(2) FULL NAME OF CHILD Dorothy Mary Hardy — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 3 1910

FATHER	MOTHER
(8) FULL NAME Wm A. Hardy	(14) FULL MAIDEN NAME Annie B. Otter
(9) RESIDENCE 10 E. Montgomery St.	(15) RESIDENCE 10 E. Montgomery St.
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 26 (Years)	(17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Baltimore City	(18) BIRTHPLACE Baltimore City
(13) OCCUPATION Electrician	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8-20 A. M., on the date above stated.

(23) Signature Z. K. Wiley M.D. (Physician or Midwife)

Address 724 N. Leary St.

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0003945

(24) Given name added from a supplemental report ____, 19

Filed JUN -3 1910, 19

Registrar

RECEIVED FOR RECORD JUN -3 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

N. B.—A CERTIFICATE must be made for each child born, and a SEPARATE RETURN must be made for each, and the certificate of each child at a birth, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56467

CITY OF BALTIMORE. (No. 3228 E Fairmount ave St.; Ward)

(2) FULL NAME OF CHILD Margaret M. Brehr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	May 6 1910

FATHER

(8) FULL NAME: Wm. E. Brehr

(9) RESIDENCE: 3228 E. Fairmount ave

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 29 (Years)

(12) BIRTHPLACE: Baltimore Md.

(13) OCCUPATION: Fireman in Laundry

MOTHER

(14) FULL MAIDEN NAME: Adelma C. Snyder

(15) RESIDENCE: 3228 E. Fairmount ave

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Baltimore Md.

(19) OCCUPATION: Housewife.

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11:30 A.M., on the date above stated.

(23) Signature: Robert F. Green M.D. (Physician or Midwife)

Address: 132 E. Biddle St.

Filed JUN -3 1910, 19 .

Registrar

(24) Given name added from a supplemental report, 19

Registrar

* When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 4 6

RECEIVED FOR RECORD JUN -3 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56468

CITY OF BALTIMORE. (No. 2823, Huntington Ave St.; 12 Ward)

(2) FULL NAME OF CHILD Alice Fox

If child is not yet named, make supplemental report, as directed.

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 25, 1910

FATHER

(8) FULL NAME: Edward C. Fox

(9) RESIDENCE: 2823 Huntington Ave

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 37 (Years)

(12) BIRTHPLACE: Baltimore City

(13) OCCUPATION: U. S. Surgeon

MOTHER

(14) FULL MAIDEN NAME: Naomi E Snider

(15) RESIDENCE: 2823 Huntington Ave

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 31 (Years)

(18) BIRTHPLACE: New York City

(19) OCCUPATION: Wife

(20) Number of children born to this mother, including present birth: 3

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7. A. M., on the date above stated.

(23) Signature: Edward C. Fox M.D.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 4 7 Physician (Physician or Midwife)

RECEIVED FOR

(24) Given name added from a supplemental report_____, 19

Address: 2823 Huntington Ave

Filed JUN -3 1910, 19

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56469

(1) PLACE OF BIRTH

CITY OF BALTIMORE., (No. 318, 29½ St- W. St.; 12 Ward)

(2) FULL NAME OF CHILD [illegible] Female Dew

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 29, 1918

FATHER

(8) FULL NAME Ernest W. Dew

(9) RESIDENCE 318 W. 29½ St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Germany

(13) OCCUPATION Sta. Engineer.

(20) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME Dorothy Hines

(15) RESIDENCE 318 W 29½ St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Wife

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.30 A. M., on the date above stated.

(23) Signature Chas. Norment M.D. (Physician or Midwife)

Address 29 E. Lafayette Ave

Filed JUN 3 1918, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003948

RECEIVED FOR RECORD JUN 3 1918 HAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report_____, 19

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56470

CITY OF BALTIMORE. (No. 34, Stone Hill (Old Number) St.; 13 Ward)

(2) FULL NAME OF CHILD Louise Burger — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	twin	1	Yes	March 12, 1910

FATHER	MOTHER
(8) FULL NAME: Louis Burger	(14) FULL MAIDEN NAME: M. Edna Bayerle
(9) RESIDENCE: Fort Mc Henry Md.	(15) RESIDENCE: 34 Stone Hill
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 27 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Illinois	(18) BIRTHPLACE: Pittsburgh Pa
(13) OCCUPATION: 1st Sergt. U.S. Coast Artillery	(19) OCCUPATION: Wife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.30 P. M., on the date above stated.

(23) Signature C. L. Raymond M.D. U 0 0 3 9 4 9 Physician (Physician or Midwife)

Address 3543 Eastern Ave

Filed JUN -3 1910, 19 . Registrar

(24) Given name added from a supplemental report ____, 19 . Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

J. S. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 456471

CITY OF BALTIMORE. (No. 235 Kelly's Place St.; Ward)

(2) FULL NAME OF CHILD Earl Lockner — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 27, 1910

FATHER	MOTHER
(8) FULL NAME: Aquilla Jackson Lockner	(14) FULL MAIDEN NAME: Amanda McCulloh
(9) RESIDENCE: 235 Kelly's Place	(15) RESIDENCE: 235 Kelly's Place
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 29 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Section Hand	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 4th.	(21) Number of children of this mother now living: 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 a. M., on the date above stated.

(23) Signature: Mary V. Goldschmidt
Midwife (Physician or Midwife)

Address: 3503 E. Baltimore Street

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 U 0 0 3 9 5 0

(24) Given name added from a supplemental report _____, 19

Filed _____, 19

Registrar

RECEIVED FOR RECORD JUN -3 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56472

CITY OF BALTIMORE. (No. 2002 N. Payson St.; Ward)

(2) FULL NAME OF CHILD Archibald Tomas Dougherty — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 2 1910

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: Archibald Tomas Dougherty

(9) RESIDENCE: 2002 N. Payson st.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Motorman

(20) Number of children born to this mother, including present birth: One

MOTHER

(14) FULL MAIDEN NAME: Elizabeth Lenz

(15) RESIDENCE: 2002 N. Payson

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Germany

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.30 A.M., on the date above stated.

(23) Signature Thos S Humphrey Physician (Physician or Midwife)

0 0 3 9 5 1

Address 1 E. Fulton St.

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD, NOV -3 1910

Filed ____, 19

THOS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56473

CITY OF BALTIMORE. (No. ____, St.; ____ Ward)

(2) FULL NAME OF CHILD Stanislav J. Sukas (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
boy	(To be answered only in event of plural births)			May 5, 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: Josef Sukas	(14) FULL MAIDEN NAME: Agnes Samec
(9) RESIDENCE: 2409 Eager place	(15) RESIDENCE: 2409 Eager place
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Bohemia	(18) BIRTHPLACE: Bohemia
(13) OCCUPATION: Laborer	(19) OCCUPATION: Wife of Laborer
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature: Louisa Sima

(Physician or Midwife)

Address: 2027 Rohland ave

Filed JAN -3 1910, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

JAS. BOSLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 U 0 0 3 9 5 2

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56474

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 915, Appleton St.; Ward)

(2) FULL NAME OF CHILD Pollard Ross McCracken

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date Birth (Month) (Day) (Year)
Male			yes	May 21 1910

FATHER

(8) FULL NAME Don Abel McCracken

(9) RESIDENCE 915 Appleton St

(10) COLOR White (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Pontiac, Michigan

(13) OCCUPATION Chauffeur

(20) Number of children born to this mother, including present birth 1st

MOTHER

(14) FULL MAIDEN NAME Elizabeth Katherine Miller

(15) RESIDENCE 915 Appleton St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Brookland, D. C.

(19) OCCUPATION House-wife

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.20 A.M., on the date above stated.

(23) Signature Robert H. Whitehead M.D. Physician (Physician or Midwife)

Address 1 West Maryland Avenue

Filed JUN -3 1910, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

BUREAU OF VITAL STATISTICS RECORD

JAS. BOSLEY M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56475

CITY OF BALTIMORE. (No. 711, Harlem ave St.; Ward)

(2) FULL NAME OF CHILD Henry J. Rauther — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	one	1st	yes	May 25, 1910

FATHER		MOTHER	
(8) FULL NAME	Wm. G. Rauther	(14) FULL MAIDEN NAME	Katie Steckmeyer
(9) RESIDENCE	711 Harlem ave	(15) RESIDENCE	711 Harlem ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	39 yrs	(17) AGE AT LAST BIRTHDAY (Years)	31 yrs
(12) BIRTHPLACE	Germany	(18) BIRTHPLACE	Baltimore Md.
(13) OCCUPATION	Box Tender.	(19) OCCUPATION	H. W.
(20) Number of children born to this mother, including present birth	1st	(21) Number of children of this mother now living	1st

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9, 30 P. M., on the date above stated.

(23) Signature J. T. Ahern M D

U 003950 Phys. (Physician or Midwife)

Address 1018 E. Lombard

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

RECORD

Filed JUN -3 1910, 19

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56476

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1816 N. Collington Av. St.; 8 Ward)

(2) FULL NAME OF CHILD George Milton Dallas Walter (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	5, 9, 1910

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	Geo. J. Walter	(14) FULL MAIDEN NAME	Grace V. Keerly
(9) RESIDENCE	~~X~~1816 N. Collington av.	(15) RESIDENCE	1816 N. Collington av
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	36
		(16) COLOR	White
		(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	City	(18) BIRTHPLACE	City
(13) OCCUPATION	Blacksmith	(19) OCCUPATION	House-wife
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 45 P. M., on the date above stated.

(23) Signature Edwin B. Fenby

U 0003955 Physician

(Physician or Midwife)

Address 1223 N. Carolina st.

Filed JAN -3 1910, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56477

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1424 Hanover St.; Ward)

(2) FULL NAME OF CHILD John Chester Griffith

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 21st 1911

FATHER

(8) FULL NAME William E Griffith

(9) RESIDENCE 1424 Hanover St

(10) COLOR White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Maryland

(13) OCCUPATION Ship Carpenter

MOTHER

(14) FULL MAIDEN NAME Margt Martin

(15) RESIDENCE 1424 Hanover St

(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Baltimore City

(19) OCCUPATION Housewife

(20) Number of children born to this mother, including present birth 4

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 A. M., on the date above stated.

(23) Signature E. K. Kidy M.D.

(Physician or Midwife)

Address 1724 N. Leary St.

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 5 6

(24) Given name added from a supplemental report_____, 19

Registrar

Filed JUN -3 1910, 19

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56478

CITY OF BALTIMORE. (No. 24, Home Hill (Ind. Terrace) St.; 13 Ward)

(2) FULL NAME OF CHILD Louis Berger

[If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single	2	Yes	May 13, 1910

FATHER

(8) FULL NAME: Louis Berger

(9) RESIDENCE: Fort Hoyle Md

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Baltimore City

(13) OCCUPATION: Pvt Co. H. U.S. Cavalry

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: M. Edna Baynard

(15) RESIDENCE: 5 Home Hill

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Baltimore City

(19) OCCUPATION: Wife

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.45 P M., on the date above stated.

(23) Signature Paul B. Armentrout M.D. Physician (Physician or Midwife)

Address 5 Chestnut Ave.

(24) Given name added from a supplemental report ____, 19 ____

Filed JUN -3 1910, 19 ____

Registrar ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 5 7

RECEIVED FOR RECORD

JOS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56479

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1610 Fleet St St.; Ward)

(2) FULL NAME OF CHILD Lucy Moniuska

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				May 20, 1910

FATHER		MOTHER	
(8) FULL NAME	Paul Moniuska	(14) FULL MAIDEN NAME	Mary Borkoska
(9) RESIDENCE	1610 Fleet st	(15) RESIDENCE	1610 Fleet st
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	23 years	(17) AGE AT LAST BIRTHDAY (Years)	18 years
(12) BIRTHPLACE	Balto City Md	(18) BIRTHPLACE	Balto City Md
(13) OCCUPATION	Labourer	(19) OCCUPATION	house wife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1 living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 10 P M., on the date above stated.

(23) Signature Dora Piorunski (Physician or Midwife)

RECEIVED FOR RECORD JUN 3 1910 A. WOOSLEY M.D. BOARD OF HEALTH

U 003958

Address 523 S. Bethel St

Filed May 24, 1910

Registrar

(24) Given name added from a supplemental report ____, 19____

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56480

CITY OF BALTIMORE. (No. 1101 Konwood Ave St.; Ward)

(2) FULL NAME OF CHILD Edgestaw Pavlik — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				May 18, 1910

FATHER		MOTHER	
(8) FULL NAME	James Pavlik	(14) FULL MAIDEN NAME	Mary Sypniewska
(9) RESIDENCE	1101 Konwood Ave	(15) RESIDENCE	1101 Konwood Ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	28 years	(17) AGE AT LAST BIRTHDAY (Years)	26 years
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Laborer	(19) OCCUPATION	Wife
(20) Number of children born to this mother, including present birth	2nd	(21) Number of children of this mother now living	2 Living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 6 am M., on the date above stated.

RECEIVED FOR RECORD MAY -3 1910 DOSLEY M.D. REGISTRAR OF HEALTH

(23) Signature Dora Piorunska Midwife (Physician or Midwife)

Address 523 S Bethel St

Filed May 24, 1910.

Registrar

(24) Given name added from a supplemental report....., 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 5 9

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56481

(1) PLACE OF BIRTH

CITY OF BALTIMORE, (No. 1625 Fleet St. St.; Ward)

(2) FULL NAME OF CHILD Antonio (Maff) Morfe

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male				May 28, 19 10

(To be answered only in event of plural births)

(Month), (Day), (Year)

FATHER		MOTHER	
(8) FULL NAME	Domanick (Maff) Morfe	(14) FULL MAIDEN NAME	Maria T Amore
(9) RESIDENCE	1625 Fleet St.	(15) RESIDENCE	1625 Fleet St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	33	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Balto. City Md.	(18) BIRTHPLACE	Balto. City Md.
(13) OCCUPATION	Laborer.	(19) OCCUPATION	house wife
(20) Number of children born to this mother, including present birth	4 th	(21) Number of children of this mother now living	3 living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5 P.M., M., on the date above stated.

(23) Signature Dora Piorunska

U 0 0 3 9 6 0 (Physician or Midwife)

RECEIVED FOR RECORD JUN 3 1910 A. McOSLEY M.D. COMM'R OF HEALTH

Address 923 S. Bethel

Filed May 27, 19 10

Registrar

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

RETURN OF A BIRTH. A56432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Others dead

1. *Name of Child,* —
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth,* May 30/10
6. *Place of Birth, (Street and number)* 295 E Cedar Ave
6. *Full name of Mother,* (Legal) Mary H Scribner act 21
7. *Mother's Maiden Name,* " " Bedecker
8. *Mother's Birthplace,* Balto
9. *Full name of Father,* Elmer T Scribner act 23
10. *Father's Occupation,* Switch tender
11. *Father's Birthplace,* Laurel Md

Name of Medical Attendant, or other person who makes this Returns Wm H Freeman

Address, 800 W. 33rd St

Remarks, —

RECEIVED FOR RECORD JUN -4 1910 REGISTRAR VITAL STATISTICS BALTIMORE, MD. BOARD OF HEALTH

1910 003961

correct register of such birth and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births to be reported during the month, and shall set forth as far as practicable the full name of each child, (if any shall have been), the sex, color, the full name and occupation of its parents; the date and place of birth; and the full name and address of the physician or midwife in attendance. If no such physician or midwife be in attendance, then the duty of reporting the birth of any child shall devolve upon the father, or in his absence upon the mother, or if the mother be dead or unable to report, then upon the person having charge of the child. Such schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, or by the father or mother, as the case may be, to the Commissioner of Health, on the third day of each and every month, to the other of physician or midwife, or should no other person be in attendance, then the duty of reporting the birth of any child, as hereinbefore provided,

RETURN OF A BIRTH. A56483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th all living

1. *Name of Child,* RAYMOND SHIPLEY
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* white
4. *Date of Birth,* May 31/10
6. *Place of Birth, (Street and number)* 3019 Cedar Ave
6. *Full name of Mother,* Florence E. Shipley aet 34
7. *Mother's Maiden Name,* Strembaker
8. *Mother's Birthplace,* Frederick Co Md
9. *Full name of Father,* Thos. L. Shipley aet 31
10. *Father's Occupation,* Fireman B.R.R.
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm H Feddeman M.D.

Address, 802 W. 33rd St

Remarks, 1910 U 003962

RECEIVED FOR JUN - 1 1910 JAS BOSLEY M.D. REGISTRAR

correct register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule is to be filled out in duplicate, and the Registrar shall make a list of the births that have occurred under his charge during the month, which list shall contain the full name and occupation of the parents; the date and place of birth; and the sex, color, the full name and occupation of the parents; the date and place of birth; and the name (if offered) its sex, color, the full name and occupation of the parents; the date and place of birth; and the said schedule shall be delivered, duly certified, to the office of Commissioner of Health. It shall be the duty of each physician or practitioner of medicine, midwife or other person in attendance upon any case of birth, to report the same to the office of Commissioner of Health, in the manner and within the period above required, and should no other person be in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56484

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1535 Penna ave St.; Ward)

(2) FULL NAME OF CHILD Charles Allen Mc Cain — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legit. imate?	(7) Date of Birth (Month) (Day) (Year)
male	✓	1st	Yes	May 25, 1910

FATHER		MOTHER	
(8) FULL NAME	Charles Mc Cain	(14) FULL MAIDEN NAME	Sarah Rosier
(9) RESIDENCE	1535 Penna ave	(15) RESIDENCE	1535 Penna ave
(10) COLOR	white	(16) COLOR	white
(11) AGE AT LAST BIRTHDAY (Years)	28	(17) AGE AT LAST BIRTHDAY (Years)	28
(12) BIRTHPLACE	Pennsylvania	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Engineer (electrical)	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1st.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.30 P M., on the date above stated.

(23) Signature Claude Stanciffe

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 6 3

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 1101 Fulton ave

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

RECEIVED JUN -1 1910 JAS. BOSLEY EVANS COMMR. OF HEALTH

NOTE.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56485

Registered No. B [illegible]

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2658 George St.; Florence Ward)

(2) FULL NAME OF CHILD Maurice Fritz

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	✓	1st.	yes	May 29, 1910

FATHER

(8) FULL NAME: William Fritz

(9) RESIDENCE: 2658 Florence st

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Maryland

(13) OCCUPATION: Glass Blower

MOTHER

(14) FULL MAIDEN NAME: Lillian Ritter

(15) RESIDENCE: 2658 Florence st

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: maryland

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 1st

(21) Number of children of this mother now living: 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 a M., on the date above stated.

(23) Signature: Claude Stansfield

(Physician or Midwife)

Address: 1611 Fulton ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003964

RECEIVED FOR RECORD JUN 1 1910 JAS. H. BLOXEY M.D. REGISTRAR OF HEALTH

(24) Give name added from a supplemental report _____, 19 _____

Filed _____, 19 _____

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A5648C

(1) PLACE OF BIRTH — Registered No. B. ____

CITY OF BALTIMORE, (No. 3207 E Pratt St.; ____ Ward)

(2) FULL NAME OF CHILD Thomas Edward Peterson — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	____	one	yes	May 14 1910

FATHER	MOTHER
(8) FULL NAME: Axel Peterson	(14) FULL MAIDEN NAME: Eliz Edwards
(9) RESIDENCE: 3207 E Pratt St	(15) RESIDENCE: 3207 E Pratt St
(10) COLOR: W — (11) AGE AT LAST BIRTHDAY: 45 (Years)	(16) COLOR: W — (17) AGE AT LAST BIRTHDAY: 32 (Years)
(12) BIRTHPLACE: Sweden	(18) BIRTHPLACE: Pa
(13) OCCUPATION: Book-keeper	(19) OCCUPATION: House wife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12:30 P M., on the date above stated.

(23) Signature C A Bacon M.D. (Physician or Midwife) — Address 1 West Mt. Vernon Pl

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 6 5 5

RECEIVED FOR RECORD JUN -4 1910

(24) Given name added from a supplemental report ____, 19 ____

Filed S. SOSLEY M.D. REGISTRAR OF HEALTH, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56487

CITY OF BALTIMORE. (No. 3575 Gough St.; Ward)

(2) FULL NAME OF CHILD Christina Schneeman — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
M				Feb 25 19 13

FATHER		MOTHER	
(8) FULL NAME	Charles Schneeman	(14) FULL MAIDEN NAME	Elizabeth Schneeman
(9) RESIDENCE	3575 Gough St	(15) RESIDENCE	3575 Gough St
(10) COLOR	W	(16) COLOR	W
(11) AGE AT LAST BIRTHDAY (Years)	37	(17) AGE AT LAST BIRTHDAY (Years)	32
(12) BIRTHPLACE	Balt	(18) BIRTHPLACE	Balt
(13) OCCUPATION	Butcher	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	7	(21) Number of children of this mother now living	7

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9 20 A. M., on the date above stated.

(23) Signature [illegible]

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 6 6

(Physician or Midwife)

RECEIVED FOR RECORD

Address [illegible]

(24) Given name added from a supplemental report _____, 19 _____

Filed JAN -4 1910, 19 _____

J. S. BORLEY M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56488

CITY OF BALTIMORE. (No. 156 N. Patterson Park St.; ward Ward)

(2) FULL NAME OF CHILD George Keseling Jr. — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	—	1	Y	Feb. 2 1910

FATHER		MOTHER	
(8) FULL NAME	George H Keseling	(14) FULL MAIDEN NAME	Ella Elva Anderson
(9) RESIDENCE	156 N Patterson Pk Ave	(15) RESIDENCE	156 N Pat. Pk Ave
(10) COLOR	W.	(16) COLOR	W.
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	Pa	(18) BIRTHPLACE	Balto.
(13) OCCUPATION	Merchant	(19) OCCUPATION	Home Wife
(20) Number of children born to this mother, including present birth	one	(21) Number of children of this mother now living	one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 H 10 a M., on the date above stated.

(23) Signature C. C. Hearn M.D. (Physician or Midwife)

Address 156 N Patterson Park Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003967

(24) Given name added from a supplemental report _____, 19 _____ Registrar

Filed JUN -4 1910, 19 _____ Registrar

JOSEPH H. BOSLEY M.D. COMMISSIONER OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56489

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Earl F. Schisler Jr. — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	3rd	Yes	June 1st 1910

FATHER	MOTHER
(8) FULL NAME: Earl Frederick Schisler	(14) FULL MAIDEN NAME: Charlotte V. Schisler
(9) RESIDENCE: 231 Mt. Vernon Pl.	(15) RESIDENCE: 231 Mt. Vernon Pl.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 42 (Years)	(17) AGE AT LAST BIRTHDAY: 32 (Years)
(12) BIRTHPLACE: Germany	(18) BIRTHPLACE: Baltimore, Md
(13) OCCUPATION: Milk dealer	(19) OCCUPATION: housewife
(20) Number of children born to this mother, including present birth: 3rd	(21) Number of children of this mother now living: 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 P. M., on the date above stated.

(23) Signature Walton Goldsmith (Physician or Midwife)

Address

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 6 8

VITAL STATISTICS RECORD

JUN 1 1910

JAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 633. S. Montford Ave. Registered No. B. A56490

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Joseph Schultz. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3.	Yes	May 8. 1910.

FATHER		MOTHER	
(8) FULL NAME	John C. Schultz.	(14) FULL MAIDEN NAME	Frederika Sachs.
(9) RESIDENCE	633. S. Montford Ave.	(15) RESIDENCE	633. S. Montford Ave
(10) COLOR	White.	(16) COLOR	
(11) AGE AT LAST BIRTHDAY (Years)	29.	(17) AGE AT LAST BIRTHDAY (Years)	27.
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto Md.
(13) OCCUPATION	Varnisher.	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	3.	(21) Number of children of this mother now living	1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 633. S. Montford Ave on the date above stated.

(23) Signature Mrs K. Kley. Midwife (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 3 9 6 9

Address 2294 E. Lombard St.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

RECEIVED FOR RECORD JUN -1 1910 JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

* In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56491

(1) PLACE OF BIRTH 304 S. Bond St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD John Edward Keller. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3.	Yes.	May 8. 1910.

FATHER	MOTHER
(8) FULL NAME Jakob Keller.	(14) FULL MAIDEN NAME Mamie Shoen.
(9) RESIDENCE 304 S. Bond St.	(15) RESIDENCE 304 S. Bond St.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 25. (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 22. (Years)
(12) BIRTHPLACE Balto Md.	(18) BIRTHPLACE Baltimore Md.
(13) OCCUPATION Driver.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 3.	(21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 304 S. Bond St M., on the date above stated.

(23) Signature Mrs K. Kley.

Midwife (Physician or Midwife)

Address 2204 E. Lombard St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 7 0

(24) Given name added from a supplemental report....., 19

Filed JUN 4 1910, 19.

Registrar

RECEIVED RECORD JUN 4 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56492

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Park Heights & Wylie Ave Ward)

(2) FULL NAME OF CHILD Raymond Milton Miller (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	Twin	2	yes	March 24 1911

FATHER	MOTHER
(8) FULL NAME John Raymond miller	(14) FULL MAIDEN NAME Florence H. miller
(9) RESIDENCE Park Heights & Wylie Ave	(15) RESIDENCE Park Heights Ave & Wylie ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR W (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Balto.
(13) OCCUPATION Druggist	(18) OCCUPATION Dom wife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at March 24 (2 a.m.) on the date above stated.

(23) Signature C. C. Hearn M.D. (Physician or Midwife)

U 0 0 3 9 7 1

Address 5 E. Lord Baltimore ave

Filed JAN -4 1912 19 .

Registrar

(24) Given name added from a supplemental report ____, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFIED FROM RECORD
WM. S. BOSLEY, M.D.
COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 238 N. Milton Ave. Registered No. B 56493

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Joseph John Flerr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male.		5.	Yes.	May 30, 1910.

FATHER		MOTHER	
(8) FULL NAME	Peter Flerr.	(14) FULL MAIDEN NAME	Catherine Neff.
(9) RESIDENCE	238. N. Milton Ave.	(15) RESIDENCE	238. N. Milton Ave.
(10) COLOR	White.	(16) COLOR	White.
(11) AGE AT LAST BIRTHDAY (Years)	31.	(17) AGE AT LAST BIRTHDAY (Years)	29.
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto Md.
(13) OCCUPATION	Undertaker	(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	5.	(21) Number of children of this mother now living	4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 238 N. Milton Ave. on the date above stated.

(23) Signature Wm K. Kley. M.D. (Physician or Midwife)

Address 2224. E. Lombard St.

Filed JUN -4 1910, 19 .

WM. S. BOSLEY, M.D. COM'R OF HEALTH Registrar

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

0003972

CERTIFIED FOR RECORD

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56494

(1) PLACE OF BIRTH 714 N. Port Street. Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD George Ballinger. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1.	Yes.	May 27 1910.

FATHER		MOTHER	
(8) FULL NAME	Charles Ballinger.	(14) FULL MAIDEN NAME	Catherine Burkett.
(9) RESIDENCE	714 N. Montford Ave.	(15) RESIDENCE	714 N. Port St.
(10) COLOR	White.	(16) COLOR	White.
(11) AGE AT LAST BIRTHDAY	24 (Years)	(17) AGE AT LAST BIRTHDAY	20. (Years)
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto Md.
(13) OCCUPATION	Varnisher.	(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	1,	(21) Number of children of this mother now living	1,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 714 N. Port St M., on the date above stated.

(23) Signature Mrs K. Kelly. (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 7 3

Address 2223 E. Lombard St.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 ____ Registrar

RECEIVED FOR JUN -1 1910 HAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56495

(1) PLACE OF BIRTH 614 W. Montford Ave. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Richard Scott. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3.	Yes.	May 18. 1910.

FATHER	MOTHER
(8) FULL NAME Barry Scott.	(14) FULL MAIDEN NAME Carrie Barnes.
(9) RESIDENCE 614 W. Montford Ave.	(15) RESIDENCE 614. W. Montford Ave.
(10) COLOR White. (11) AGE AT LAST BIRTHDAY 26. (Years)	(16) COLOR White. (17) AGE AT LAST BIRTHDAY 26. (Years)
(12) BIRTHPLACE Balto Md.	(18) BIRTHPLACE Balto Md.
(13) OCCUPATION Fireman.	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 3.	(21) Number of children of this mother now living 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 614 W. Montford Ave on the date above stated.

(23) Signature Wm K. Kley. Midwife (Physician or Midwife)

Address 2254 E. Lombard St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed JUN -4 1910, 19

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56496

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 16 Gorsuch ave St.; 8 Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	One	2 d	yes	May 15, 1910

FATHER	MOTHER
(8) FULL NAME Charles Fleyhart	(14) FULL MAIDEN NAME Mary McGann
(9) RESIDENCE 16 Gorsuch ave.	(15) RESIDENCE 16 Gorsuch ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Driver	(19) OCCUPATION Home
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a. M., on the date above stated.

(23) Signature H. young Wetherill M.D. (Physician or Midwife)

Address 28 N. Gorsuch ave

Filed JUN -1 1910 BOSLEY M.D. COM'R OF HEALTH , 19 Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19 Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

A 0 0 0 3 9 7 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56497

CITY OF BALTIMORE. (No. Harford ave Extended St.; 5 Ward)

(2) FULL NAME OF CHILD — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male	one	2	yes	May 22, 1910

FATHER	MOTHER
(8) FULL NAME Robert Ritmiller	(14) FULL MAIDEN NAME Elizabeth Wiser
(9) RESIDENCE Harford avenue Extended	(15) RESIDENCE Harford ave Extended
(10) COLOR white (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Baltimore Md	(18) BIRTHPLACE Baltimore Md
(13) OCCUPATION Coffee Roaster	(19) OCCUPATION Home

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 A. M., on the date above stated.

(23) Signature A Young Westbrook Physician (Physician or Midwife)

Address 2308 Gabash ave

Filed JUN -4 1910, 19 .

JAS. BOSLEY M.D. Registrar

R OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56498

CITY OF BALTIMORE. (No. Erdman avenue St.; 9 Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male	One	1	Yes	May 15, 1910

FATHER

(8) FULL NAME: William H Collings

(9) RESIDENCE: Erdman avenue

(10) COLOR: white (11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: New Jersey

(13) OCCUPATION: Car Conductor

MOTHER

(14) FULL MAIDEN NAME: Margrete Koklas

(15) RESIDENCE: Erdman avenue

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Maryland

(19) OCCUPATION: Home

(20) Number of children born to this mother, including present birth: first

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 A. M., on the date above stated.

(23) Signature: H Young Hathcock M.D. (Physician or Midwife)

Address: 2328 Boarman avenue

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 3 9 7

(24) Given name added from a supplemental report, 19

Filed JUN -4 1910, 19

Registrar

JAS. ROSLEY M.D. COMR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

1936.

A53499

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Name of child,
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth May 31/10
5. Place of Birth, (Street and number) 1726 Jackson St
6. Full name of Mother, Anna Preiss
7. Mother's Maiden Name, Wolf
8. Mother's Birthplace, America
9. Full name of Father, Walter Preiss
10. Father's Occupation, Laborer
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort Ave

Remarks, 1910000039 78

RECEIVED FOR RECORD
JUL 1 1910
HUGH BOGLEY, M.D.
REGISTER OF HEALTH

City of Baltimore under whose charge or superintendence a birth shall happen, in the family or house where such birth shall happen, shall keep a true and correct register of such birth, and shall enter therein the full name and surname of the child, if named, and the name and surname of the parents, and the date and place of birth, and shall set forth as far as the same can be ascertained the full name and surname, color, and occupation of the parents of the child, and the place of birth of each parent, and shall, within ten days after the birth of any child, if any shall have been concerned therein, sex, color, the full name and surname of the practitioner in the form of a certificate between the date and place of birth, and the said schedule shall be open to the inspection of the Commissioner of Health, and the said schedule shall be delivered every month to the office of Commissioner of Health, in the manner hereinafter provided. And every person who shall neglect or refuse to enter in such register the particulars required by this section to be entered, or who shall enter therein wilfully any false statement, or shall neglect or refuse to deliver to the Commissioner of Health, in the manner and within the time prescribed by this section, a true and correct schedule of the births which have occurred under the supervision of such person, or who shall refuse to answer any question put to him by the Commissioner of Health, touching any birth at which he was present or in attendance, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars for each offense. No certificate of birth shall be recorded by the Commissioner of Health unless the same can be advertised in the full name of the child, if named, and the name and surname of the parents, and

1236.

RETURN OF A BIRTH. A56500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Name of child,*
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* May 29/10
5. *Place of Birth, (Street and number)* 1709 Olive St
6. *Full name of Mother,* Ida Stewart
7. *Mother's Maiden Name,* Haslup
8. *Mother's Birthplace,* America
9. *Full name of Father,* Geo. Stewart
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort Ave

Remarks,

RECEIVED FOR RECORD JUN -2 1910 J.H. BOSLEY M.D. BOARD OF HEALTH

1 9 1 0 U 0 0 0 3 9 7 9

NOTICE.—As it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred under his charge or superintendence since the date of the last preceding return, and shall specify the name and surname of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 21st and 31st day of each and every month to the office of Commissioner of Health. In case of a birth occurring after the regular return has been rendered, a supplementary return shall be made by the midwife, or should no other person be in attendance upon the mother, immediately thereafter he shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner last within the period above required, and any such person or persons who shall neglect or refuse to make such return, as aforesaid, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd both living

1. Name of Child, Mary Florence Shanck
2. Sex, (state whether male or female) female Legitimate
3. Race or color, (if not of the White Race) white
4. Date of Birth, May 9/10
6. Place of Birth, (Street and number) 323 W. Biddle St
6. Full name of Mother, Catherine M. C. Shanck nee Kerwan
7. Mother's Maiden Name, " " " Kerwan
8. Mother's Birthplace, Balto
9. Full name of Father, Walter B Shanck act 25
10. Father's Occupation, Shipping clerk
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm H F Deuman

Address, 800 W. Mt

Remarks, 1910000003980

RECORD

APR 4 1910

JAS. BOSLEY, M.D.
SUPT. OF HEALTH

Note.—Every physician, midwife or other person who shall assist at the birth of a child, shall within six days thereafter report to the Commissioner of Health the full name of such child, if it have been named, and if not named, then every week thereafter until it is named, and shall report the sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifteenth days of each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. 36503

CITY OF BALTIMORE. (No. 10 N Randall, St.; Ward)

(2) FULL NAME OF CHILD Olive Elizabeth Herwig (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		One	Yes	May 16 1910

FATHER		MOTHER	
(8) FULL NAME	Geo. J. Herwig	(14) FULL MAIDEN NAME	Grace Irene Tarr
(9) RESIDENCE	10 N. Randall St	(15) RESIDENCE	10 N. Randall St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore.
(13) OCCUPATION	Ship-Carpenter	(19) OCCUPATION	Home-maker
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living	one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 12.45 a. M., on the date above stated.

(23) Signature J. L. Hawkins M.D. (Physician or Midwife)

Address 1618 Light St

(24) Given name added from a supplemental report _____, 19 ____

Filed _____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

BALTIMORE CITY
RECORDS
JUN 1 1910
JAS. BOOLEY M.D.
COMMR. HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56503

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1724 Presbury St.; Ward)

(2) FULL NAME OF CHILD Drew Virginia Noel — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	✓	6	Yes	May 16, 1910

FATHER		MOTHER	
(8) FULL NAME	Haddaus Noel	(14) FULL MAIDEN NAME	Jane Drew Hyde
(9) RESIDENCE	1724 Presbury st	(15) RESIDENCE	1724 Presbury
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	32
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Carpenter	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	6	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11:30 P. M., on the date above stated.

(23) Signature Claude Stonesipher (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED RECORDS DIVISION BUR. OF HEALTH

10 0 0 13982

(24) Given name added from a supplemental report ____, 19

Address 1617 Fulton Ave

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child of a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56504

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1113, Laurens St.; Ward)

(2) FULL NAME OF CHILD Mary Hefner — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female		6	Yes	May 20, 1910

FATHER		MOTHER	
(8) FULL NAME	John Hefner	(14) FULL MAIDEN NAME	Annie Lantz
(9) RESIDENCE	1113 Laurens st	(15) RESIDENCE	1113 Laurens st
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years)	31
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Commission merchant	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	6	(21) Number of children of this mother now living	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 5-30 P. M., on the date above stated.

(23) Signature Claudette Tonic Soles

(Physician or Midwife)

Address 1113 Fulton ave

Filed JUN -1 1910, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

556505

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 407 N Kenwood Ave St.; 6 Ward)

(2) FULL NAME OF CHILD Mary Yeager — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F	true	1	yes	May 15 1911

FATHER	MOTHER
(8) FULL NAME Chas. Fred. Yeager	(14) FULL MAIDEN NAME Lucinda O'Neal
(9) RESIDENCE 407 N Kenwood Ave	(15) RESIDENCE 407 N Kenwood Ave
(10) COLOR W	(16) COLOR W
(11) AGE AT LAST BIRTHDAY 24 (Years)	(17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Balto
(13) OCCUPATION Lawyer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 P.M., on the date above stated.

(23) Signature [illegible] M.D. (Physician or Midwife)

Address [illegible]

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

U 0 0 0 3 9 8 4

JUN -1 1911

A. J. BOSLEY M.D. COMR OF HEALTH

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56506

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2407 Jefferson St.; 6 Ward)

(2) FULL NAME OF CHILD Ethel Louise Pellicato

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F	one	1	yes	May 24 1910

FATHER	MOTHER
(8) FULL NAME John J. Pellicato	(14) FULL MAIDEN NAME Helen Snyder
(9) RESIDENCE 2407 Jefferson	(15) RESIDENCE 2501 Jefferson St
(10) COLOR W	(16) COLOR W
(11) AGE AT LAST BIRTHDAY 27 (Years)	(17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Balto
(13) OCCUPATION Electrician	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.15 a M., on the date above stated.

(23) Signature [illegible] 1910 985 [illegible] Eutaw Ave (Physician or Midwife)

Address

Filed , 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

RECORDED FOR UNIT JUN -1 1910 ROSLEY M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 7/30/70 A56507

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD MILDRED VIRGINIA SMITH

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day) 19 (Year)
F		1	Yes	

FATHER

(8) FULL NAME	Gordon L Smith
(9) RESIDENCE	731 N. Washington
(10) COLOR	W
(11) AGE AT LAST BIRTHDAT (Years)	23
(12) BIRTHPLACE	Balto
(13) OCCUPATION	

MOTHER

(14) FULL MAIDEN NAME	Helen C Miller
(15) RESIDENCE	731 N Washington St
(16) COLOR	W
(17) AGE AT LAST BIRTHDAY (Years)	20
(18) BIRTHPLACE	Balto
(19) OCCUPATION	

(20) Number of children born to this mother, including present birth

(21) Number of children of this mother now living

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 6 M., on the date above stated.

1 8 1 8 U 0 0 3 9 8 6

(23) Signature

(Physician or Midwife)

Address

Filed , 19

Registrar

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD JUN -1 1970 MAS. BOSLEY M.D. COMM'R OF HEALTH

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56508

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2334 Jefferson St. 7th Ward)

(2) FULL NAME OF CHILD [illegible] (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M	one	2	yes	Feb. 16, 19

FATHER	MOTHER
(8) FULL NAME Christian Miller	(14) FULL MAIDEN NAME Anna Regina Gruel
(9) RESIDENCE 2334 Jefferson	(15) RESIDENCE 2334 Jefferson St
(10) COLOR W.	(16) COLOR W.
(11) AGE AT LAST BIRTHDAY 31 (Years)	(17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Balto	(18) BIRTHPLACE Balto.
(13) OCCUPATION Undertaker	(19) OCCUPATION Home wife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11/11 8:15 P M., on the date above stated.

(23) Signature E. Olsen MD

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 8 7

(Physician or Midwife)

(24) Given name added from a supplemental report _____, 19 _____

Address 1715 Eden Ave

Registrar

Filed JUN -4 1910, 19 _____

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56509

Registered No. B.

(1) PLACE OF BIRTH 2207. Hanneman St.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Myrtle E. Kratz.

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		4.	Yes.	29 April 1910

FATHER		MOTHER	
(8) FULL NAME	George Kratz.	(14) FULL MAIDEN NAME	Marguerite Schmidt.
(9) RESIDENCE	2207. Hanneman St.	(15) RESIDENCE	2207. Hanneman St.
(10) COLOR	white.	(16) COLOR	white.
(11) AGE AT LAST BIRTHDAY (Years)	31.	(17) AGE AT LAST BIRTHDAY (Years)	23.
(12) BIRTHPLACE	Baltimore Md.	(18) BIRTHPLACE	Pennsylvania
(13) OCCUPATION	Boiler - maker.	(19) OCCUPATION	Housewife.

(20) Number of children born to this mother, including present birth 4.

(21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2207. Hanneman St. M., on the date above stated.

(23) Signature Mrs K. Kley. Midwife

(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Q U 0 0 3 9 8 8

(24) Given name added from a supplemental report ____, 19 ____ Address 2224. E. Lombard St.

Filed ____, 19 ____

Registrar ____ Registrar

RECEIVED FOR RECORD JUN -4 1910 JAS. BOSLEY M.D. BOARD OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 720 Valley St. Registered No. B. A56510

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Carmelite Gibbson. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female.		3.	Yes	May 12 1910.

FATHER		MOTHER	
(8) FULL NAME	John Gibbson.	(14) FULL MAIDEN NAME	Mary Hayberttey.
(9) RESIDENCE	720 Valley St.	(15) RESIDENCE	720 Valley St.
(10) COLOR	White.	(11) AGE AT LAST BIRTHDAY (Years)	32.
(16) COLOR	White.	(17) AGE AT LAST BIRTHDAY (Years)	30.
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto Md.
(13) OCCUPATION	Clerk.	(19) OCCUPATION	Housewife.

(20) Number of children born to this mother, including present birth 3. (21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 720 Valley St. M., on the date above stated.

(23) Signature Mrs K. Kley.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 8 9

Mid wife (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 2227 E. Lombard St.

Filed JUN -4 1910, 19 .

JAS. BOSLEY, M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56511

(1) PLACE OF BIRTH 17. S. Castle St. Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Helene A. Dura. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		5.	Yes	May 2 1910

FATHER		MOTHER	
(8) FULL NAME	Paul Dura.	(14) FULL MAIDEN NAME	Maria Heinzl.
(9) RESIDENCE	17. S. Castle St.	(15) RESIDENCE	17. S. Castle St.
(10) COLOR	white.	(11) AGE AT LAST BIRTHDAY (Years)	33.
(16) COLOR	white.	(17) AGE AT LAST BIRTHDAY (Years)	27.
(12) BIRTHPLACE	Austria.	(18) BIRTHPLACE	Austria.
(13) OCCUPATION	Black-smith.	(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	5.	(21) Number of children of this mother now living	3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 17. S. Castle St. M., on the date above stated.

(23) Signature Mrs K. Klez. Midwife (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

CERTIFICATE OF DEATH 990

(24) Given name added from a supplemental report ____, 19 ____

Address 1924. E. Lombard St.

Filed ____, 19 ____

Registrar ____ Registrar

JUN 1 1910 JAS. BARLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56512

CITY OF BALTIMORE. (No. 2023 Orleans St.; 6 Ward)

(2) FULL NAME OF CHILD Helen Anne Fischer — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F	—	2	yes	April 4 1910

FATHER	MOTHER
(8) FULL NAME John F. H. Fischer	(14) FULL MAIDEN NAME Anne Seeland
(9) RESIDENCE 2023 Orleans St	(15) RESIDENCE 2023 Orleans
(10) COLOR W (11) AGE AT LAST BIRTHDAY 31 (Years)	(16) COLOR W (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Germany	(18) BIRTHPLACE Balto.
(13) OCCUPATION Printer	(19) OCCUPATION Home wife

(20) Number of children born to this mother, including present birth 2 — (21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Noon 11 A M., on the date above stated.

(23) Signature C. C. Guerin M.D. (Physician or Midwife)

Address 1 W. Mt. Vernon Pl

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 9 1

(24) Given name added from a supplemental report ____, 19

Registrar

Filed JAN -3 1910, 19 .

Registrar

RECORD

JAS BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child of a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 134 N. Duncan Alley. Registered No. B. A56513

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Catherine Booker. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		1.	Yes.	May 13, 1910.

FATHER		MOTHER	
(8) FULL NAME	William Booker.	(14) FULL MAIDEN NAME	Catherine Manecke.
(9) RESIDENCE	134 N. Duncan Alley.	(15) RESIDENCE	134 N. Duncan Alley.
(10) COLOR	White.	(16) COLOR	White.
(11) AGE AT LAST BIRTHDAY (Years)	23.	(17) AGE AT LAST BIRTHDAY (Years)	22.
(12) BIRTHPLACE	Balto Md.	(18) BIRTHPLACE	Balto Md.
(13) OCCUPATION	Presser.	(19) OCCUPATION	Housewife.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 134 N. Duncan Alley on the date above stated.

(23) Signature Mrs K. Klay. (Physician or Midwife)

Midwife

Address 1237 E. Lombard St.

Filed JAN 4 1910, 19 .

Registrar

(READ THE REVERSE SIDE)

U 0003992

*When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56514

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1103 N. Montford St.; 7 Ward)

(2) FULL NAME OF CHILD Katie Margaret Mayer — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
F	—	2	yes	March 16 1910

FATHER		MOTHER	
(8) FULL NAME	Clyde L. Mayer	(14) FULL MAIDEN NAME	Florence E. Bowers
(9) RESIDENCE	1103 N. Montford Ave	(15) RESIDENCE	1103 N. Montford Ave
(10) COLOR	W	(16) COLOR	W
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Pa	(18) BIRTHPLACE	Balto
(13) OCCUPATION	Fireman	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at March 16/10 8 A.M., on the date above stated.

(23) Signature A. C. Harmon M.D. (Physician or Midwife) 1156 Mulberry St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 003993

RECEIVED FOR RECORD JAN -4 1910 J. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report _____, 19

Registrar

Address _____

Filed _____, 19

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56515

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. _____, _____ St.; _____ Ward)

If child is not yet named, make supplemental report, as directed

(2) FULL NAME OF CHILD _____

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		1st	yes.	5/3/1910

FATHER

(8) FULL NAME: George F. Dutton

(9) RESIDENCE: 420 N. Pine St

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: 4th District., Howard Co., Md

(13) OCCUPATION: Scrapiron worker

MOTHER

(14) FULL MAIDEN NAME: Mary A. Cain

(15) RESIDENCE: Hennansville, Md.

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY: 19 (Years)

(18) BIRTHPLACE: 420 N. Pine St

(19) OCCUPATION: Housework

(20) Number of children born to this mother, including present birth: one

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4:50 Oclock A. M., on the date above stated.

(23) Signature: L. B. Evans, M. D., (Physician or Midwife)

Address: 1013 Madison ave.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 3 9 9 4

RECEIVED FOR RECORD JUN -1 1910

Filed JUN -1 1910, 19 .

THOS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

RETURN OF A BIRTH. A56516

To the Office of Registrar of Vital Statistics, Board of Health, Baltin

subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Name of Child, Leroy Rouff
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) Colored
4. Date of Birth, May 30th 1910
6. Place of Birth, (Street and number) Balto Md 811 McCe
6. Full name of Mother, Mary A Rouff
7. Mother's Maiden Name, Mary R Davis
8. Mother's Birthplace, Balto Md
9. Full name of Father, Charles H Rouff
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Maggie Sommer

Address, 621 N Bethel St B

Remarks, the child was born healthy mother doing well 10.00 995

REGO

JAN - 1

JAS BOSLE
COMR OF H

RETURN OF A BIRTH. A56517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Name of Child,* William milligan
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the White Race)* Black
4. *Date of Birth,* May 12 1910
6. *Place of Birth, (Street and number)* 1638 Pendroy st.
6. *Full name of Mother,* Martha milligan
7. *Mother's Maiden Name,* " Rozier
8. *Mother's Birthplace,* maryland
9. *Full name of Father,* Robert milligan
10. *Father's Occupation,* Plasterer
11. *Father's Birthplace,* maryland

Name of Medical Attendant, or other person who makes this Return. Jane Butler

Address, 1604 Vincent st.

Remarks,

1910000399 6

RECORDED JUN -1 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

ensus to report its birth to the any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 150513

CITY OF BALTIMORE. (No. 414, School St. ; St.; Ward)

(2) FULL NAME OF CHILD Bertha & Harry Aldolphus Lyles

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male & Female	Twins			April 3, 1910

FATHER

(8) FULL NAME: Henry Lyles

(9) RESIDENCE: 414 School St

(10) COLOR: Colored

(11) AGE AT LAST BIRTHDAY: 31 (Years)

(12) BIRTHPLACE: Balto Md

(13) OCCUPATION: Porter

MOTHER

(14) FULL MAIDEN NAME: Margret Green

(15) RESIDENCE: 414 School St

(16) COLOR: Colored

(17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: Prince George Co Md

(19) OCCUPATION: House Work

(20) Number of children born to this mother, including present birth: 4

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Yes 5 P. M., on the date above stated.

(23) Signature: Maria Jones

0 0 0 3 9 9 7

(Physician or Midwife)

Address: 414 School St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR REGISTRY
MAY -6 1910
Filed ____, 19 ____
JAS. BOSLEY M.D.
COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 58519

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1529 Shields Alley St.; Ward)

(2) FULL NAME OF CHILD Baby Smith

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female				April 13, 1910

FATHER

(8) FULL NAME John Smith

(9) RESIDENCE 1529 Shields Alley

(10) COLOR Colord

(11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE American Born

(13) OCCUPATION Laborer

MOTHER

(14) FULL MAIDEN NAME Gertrude Hill

(15) RESIDENCE 1529 Shields Alley

(16) COLOR Colord

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Baltimore Md

(19) OCCUPATION House Work

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 A., M., on the date above stated.

(23) Signature Harold Jones (Physician or Midwife)

Address 1529 Baltimore St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor showed other evidence of life after birth.

0 0 3 9 9 8

RECEIVED FOR RECORD

JUN -6 1910

CHAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report_____, 19

Registrar

Filed_____, 19

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

B 3520

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 548, Woodyear Street St.; Ward)

(2) FULL NAME OF CHILD Hortense Cooper — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				April, 2, 1910

FATHER

(8) FULL NAME: Joseph Cooper

(9) RESIDENCE:

(10) COLOR: colord — (11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: Balto Md

(13) OCCUPATION: Barber

MOTHER

(14) FULL MAIDEN NAME: Ira Tinsley

(15) RESIDENCE: 548 Woodyear St

(16) COLOR: colord — (17) AGE AT LAST BIRTHDAY: 20 (Years)

(18) BIRTHPLACE: Balto Md

(19) OCCUPATION: Home Work

(20) Number of children born to this mother, including present birth: 5

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Yes 12 M., on the date above stated.

(23) Signature: Maria Jones (Physician or Midwife)

0 0 0 3 9 9 9

Address: 2[illegible] Carlton St

Filed JUN -6 1910, 19 . Registrar

(24) Given name added from a supplemental report , 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD
JUN -6 1910
JAS. BOSLEY M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

name: 7484
corr 6/22/15

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B 56521

(1) PLACE OF BIRTH — DATE AMENDED JUN 22 1915
CITY OF BALTIMORE. (No. 628 Gold Street St.; Ward)

(2) FULL NAME OF CHILD Mabel Marcella Pinkney
If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				March 2nd 1915

FATHER	MOTHER
(8) FULL NAME: James H. Pinkney	(14) FULL MAIDEN NAME: Mary E. Wright
(9) RESIDENCE: 628 Gold Street	(15) RESIDENCE: 628 Gold St.
(10) COLOR: Colored	(16) COLOR: Colored
(11) AGE AT LAST BIRTHDAY (Years): 43	(17) AGE AT LAST BIRTHDAY (Years): 37
(12) BIRTHPLACE: Harford County	(18) BIRTHPLACE: Prospect Island Va.
(13) OCCUPATION: Laborer	(19) OCCUPATION: Home Work

(20) Number of children born to this mother, including present birth 2
(21) Number of children of this mother now living

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9:08 A. M., on the date above stated.

(23) Signature Maria Jones
Mid Wife
(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 4 0 0 0

RECEIVED FOR RECORD JUN -6 1910 JAS. J. KELEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Address 1352 Calhoun St

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 59522

CITY OF BALTIMORE. (No. 1526 Cary St.; Ward)

(2) FULL NAME OF CHILD Evelyn Clark — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes.	March 18 1910

FATHER

(8) FULL NAME: James Benj. Clark

(9) RESIDENCE: 1526 Cary St.

(10) COLOR: cd

(11) AGE AT LAST BIRTHDAY: 36 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Driver

MOTHER

(14) FULL MAIDEN NAME: mary Pratt

(15) RESIDENCE: 1526 Cary St.

(16) COLOR: Colred

(17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Seamtress

(20) Number of children born to this mother, including present birth: 5

(21) Number of children of this mother now living: 2

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 o'clock A. M., on the date above stated.

(23) Signature: Maria Jones — Midwife (Physician or Midwife)

Address: 1332 Calhoun St.

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 0 1

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56523

(1) PLACE OF BIRTH 1751 Carlisle Place. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legit. or Illegit.	(7) Date of Birth (Month) (Day) (Year)
Female		X	Legit	May 2nd 1910

FATHER	MOTHER
(8) FULL NAME: Andrew McConnuck	(14) FULL MAIDEN NAME: Milisia Mitchell.
(9) RESIDENCE: 1751 Carlisle Place	(15) RESIDENCE: 1751 Carlisle Place
(10) COLOR: Black (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: Black (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Va.	(18) BIRTHPLACE: Va.
(13) OCCUPATION: Laborer	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: X	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature A Morse M.D. (Physician or Midwife)

Address

Filed JAS. BOSLEY M.D. 19 . Registrar

COM'R OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 0 0 2

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

RECORD JUN 6 1910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56524

(1) PLACE OF BIRTH 613 n. Caroline St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Rosedon. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		1		May 11th 1910

FATHER

(8) FULL NAME: Henry Rosedon.

(9) RESIDENCE: 613 n. Caroline St.

(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Jamaica

(13) OCCUPATION: Porter.

MOTHER

(14) FULL MAIDEN NAME: Julia Beard.

(15) RESIDENCE: 613 n. Caroline St.

(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: maryland.

(19) OCCUPATION: Housewife.

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature A. Monroe Mc

*When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 0 3

(Physician or Midwife)

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Address

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56525

(1) PLACE OF BIRTH 623 Bradford St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Sims If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		XI		May 17 1910

FATHER	MOTHER
(8) FULL NAME Harry Sims	(14) FULL MAIDEN NAME Alice Hughes
(9) RESIDENCE 623 Bradford Street	(15) RESIDENCE 623 Bradford Street
(10) COLOR Black (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Laborer	(19) OCCUPATION H. Duse wife
(20) Number of children born to this mother, including present birth XI	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature J. T. Morrison (Physician or Midwife)

Address 0 0 0 4 0 0

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD JUN 13 1910 JAS. H. BLOXLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19 Filed , 19

Registrar Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56526

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Johns Hopkins Hosp. St.; Ward)

(2) FULL NAME OF CHILD Cornish

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				May 12 1910

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME: Thos L. Thomas	(14) FULL MAIDEN NAME: Beatrice Cornish
(9) RESIDENCE: Leesburg - Virginia	(15) RESIDENCE: 1303 Orleans St - Balto
(10) COLOR: Black (11) AGE AT LAST BIRTHDAY: 2 (Years)	(16) COLOR: Black (17) AGE AT LAST BIRTHDAY: 14 (Years)
(12) BIRTHPLACE: Virginia	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Laborer	(19) OCCUPATION: School-girl
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

number of such, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: N. Morse MD (Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 0 0 0 0 5

RECORD

JUN -6 1910

JAS. BOSLEY, M.D.

COMMR. OF HEALTH

(24) Given name added from a supplemental report, 19

Filed, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56527

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 1 Johns Hopkins Hosp. St.; Ward)

(2) FULL NAME OF CHILD — Infant Filliard (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) May (Day) 12, 19 10 (Year)
Female				

FATHER	MOTHER
(8) FULL NAME: Eugene Filliard	(14) FULL MAIDEN NAME: Pearl Fuller
(9) RESIDENCE: 813 Sterling St.	(15) RESIDENCE: 813 Sterling Street
(10) COLOR: Black. (11) AGE AT LAST BIRTHDAY: 24 (Years)	(16) COLOR: Black. (17) AGE AT LAST BIRTHDAY: 20 (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Waiter	(19) OCCUPATION: Housework.
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 1

number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature: A Morse MD (Physician or Midwife)

Address: ____

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD 0 0 0 4 0 0 6 JUN -6 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1602 Bethel Pl — 4/9/10 — Registered No. B. 56528

CITY OF BALTIMORE (No. ____ St.; ____ Ward)

GIVEN NAME ADDED

(2) FULL NAME OF CHILD ~~Baby~~ Brooks, CLARA

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		U		May 28 1910

FATHER	MOTHER
(8) FULL NAME: Lewis Brooks	(14) FULL MAIDEN NAME: Mamie Gross
(9) RESIDENCE: 1602 Bethel Pl.	(15) RESIDENCE: 1602 Bethel Pl.
(10) COLOR: Black	(11) AGE AT LAST BIRTHDAY (Years)
(16) COLOR: Black	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Virginia	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Stevedore	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: U	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M. on the date above stated.

(23) Signature A. Morse MD

*When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

21 0 0 0 4 0 0 7

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. REGISTRAR OF HEALTH

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address ____

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE AMENDED - 4/17/12

CERTIFICATE OF BIRTH

A56529

(1) PLACE OF BIRTH 106 N Dallas St. Registered No. B.

CITY OF BALTIMORE. (No. CARRIE CRAPPER St.; Ward)

(2) FULL NAME OF CHILD ~~Baby Daughter~~ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		VII		May 20 1910

FATHER	MOTHER
(8) FULL NAME James ~~Crapper~~ CRAPPER	(14) FULL MAIDEN NAME Lillian Drummond
(9) RESIDENCE 106 N. Dallas St	(15) RESIDENCE 106 N Dallas St.
(10) COLOR Black (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Virginia	(18) BIRTHPLACE Virginia
(13) OCCUPATION Painter	(19) OCCUPATION Housemaid
(20) Number of children born to this mother, including present birth VII	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature F. Moseneus (Physician or Midwife)

Address

Filed JUN 6 1910, 19

JAS. BOSLEY, M.D. 6/6, 19 10

Registrar

(24) Given name added from a supplemental report, 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

8 10 0004008

RECEIVED FOR RECORD JUN 6 1910

COMMR. OF HEALTH

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

4-6-66 A56530

GIVEN NAME ADDED

(1) PLACE OF BIRTH 1747 Carlisle Place Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD ~~Baby~~ Addison, Mildred Sirestar If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural birth)	XII		May 17 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME: John Addison

(9) RESIDENCE: 1747 Carlisle Place

(10) COLOR: Black

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Anne Arundel co. Md.

(13) OCCUPATION: Stevedore

MOTHER

(14) FULL MAIDEN NAME: Eleanor Pratt

(15) RESIDENCE: 1747 Carlisle Place.

(16) COLOR: Black

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Maryland

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth XII

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature [signature] (Physician or Midwife)

Address

Filed , 19 .

Registrar

(24) Given name added from a supplemental report , 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this form. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 0 9

RECORD

JAN 6 1910

JAS. BOSLEY, M.D.

COMMR. OF HEALTH

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56531

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1319 Stockton St. St.; Ward)

(2) FULL NAME OF CHILD Samuel S. Ducket

If child is not yet named, make supplemental report, as directed.

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			yes	Feb 6, 1910

FATHER

(8) FULL NAME: Samuel C. Ducket

(9) RESIDENCE: 1319 Stockton St.

(10) COLOR: Colored

(11) AGE AT LAST BIRTHDAY: 36 (Years)

(12) BIRTHPLACE: Charles Co. md

(13) OCCUPATION: Poultry Dealer

MOTHER

(14) FULL MAIDEN NAME: Mary M. Harkins

(15) RESIDENCE: 1319 Stockton St

(16) COLOR: Colored

(17) AGE AT LAST BIRTHDAY: 30 (Years)

(18) BIRTHPLACE: Charles Co md.

(19) OCCUPATION: House-work

(20) Number of children born to this mother, including present birth: 6

(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 o'clock A.M., on the date above stated.

(23) Signature: Maria Jones midwife (Physician or Midwife)

Address: 1350 Lakeburn St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 0 1 0

RECEIVED FOR FEB -6 1910

(24) Given name added from a supplemental report....., 19

Registrar

Filed ....., 19 .

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56532

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 13 Calhoun St.; Ward)

(2) FULL NAME OF CHILD Earnest Smith

{If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	February 9, 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) RESIDENCE

(10) COLOR

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME Lucy Smith

(15) RESIDENCE 1342 Calhoun St

(16) COLOR Colored

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE West River

(19) OCCUPATION Cambu-maid

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 o'clock A.M., on the date above stated.

(23) Signature Maria Jones Midwife (Physician or Midwife)

Address 13 B.D. Calhoun St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 4 0 1 1

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED RECORD

FEB -6 1910

Filed ____, 19 ____

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

5-8-12

(1) PLACE OF BIRTH — Registered No. B 56533

CITY OF BALTIMORE. (No. GIVEN NAME ADDED St.; Ward)

(2) FULL NAME OF CHILD THEODORE THOMPSON STEWART — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	April 29 1910

FATHER

(8) FULL NAME: Robert A Stewart

(9) RESIDENCE: 1906 Druid Hill ave

(10) COLOR: Colord — (11) AGE AT LAST BIRTHDAY: 37 (Years)

(12) BIRTHPLACE: Raphine Virginia

(13) OCCUPATION: Public Waiter

MOTHER

(14) FULL MAIDEN NAME: Lucy A Stewart

(15) RESIDENCE: 1906 Druid Hill ave

(16) COLOR: Colord — (17) AGE AT LAST BIRTHDAY: 31 (Years)

(18) BIRTHPLACE: Lexington Virginia

(19) OCCUPATION: Housework

(20) Number of children born to this mother, including present birth: 4

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 oclock A.M., on the date above stated.

(23) Signature: Maria Foner. — (Physician or Midwife)

Address: 1532 Calhoun st

Filed JUN -6 1910, 19

Registrar

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

FILED: JUN 6. 1910

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

0 0 0 4 0 1 2

REGISTRAR'S RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56534

CITY OF BALTIMORE. (No. 640, Hoffman Street St.; Ward)

(2) FULL NAME OF CHILD: Not yet named — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				March 20, 1916

FATHER

(8) FULL NAME: William Lee

(9) RESIDENCE: 640 Hoffman St

(10) COLOR: Colord

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Hurt Tool U. S.

(13) OCCUPATION: Yard Worker

MOTHER

(14) FULL MAIDEN NAME: Laura Forebee

(15) RESIDENCE: 640 Hoffman St

(16) COLOR: Colord

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: West Moreland Co Va

(19) OCCUPATION: Home Work

(20) Number of children born to this mother, including present birth: 5

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Yes 9.45 a. M., on the date above stated.

(23) Signature: Maria Jones (Physician or Midwife)

Address: 640 Calhoun St

Filed NOV -6 1916, 19 .

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 1 3

(24) Given name added from supplemental report ____, 19 .

Registrar

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

WHITE CERTIFICATE WITH DUPLICATE FOR PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B A56535

(1) PLACE OF BIRTH

CITY OF BALTIMORE (No. 1107 Stockton St St.; Ward)

(2) FULL NAME OF CHILD Leon Francis Barber

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) March (Day) 23 (Year) 1910
male				

FATHER	MOTHER
(8) FULL NAME Thomas Barber	(14) FULL MAIDEN NAME Anna Wood
(9) RESIDENCE 1107 Stockton St.	(15) RESIDENCE 1107 Stockton St
(10) COLOR Colord	(16) COLOR Colord
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE St mary Co Md.	(18) BIRTHPLACE St. Mary Co Md
(13) OCCUPATION Laborer	(19) OCCUPATION Home Work
(20) Number of children born to this mother, including present birth 9	(21) Number of children of this mother now living 9

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9:20 A. M., on the date above stated.

(23) Signature Maria Lewis

(Physician or Midwife) Mid Wife

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 1 4

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY COM'R OF HEALTH

(24) Given name added from a supplemental report, 19

Address 1352 Calhoun St.

Filed M.D., 19

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56536

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD William J. Collins. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male				May 9, 1910

FATHER

(8) FULL NAME: William J. Collins

(9) RESIDENCE: 713 Gold st.

(10) COLOR: Colored

(11) AGE AT LAST BIRTHDAY: 22 (Years)

(12) BIRTHPLACE: Balto. md.

(13) OCCUPATION: Butler

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Helen Gambrill.

(15) RESIDENCE: 713 Gold st.

(16) COLOR: Colored

(17) AGE AT LAST BIRTHDAY: 18 (Years)

(18) BIRTHPLACE: Balto. md.

(19) OCCUPATION: House Keeper.

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at yes 11:30 A.M., on the date above stated.

(23) Signature Marie Jones. midwife (Physician or Midwife)

Address 1352 Calhoun st.

Filed JUN -6 910, 19 .

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56537

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1144 Calhoun St.; Ward)

(2) FULL NAME OF CHILD Wm Alexander Boyd

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			yes	March 6, 1910

FATHER

(8) FULL NAME William Thomas Boyd

(9) RESIDENCE 1144 Calhoun St.

(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Nrth Carolina

(13) OCCUPATION Teamster

MOTHER

(14) FULL MAIDEN NAME Alice Nunnally

(15) RESIDENCE 1144 Calhoun st

(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Petersburg Virginia

(19) OCCUPATION Home-work

(20) Number of children born to this mother, including present birth 6

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5-30 P. M., on the date above stated.

(23) Signature Maria Jones Midwife (Physician or Midwife)

Address 1144 Calhoun St.

* When there was no attending physician or midwife, then the father, householder, etc., should make the returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 1 6

RECEIVED FOR RECORD

APR -6 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED - 5/5/11 A58538

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ANNIE St.; Ward)

(2) FULL NAME OF CHILD ~~Infant of Susie Johnson~~ — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	4 X, 1— 1910

	FATHER	MOTHER
(8) FULL NAME	Charley Johnson	
(9) RESIDENCE	1447 Ward St.	1447 Ward St.
(10) COLOR	Colored	Colored
(11) AGE AT LAST BIRTHDAY (Years)	30	30
(12) BIRTHPLACE	Arundel Co, Md	Arundel Co, Md
(13) OCCUPATION	Laborer	Cook
(14) FULL MAIDEN NAME		Susie Grosha
(20) Number of children born to this mother, including present birth	4	
(21) Number of children of this mother now living		4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4.15 P. M., on the date above stated.

(23) Signature [signature] (Physician or Midwife)

Address 2 W. Lombard ST

Filed 20 1910, 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Registrar

RECEIVED FOR RECORD

JAS BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56539

CITY OF BALTIMORE. (No. 27 Ashburton St. St.; 20th Ward)

(2) FULL NAME OF CHILD James H. Williams. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male	one			May 18, 1910

FATHER	MOTHER
(8) FULL NAME Edward W. Chaves	(14) FULL MAIDEN NAME Daisy May Jones
(9) RESIDENCE 27 Ashburton st	(15) RESIDENCE 27 Ashburton st
(10) COLOR colored (11) AGE AT LAST BIRTHDAY 22 years (Years)	(16) COLOR colored (17) AGE AT LAST BIRTHDAY 16 years (Years)
(12) BIRTHPLACE Balto Md	(18) BIRTHPLACE Balto Md
(13) OCCUPATION Labor work.	(19) OCCUPATION
(20) Number of children born to this mother, including present birth one	(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Elizabeth Nicks M., on the date above stated.

(23) Signature Mrs Elizabeth Nicks Midwife (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 1 8

RECEIVED FOR RECORD JUN 9 1910

Address 20 Ashburton St.

(24) Given name added from a supplemental report ____, 19

Filed JOSLEY M.D. COM'R OF HEALTH, 19 .

Registrar — Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56540

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hosp St.; Ward)

(2) FULL NAME OF CHILD Male Coles. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				May 17 1910

FATHER		MOTHER	
(8) FULL NAME	Thomas Coles	(14) FULL MAIDEN NAME	Mary Johnson
(9) RESIDENCE	1925 Ethnig St.	(15) RESIDENCE	1925 Ethnig St
(10) COLOR	Black.	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	24	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Virginia
(13) OCCUPATION	Waiter	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature N. Morse MD

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 0 0 1 9

(Physician or Midwife)

(24) Given name added from a supplemental report , 19

Address

Filed , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A58541

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hosp St.; Ward)

(2) FULL NAME OF CHILD Strübe

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May (Day) 22 (Year) 19 10
Male				

FATHER		MOTHER	
(8) FULL NAME	Clarence Morsey.	(14) FULL MAIDEN NAME	Louisa Strübe
(9) RESIDENCE	410 Cosgrath Street	(15) RESIDENCE	405 Short St. Balto.
(10) COLOR	Black.	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Laborer	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature L. V. Morsens

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 2 0

RECEIVED FOR RECORD JUN -6 1910 JAS. H. BLEY, M.D. COM'R OF HEALTH

(Physician or Midwife)

Address

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56542

(1) PLACE OF BIRTH 633 Sterling St. Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Richardson } If child is not yet named, write supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male				may 19th 19 10

FATHER	MOTHER
(8) FULL NAME Oscar Richardson	(14) FULL MAIDEN NAME Annie Meekins
(9) RESIDENCE 633 Sterling St.	(15) RESIDENCE 633 Sterling St.
(10) COLOR Black (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE maryland.	(18) BIRTHPLACE maryland.
(13) OCCUPATION Driver.	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature N. Morse MD (Physician or Midwife)

Address ____

Filed ____, 19 ____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Registrar

U 0004021

RECEIVED OFFICE OF RECORDS JUN -6 1910 JAS. BUSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56543

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 0 Johns Hopkins Hosp St.; Ward)

(2) FULL NAME OF CHILD Jones

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				May 15 1910

FATHER		MOTHER	
(8) FULL NAME	Robert Williams	(14) FULL MAIDEN NAME	Martha Jones
(9) RESIDENCE	Druid Hill Ave	(15) RESIDENCE	2211 Druid Hill Ave
(10) COLOR	Black	(16) COLOR	Black
(11) AGE AT LAST BIRTHDAY (Years)	not known	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	not known	(18) BIRTHPLACE	North Carolina
(13) OCCUPATION	Waiter.	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature V. Mosemus (Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

FOR RECORD
JUN -6 1910
JAS. BAILEY M.D.
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 426 N. Central Ave. Registered No. B. A56544

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Jackson (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		"		May 30 1910

FATHER	MOTHER
(8) FULL NAME Howard Jackson	(14) FULL MAIDEN NAME Kate Franklin
(9) RESIDENCE 426 N. Central Ave.	(15) RESIDENCE 426 N. Central Ave.
(10) COLOR Black (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Waiter	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth "	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature N. Morsell

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 2 3

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

WHITE PAPER. WRITE DISTINCTLY. USE PERMANENT INK.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1405 Eden St. Ct. Registered No. B. 456545

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Murphy [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		1st		May 27 1910

FATHER	MOTHER
(8) FULL NAME: John Murphy	(14) FULL MAIDEN NAME: Sadie Thompson
(9) RESIDENCE: 1405 Eden St Ct.	(15) RESIDENCE: 1405 Eden St. Ct.
(10) COLOR: Black	(11) AGE AT LAST BIRTHDAY (Years)
	(16) COLOR: Black
	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Virginia	(18) BIRTHPLACE: Maryland
(13) OCCUPATION: Sailor	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1st	(21) Number of children of this mother now living:

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: J. Mozeus

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 04024

RECEIVED JAN -6 1910

(Physician or Midwife)

Address

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 911 Rutland Ave. Registered No. B. A56546

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Neal — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		II		May 24 1910

FATHER	MOTHER
(8) FULL NAME James Neal	(14) FULL MAIDEN NAME Margaret Harrison
(9) RESIDENCE 911 Rutland Ave.	(15) RESIDENCE 911 Rutland Ave.
(10) COLOR Black (11) AGE AT LAST BIRTHDAY ____ (Years)	(16) COLOR Black (17) AGE AT LAST BIRTHDAY ____ (Years)
(12) BIRTHPLACE Virginia	(18) BIRTHPLACE Virginia
(13) OCCUPATION Diver	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth II	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature A. Morse MD (Physician or Midwife)

Address ____

Filed ____, 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

*When there was no attending physician or midwife, then the father, householder, &c., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

{ B 0004025 }

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

RECEIVED FOR RECORD
JUN 2 1910
BALTIMORE MD
BOARD OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56547

(1) PLACE OF BIRTH 1221 Mulliken — Registered No. B.

CITY OF BALTIMORE. (No. — St.; — Ward)

(2) FULL NAME OF CHILD Baby Harris — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		VI		May 21 1910

FATHER	MOTHER
(8) FULL NAME: Augustus Harris	(14) FULL MAIDEN NAME: Mamie Reglin
(9) RESIDENCE: 1221 Mulliken	(15) RESIDENCE: 1221 Mulliken St.
(10) COLOR: Black	(11) AGE AT LAST BIRTHDAY (Years)
(16) COLOR: Black	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Maryland	(18) BIRTHPLACE: Illinois
(13) OCCUPATION: Laborer	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: VI	(21) Number of children of this mother now living

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at — M., on the date above stated.

(23) Signature: A. Morse MD (Physician or Midwife)

Address

Filed —, 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report —, 19

Registrar

0 U 0 0 4 0 2 6

RECORD

JUN -6 1910

JAS. BOSLEY, M.D.

BOARD OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 911 Mc Donough St. Registered No. B. A56548

CITY OF BALTIMORE. (No.) St.; Ward)

(2) FULL NAME OF CHILD ~~Baby~~ Sanford Dorsey Maddox. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		XII		May 17 1910

FATHER

(8) FULL NAME Sandford Maddox.

(9) RESIDENCE 911 Mc Donough St.

(10) COLOR Black (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Georgia

(13) OCCUPATION Laborer

(20) Number of children born to this mother, including present birth XII

MOTHER

(14) FULL MAIDEN NAME Lucinda Dorsey

(15) RESIDENCE 911 Mc Donough St.

(16) COLOR Black (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION Housework

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature F. Morsell MD (Physician or Midwife)

Address

Filed , 19 . Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19 . Registrar

U 0004027

RECEIVED FOR RECORD JUN -6 1910

JAS. BOSLEY M.D. COM'R OF HEALT.

N. B.—In case of more than one child of a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A53549

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 28 South Carey St St.; Ward)

(2) FULL NAME OF CHILD Victoria Louisa Rothe { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	X			May 24, 19 10

FATHER	MOTHER
(8) FULL NAME: Adolph Rothe	(14) FULL MAIDEN NAME: Louisa Bohn
(9) RESIDENCE: 28 South Carey St	(15) RESIDENCE: 28 South Carey St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 32 (Years) 1910	(17) AGE AT LAST BIRTHDAY: 43 (Years) 1909
(12) BIRTHPLACE: Germany	(18) BIRTHPLACE: Germany
(13) OCCUPATION: Shoe maker	(19) OCCUPATION: House Wife
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living: 4

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature "Mrs Young" (Physician or Midwife) 714 Cross St

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

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RECEIVED FOR RECORD JUN — 6 1910

(24) Given name added from a supplemental report , 19

Address

Filed JAS. BOSLEY, M.D. COM'R OF HEALTH 19 .

Registrar

Registrar

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56550

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 3[illegible] St.; [illegible] Ward)

(2) FULL NAME OF CHILD Alice Margaret Fogle

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19[illegible] (Year)
Fem.				May 17, 19[illegible]

FATHER	MOTHER
(8) FULL NAME: Frank T. Fogle	(14) FULL MAIDEN NAME: Estell E. Hatfield
(9) RESIDENCE: 616 S Paca St	(15) RESIDENCE: 616 S Paca St
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY: 24 (Years)
(16) COLOR: White	(17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Frederick Md.	(18) BIRTHPLACE: Carroll Co Md.
(13) OCCUPATION: Blacksmith	(19) OCCUPATION
(20) Number of children born to this mother, including present birth: 4	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at [illegible] M., on the date above stated.

(23) Signature Mrs Bunge (Physician or Midwife) 711 Cross St.

Address

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 0 4 0 2 9

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report [illegible], 19

Registrar

Filed [illegible] 19

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56551

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	May 13th 1910

FATHER	MOTHER
(8) FULL NAME: Harry Kudlin.	(14) FULL MAIDEN NAME: Ellen McGeorge
(9) RESIDENCE: 1320 S. Carey St.	(15) RESIDENCE: 1320 S. Carey St.
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 36 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Springfield Ill.	(18) BIRTHPLACE: Baltimore Md.
(13) OCCUPATION: Iron worker.	(19) OCCUPATION:
(20) Number of children born to this mother, including present birth: five	(21) Number of children of this mother now living: five

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: Mrs Bourge — (Physician or Midwife) 711 Lemmon St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED FOR RECORD JUN 6 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 — Registrar

Address ____

Filed ____ — Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56552

CITY OF BALTIMORE. (No. 522, Hoffman Court St.; Ward)

(2) FULL NAME OF CHILD — Rose (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 4th 1910

FATHER	MOTHER
(8) FULL NAME: George F. Korn	(14) FULL MAIDEN NAME: Anna L. Deininger
(9) RESIDENCE: 522 Hoffman Court	(15) RESIDENCE: 522 Hoffman Court
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 23	(17) AGE AT LAST BIRTHDAY (Years): 21
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Laborer	(19) OCCUPATION: House-wife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12-5 P. M., on the date above stated.

(23) Signature: Mrs Mary M. Taylor

(Physician or Midwife)

Address: 1 Wilson Row

Filed JUN -6 1910, 19

Registrar

(24) Given name added from a supplemental report ....., 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

RECEIVED FOR RECORD.

JAS. BOSLEY, M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56553

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 220 S. Ann St.; St.; Ward)

(2) FULL NAME OF CHILD Irene Wolupeuski

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	May 8th, 19 10

FATHER		MOTHER	
(8) FULL NAME	Ignatz Wolupeuski	(14) FULL MAIDEN NAME	Veronica Wenierska
(9) RESIDENCE	220 S. Ann St.	(15) RESIDENCE	220 S. Ann St.
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	28	(17) AGE AT LAST BIRTHDAY (Years)	24
(12) BIRTHPLACE	Germany	(18) BIRTHPLACE	Germany
(13) OCCUPATION	Tailor	(19) OCCUPATION	None - wife
(20) Number of children born to this mother, including present birth	5	(21) Number of children of this mother now living	4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2:30 P. M., on the date above stated.

(23) Signature Wm. Ward Wallace M.D. (Physician or Midwife)

Address 1715 Eutaw Place

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 004032

(24) Given name added from a supplemental report Sept. 10, 1935

Irene Wodnoznuski Registrar

Filed JUN -6 1910, 19 . Registrar

FILED FOR RECORD

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 3-27-18

A56554

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 22 E. Centre St.; Ward)

(2) FULL NAME OF CHILD — Fox, Gertrude Naomi (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 12th 1918

FATHER		MOTHER	
(8) FULL NAME	Jesse Fox	(14) FULL MAIDEN NAME	Mary Scarpes
(9) RESIDENCE	22 E. Centre	(15) RESIDENCE	22 E. Centre St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years) 26	(16) COLOR White	(17) AGE AT LAST BIRTHDAY (Years) 23
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Clerk	(19) OCCUPATION	House
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	2

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 9 P. M., on the date above stated.

(23) Signature Mrs. Mary E. Taylor (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 0 3 3

Address 1 NED FOR RECORD 1 Patterson Park Ave

(24) Given name added from a supplemental report ____, 19

Filed JUN -6 1918, 19 .

Registrar

JAS. GOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56555

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 2106 Gough St. St.; Ward) Registered No. B

(2) FULL NAME OF CHILD — Mc. Dorman

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	March 22nd, 1910

FATHER	MOTHER
(8) FULL NAME: Mon. P. Mc. Dorman	(14) FULL MAIDEN NAME: Dora Lantz.
(9) RESIDENCE: 2106 Gough St	(15) RESIDENCE: 2106 Gough St
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 31 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Laborer	(19) OCCUPATION: house-wife
(20) Number of children born to this mother, including present birth	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8-30 A. M., on the date above stated.

(23) Signature Ethel Mae M. Taylor. (Physician or Midwife)

Address 611 S. Patterson Park Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. COMMISSIONER

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

WHITE CERTIFICATE, WITH PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56556

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 267 Columbia Ave St.; 2nd Ward)

(2) FULL NAME OF CHILD Dora Evelyn Thomas

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female		2	Yes	May 23, 1910

FATHER

(8) FULL NAME: Thomas Henderson

(9) RESIDENCE: 267 Columbia Ave

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Annapolis Md

(13) OCCUPATION: Labor

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Dora Coles

(15) RESIDENCE: 267 Columbia Ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: None

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 35 P. M., on the date above stated.

1910

(23) Signature: 4035 Nicholas Thomas

(Physician or Midwife)

Address 267 N. Eutaw St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

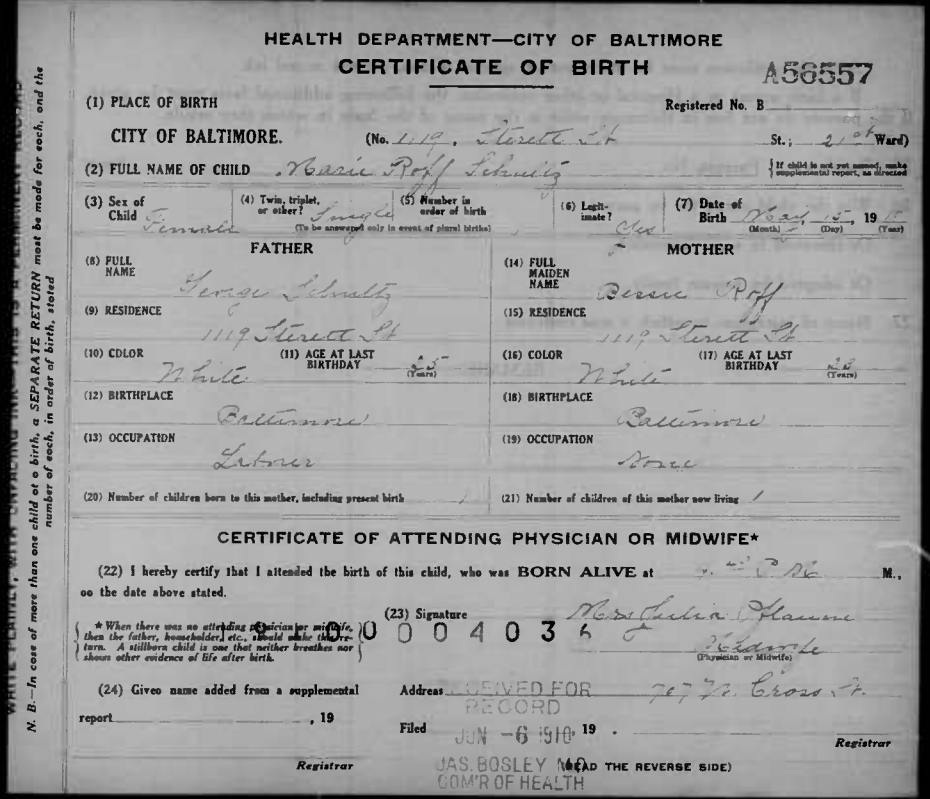
(24) Given name added from a supplemental report _____, 19 _____

_____ Registrar

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed _____, 19 _____ Registrar

(READ THE REVERSE SIDE)



HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A58557

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1119, Sterett St., St.; 21st Ward)

(2) FULL NAME OF CHILD Marie Roff Schultz — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month, Day, Year)
Female	Single		Yes	May 5, 19

FATHER	MOTHER
(8) FULL NAME: George Schultz	(14) FULL MAIDEN NAME: Bessie Roff
(9) RESIDENCE: 1119 Sterett St	(15) RESIDENCE: 1119 Sterett St
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 25 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Labor	(19) OCCUPATION: None
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.45 P.M., on the date above stated.

(23) Signature: Mrs Lulia Hamme (Physician or Midwife)

Address: 1917 N. Gross St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 3 6

(24) Given name added from a supplemental report _____, 19

Filed JUN -6 1910 19

Registrar

RECEIVED FOR RECORD

JAS. BOSLEY M.D. (OVER)
COM'R OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56558

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2735 Presbury St. St.; E Ward)

(2) FULL NAME OF CHILD Evelyn Louise Nazarenus — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	single	3	yes	March 6 19 13

FATHER

(8) FULL NAME: Charles E. Nazarenus

(9) RESIDENCE: 2735 Presbury St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 28

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Piano maker

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Rose Schwarzenberg

(15) RESIDENCE: 2735 Presbury St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 26

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: None

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5-45 P M., on the date above stated.

(23) Signature: Nan Lula Plum (Physician or Midwife)

Address: 707 W. Lanvale St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 3 7

RECEIVED FOR RECORD JUN -6 1913 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56559

(1) PLACE OF BIRTH — Registered No. B.....

CITY OF BALTIMORE. (No. 1119, Warner St. St.; 21st Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	2	Yes	April 16, 1910

FATHER

(8) FULL NAME: William H. Watson

(9) RESIDENCE: 1119 Warner St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Broommaker

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Ida Himmelheber Swan

(15) RESIDENCE: 1119 Warner St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: None

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11.22 P.M., on the date above stated.

(23) Signature: Mrs Lydia Plamer (Physician or Midwife)

Address: 1119 Warner St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1910 00 04038

RECEIVED FOR RECORD JAN -6 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report....., 19

Filed ....., 19

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 456560

CITY OF BALTIMORE. (No. 808, Ridgely St, St.; 21st Ward)

(2) FULL NAME OF CHILD: Clara Salvatore

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	4	Yes	April 25, 1926

FATHER

(8) FULL NAME: Joseph Salvatore

(9) RESIDENCE: 808 Ridgely St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 30

(12) BIRTHPLACE: Rumania

(13) OCCUPATION: Brick Layer

MOTHER

(14) FULL MAIDEN NAME: Natalie Smaniotto

(15) RESIDENCE: 808 Ridgely St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 27

(18) BIRTHPLACE: Rumania

(19) OCCUPATION: None

(20) Number of children born to this mother, including present birth: 4

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8:30 P. M., on the date above stated.

(23) Signature: [illegible] Physician

2711 E. Lanvale St.
(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 3 9

RECEIVED FOR RECORD
JUN 6 1926
JAS. BOSLEY, M.D.
COM'R OF HEALTH

(24) Given name added from a supplemental report _____, 19

Address: Private

Filed _____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56561

CITY OF BALTIMORE. (No. 22, Clement St. St.; 25th Ward)

(2) FULL NAME OF CHILD Doranne

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	Single	1	Yes	March 5, 1910

FATHER	MOTHER
(8) FULL NAME: George August Trube	(14) FULL MAIDEN NAME: Anna Marie Milke
(9) RESIDENCE: 22 Clement St.	(15) RESIDENCE: 22 Clement St.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 25	(17) AGE AT LAST BIRTHDAY (Years): 19
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Manager	(19) OCCUPATION: None
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 9:15 A. M., on the date above stated.

(23) Signature: Mary Lidia Flanner

(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0004040C

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Address: 22 E. Clem. St.

(24) Given name added from a supplemental report_____, 19____

Filed _____, 19____

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56562

(1) PLACE OF BIRTH Irvington — Registered No. B

CITY OF BALTIMORE. (No. 232, Collins Ave City Limits St.; 22 Ward)

(2) FULL NAME OF CHILD Agnes Tully — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			married	Feb. 28, 1913

FATHER

(8) FULL NAME: John J. Tully

(9) RESIDENCE: 232 Collins Ave. Irvington

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Steam-fitter

MOTHER

(14) FULL MAIDEN NAME: Margaret Gleason

(15) RESIDENCE: 232 Collins Ave. Irvington

(16) COLOR: white

(17) AGE AT LAST BIRTHDAY: 37 (Years)

(18) BIRTHPLACE: Clare County, Ireland

(19) OCCUPATION: Ireland

(20) Number of children born to this mother, including present birth: 5 cd

(21) Number of children of this mother now living: 5 cd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at Irvington M., on the date above stated.

(23) Signature: Mrs Barb Ludwig — Graduated Midwife (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 000 404 1

(24) Given name added from a supplemental report ____, 19__

Address 774 W. Hamburg St.

Filed June 1, 1913 — Balto. Md.

RECEIVED FOR RECORD JUN -6 1913

JAS. BOSLEY M.D. COMMISSIONER OF HEALTH

Registrar — Registrar

(READ THE REVERSE SIDE)

WHITE PLAINLY, WITH UNFADING INK. THIS IS A DUPLICATE.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Baltimore — Registered No. B 56563

CITY OF BALTIMORE. (No. 811 Woodward St St.; 21 Ward)

(2) FULL NAME OF CHILD Anna M. Hunter — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			married	Feb. 26, 1910

FATHER

(8) FULL NAME Jerome N. Hunter

(9) RESIDENCE 811 Woodward St

(10) COLOR white

(11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Balto

(13) OCCUPATION Laborer

MOTHER

(14) FULL MAIDEN NAME Anna M. Schultz

(15) RESIDENCE 811 Woodward St

(16) COLOR white

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Housework

(20) Number of children born to this mother, including present birth 3 cd

(21) Number of children of this mother now living 3 cd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Woodward St M., on the date above stated.

(23) Signature Mrs Barb Ludwig
Graduated Midwife (Physician or Midwife)

Address 774 N Gaunbury St

Filed JAN -6 1910, 19 10 Balto Md
Registrar

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

JAS. BOSLEY M.D.
COM'R OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56564

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1145. Sargeant St St.; 21 Ward)

(2) FULL NAME OF CHILD Grace K. Moran

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			married	Feb. 13, 1910

FATHER

(8) FULL NAME: Charles E. Moran

(9) RESIDENCE: 1145 Sargeant

(10) COLOR: white

(11) AGE AT LAST BIRTHDAY: 43 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Laborer

MOTHER

(14) FULL MAIDEN NAME: Lilian Sullivan

(15) RESIDENCE: 1145 Sargeant

(16) COLOR: white

(17) AGE AT LAST BIRTHDAY: 34 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: House-work

(20) Number of children born to this mother, including present birth: 6 col

(21) Number of children of this mother now living: 6 col

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Sargeant St. M., on the date above stated.

(23) Signature: Mrs. Barb Ludwig

(Physician or Midwife) Graduated Midwife

Address: 774 W. Hamburg St

Date Filed: June 2, 1910 Balto, Md

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0004043

RECEIVED FOR RECORD JUN -6 1910

JAS. BOSLEY M.D. COMR OF HEALTH

Registrar

(24) Given name added from a supplemental report, 19

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56565

CITY OF BALTIMORE. (No. 53 Lombard St St.; Ward)

(2) FULL NAME OF CHILD Evelyn Lubs

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Unmarried	March 6 1910

FATHER		MOTHER	
(8) FULL NAME	Michael Lubs	(14) FULL MAIDEN NAME	Elsie E. Eaves
(9) RESIDENCE	301 Lombard St	(15) RESIDENCE	301 Lombard St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	24	(17) AGE AT LAST BIRTHDAY (Years)	20
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Foreman	(19) OCCUPATION	House-work
(20) Number of children born to this mother, including present birth	1cd	(21) Number of children of this mother now living	1cd

N. B.—In case of more than one child of a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

WHITE PAPER, WITH PRINTING ONLY IN BLACK INK

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Lombard St M., on the date above stated.

(23) Signature Mrs Barb Ludwig
Graduated Midwife
(Physician or Midwife)

Address 774 N Bamburg St

Filed June 1, 1910 Balto Md
Registrar

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(24) Given name added from a supplemental report ____, 19__

Registrar

RECEIVED FOR RECORD JUN -6 1910 JAS BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56566

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 463 S. Charles St. St.; 23 Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			married	March 22, 1910

FATHER	MOTHER
(8) FULL NAME: Alfred P. Williams	(14) FULL MAIDEN NAME: Mabel Williams
(9) RESIDENCE: Pittsburg	(15) RESIDENCE: Pittsburg
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 23 (Years)	(17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: England	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Lawyer	(19) OCCUPATION: House-work
(20) Number of children born to this mother, including present birth: 2d	(21) Number of children of this mother now living: 1st

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Charles St. M., on the date above stated.

(23) Signature: Mrs. Bark Sudurs (Physician or Midwife) Graduated Canada

Address: 1 W. Hamburg St.

Filed: June 1, 1910 Balto., Md. Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0004045

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56567

(1) PLACE OF BIRTH Baltimore — Registered No. B

CITY OF BALTIMORE. (No. 533 W. Barre St St.; 21 Ward)

(2) FULL NAME OF CHILD Mary Margaret Sommer (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			married	March 22 1910

FATHER

(8) FULL NAME John Sommer

(9) RESIDENCE 533 W. Barre St

(10) COLOR white

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Riga Russia

(13) OCCUPATION Polisher

MOTHER

(14) FULL MAIDEN NAME Annie Fink

(15) RESIDENCE 533 W. Barre St

(16) COLOR white

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Templin Ungarn

(19) OCCUPATION House-work

(20) Number of children born to this mother, including present birth 3 ch

(21) Number of children of this mother now living 3 ch

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Barre St, Balto M., on the date above stated.

(23) Signature Mrs. Barb Ludwig Graduated Midwife (Physician or Midwife)

Address 1210 Hamburg St

Filed June 9 1910, 1910 Balto, Md.

Registrar

JAS. BOGLEY M.D. COM'R OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

WHITE PLAINLY, WITH DIP PEN AND INDELIBLE INK. THIS IS AN IMPORTANT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56568

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 016 Cross St St.; 21 Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			married	March 4, 19 10

FATHER	MOTHER
(8) FULL NAME: Fredrick M. Farman	(14) FULL MAIDEN NAME: Edna T. Reibert
(9) RESIDENCE: 627 Wyeth St	(15) RESIDENCE: 627 Wyeth St
(10) COLOR: white	(16) COLOR: white
(11) AGE AT LAST BIRTHDAY: 29 (Years)	(17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Jessops Balto County	(18) BIRTHPLACE: Balto.
(13) OCCUPATION: Shirt-Ironer	(19) OCCUPATION: House-work
(20) Number of children born to this mother, including present birth: 1 cd.	(21) Number of children of this mother now living: 1 cd.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Cross St M., on the date above stated.

(23) Signature Ina Barb. Ludwig

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 004047 Graduated Midwife (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____ Address RECEIVED FOR RECORD 1214 W Hamburg St.

Filed JUN -6 1910, 19 10 Balto, Md

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar — Registrar

(READ THE REVERSE SIDE)

WHITE PLAINLY, WITH PEN AND INK. THIS FORM MUST NOT BE FOLDED.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56569

(1) PLACE OF BIRTH Waverly Registered No. B

CITY OF BALTIMORE. (No. 3215 Abel St. City Limits St.; 12 Ward)

(2) FULL NAME OF CHILD Julian M. Harig

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
female			married	March 19 1910

FATHER

(8) FULL NAME Milton A Harig

(9) RESIDENCE 3215 Abel St. City Limits

(10) COLOR white (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Driver

MOTHER

(14) FULL MAIDEN NAME Sadie L Edwards

(15) RESIDENCE 3215 Abel St City Limits

(16) COLOR white (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION House-work

(20) Number of children born to this mother, including present birth 1 cd

(21) Number of children of this mother now living 1 cd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Waverly M., on the date above stated.

(23) Signature Mrs. Bark Ludwig

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or Midwife)

U 000404 8

RECEIVED FOR RECORD 1914

Address 1 W Hamburg St

(24) Given name added from a supplemental report ____, 19 ____

Filed June 1, 1910 Balto. Md.

JUN - 6 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar Registrar

(READ THE REVERSE SIDE)

WHITE PLAINLY, WITH PENCIL PRESSING THROUGH ALL THE SHEETS. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED -10/2/12 A56570

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 822, Woodward St. St.; 21 Ward)

(2) FULL NAME OF CHILD RUTH ELIZABETH FRITZ — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
female			Married	March 4, 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: Frederick Fritz	(14) FULL MAIDEN NAME: Elisabeth A. Zimmerman
(9) RESIDENCE: 820 Woodward St	(15) RESIDENCE: 820 Woodward St.
(10) COLOR: white	(16) COLOR: white
(11) AGE AT LAST BIRTHDAY: 28 (Years)	(17) AGE AT LAST BIRTHDAY: 29 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Hessen, Nassau Germany
(13) OCCUPATION: Laborer	(19) OCCUPATION: House-work
(20) Number of children born to this mother, including present birth: 3 cd.	(21) Number of children of this mother now living: 3 cd.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Woodward St. on the date above stated.

(23) Signature Ina Barb. Ludwig, Graduated midwife (Physician or Midwife)

Address 774 W. Hamburg St.

Filed June 1, 1910 Balto. Md.

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56571

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2016 Orleans St.; Ward)

(2) FULL NAME OF CHILD Leonora Winkler — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			Yes	May 25, 1910

FATHER

(8) FULL NAME: Thomas E. Winkler

(9) RESIDENCE: 2016 Orleans St

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 26 yrs (Years)

(12) BIRTHPLACE: Maryland

(13) OCCUPATION: Iron worker

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Johanna M. Engelman

(15) RESIDENCE: 2016 Orleans St

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 27 yrs (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: —

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P. M., on the date above stated.

(23) Signature: Adolph C. Elmley M.D. Physician (Physician or Midwife)

Address 2213 Orleans St

* When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

U 0 0 4 0 5 0

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56572

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2253 Mc Elderry St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	May 2 1910

FATHER		MOTHER	
(8) FULL NAME	Elmer Shettle	(14) FULL MAIDEN NAME	Carrie Poelman
(9) RESIDENCE	2253 Mc Elderry St	(15) RESIDENCE	2253 Mc Elderry St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	25 yrs	(17) AGE AT LAST BIRTHDAY (Years)	21 yrs
(12) BIRTHPLACE	Carrol Co Md	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Horse Shoer	(19) OCCUPATION	—

(20) Number of children born to this mother, including present birth 2 — (21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 A.M. M., on the date above stated.

(23) Signature Adolph C. Eisenberg M.D. Physician (Physician or Midwife)

Address 2213 Orleans St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 0 5 D

(24) Given name added from a supplemental report ____, 19 ____

Filed JUN 6 1910, 19 ____

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56573

CITY OF BALTIMORE. (No. 1029 Central Ave. St.; 16 Ward)

(2) FULL NAME OF CHILD — { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1	Yes	June 4 1918

FATHER

(8) FULL NAME: Charles Clanbolt

(9) RESIDENCE: 1029 Central Ave

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY (Years): —

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Sold Silver

MOTHER

(14) FULL MAIDEN NAME: Anna Staff

(15) RESIDENCE: 1029 Central Ave

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY (Years): —

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: none

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Baltimore M. on the date above stated.

(23) Signature: Mrs Mary [illegible] Mid Wife (Physician or Midwife)

Address 1036 Valley St

Filed , 19 .

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this form. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 0 5 2

RECEIVED FOR RECORD JUN 8 1918

JAS. H. BLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56574

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 875 E. Eager St.; 18 Ward)

If child is not yet named, make supplemental report, as directed

(2) FULL NAME OF CHILD

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) [illegible]	(7) Date of Birth (Month) May (Day) 19 (Year) 10
Female				

FATHER

(8) FULL NAME: Wm E. Birch

(9) RESIDENCE: 875 E. Eager St

(10) COLOR: White (11) AGE AT LAST BIRTHDAT (Years)

(12) BIRTHPLACE: Baltimor

(13) OCCUPATION: Fireman

MOTHER

(14) FULL MAIDEN NAME: Emma Lillian Horn

(15) RESIDENCE: 875 E. Eager St

(16) COLOR: White (17) AGE AT LAST BIRTHDAT (Years)

(18) BIRTHPLACE: Baltimor

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 2

WHITE PLAINLY, WITH LINEADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Baltimor M., on the date above stated.

(23) Signature: Mrs Mary Cumming Hom

*When there was no attending physician or midwife, then the father, householder, etc., shall make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 004053

(Physician or Midwife)

(24) Given name added from a supplemental report _____, 19

Address 1826 Valley St

RECEIVED FOR RECORD JUN -6 1910 S. BOSLEY M.D. COM'R OF HEALTH

Filed _____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

GIVEN NAME ADDED 10-19-30

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B. A56575

CITY OF BALTIMORE. (No. 1541 Ruskin Ave St.; Ward)

(2) FULL NAME OF CHILD Anna Clagett Not named. Thompson

If child is not yet named, make supplemental report, as directed

(3) Sex of Child Female | (4) Twin, triplet, or other? — | (5) Number in order of birth — | (6) Legitimate? Yes. | (7) Date of Birth June 3 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Howard D. Thompson

(9) RESIDENCE 1541 Ruskin Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 51 (Years)

(12) BIRTHPLACE Montgomery Co. Md.

(13) OCCUPATION Carpenter

(20) Number of children born to this mother, including present birth 6.

MOTHER

(14) FULL MAIDEN NAME Annie Elbon

(15) RESIDENCE 1541 Ruskin Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Shenandoah Co. Va.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 30 A. M., on the date above stated.

(23) Signature George C Shannon M D

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 0 5 4 Physician (Physician or Midwife)

RECEIVED FOR RECORD JUN 6 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

Address 700 N. Fulton Ave Balto Md.

(24) Given name added from a supplemental report....., 19 ..... Filed ....., 19 .....

Registrar Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56576

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 412 High St.; Ward)

(2) FULL NAME OF CHILD Amelia Goldstein

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), (Year)
Female			Ye	May 30 1910

FATHER	MOTHER
(8) FULL NAME: Isac Goldstein	(14) FULL MAIDEN NAME: Katharine Moss
(9) RESIDENCE: 412 High St	(15) RESIDENCE: 412 High St
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY (Years):
(12) BIRTHPLACE: Germany	(16) BIRTHPLACE: Germany
(13) OCCUPATION: Tailor	(19) OCCUPATION: House Keeper
(20) Number of children born to this mother, including present birth: 5	(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 a, M., on the date above stated.

(23) Signature: J. Robinson (Physician or Midwife)

Address: 736 E. Preston St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 004055

RECEIVED FOR RECORD JUN 6 1910

(24) Given name added from a supplemental report _____, 19 _____

Registrar

Filed BOSLEY M.D., 19 _____

COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

WHITE PLAINLY. WITH PENDING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56577

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1715 Madison St.; Ward)

(2) FULL NAME OF CHILD Ellen Springmann (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	May 29 1910

FATHER	MOTHER
(8) FULL NAME Saml. Springmann	(14) FULL MAIDEN NAME Sheridan
(9) RESIDENCE 1715 Madison St	(15) RESIDENCE 1715 Madison St
(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Washington D.C.	(18) BIRTHPLACE Balto. Md.
(13) OCCUPATION Electrical Engineer	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 P. M., on the date above stated.

(23) Signature J. H. Robinson (Physician or Midwife)

Address 1715 E. Preston St.,

Filed JOS. S. BOSLEY M.D., 19 . Registrar

(24) Given name added from a supplemental report , 19

Registrar

*When there was an attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 004055

RECEIVED FOR RECORD JUN 6 1910 JOS. S. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56578

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 120 Carrollton Ave St.; Ward)

(2) FULL NAME OF CHILD KATHARINE MARIE MUNCHEL (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes	June 2 1910

FATHER	MOTHER
(8) FULL NAME Joseph Munchel	(14) FULL MAIDEN NAME Adie M. Frey
(9) RESIDENCE 1205 Callington Ave	(15) RESIDENCE 1205 Callington Ave
(10) COLOR White (11) AGE AT LAST BIRTHDAY 43 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE Pennsylvania	(18) BIRTHPLACE Pennsylvania
(13) OCCUPATION Barber	(19) OCCUPATION Housekeeper
(20) Number of children born to this mother, including present birth 8	(21) Number of children of this mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8.30 P M., on the date above stated.

(23) Signature H. C. Robinson M.D.

Address 1216 Preston St

(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report 10/23 1910

Filed ..... 19 .....

Registrar

Registrar

(READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56579

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 640 N. Lee St. St.; Ward)

(2) FULL NAME OF CHILD Mary McCann — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				May 17th, 19 11

FATHER		MOTHER	
(8) FULL NAME	James J McCann	(14) FULL MAIDEN NAME	Catherine Lundback
(9) RESIDENCE	640 N Lee st	(15) RESIDENCE	640 N Lee st
(10) COLOR	White	(16) COLOR	white
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years)	32
(12) BIRTHPLACE	Balto City	(18) BIRTHPLACE	Balto City
(13) OCCUPATION	Telegraph operator	(19) OCCUPATION	
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature Mrs Bunge
711 Chas St.
(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1910 U 05 4058

RECEIVED FOR RECORD JUN 6 1910 JAS. H. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Address ____ Filed ____, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH PENCIL OR INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56580

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1226 Shat St St.; 23 Ward)

(2) FULL NAME OF CHILD — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
male		0	yes	Dec 4th, 19 2

	FATHER	MOTHER
(8) FULL NAME	John G Franke.	(14) FULL MAIDEN NAME Bertha F Ruesner
(9) RESIDENCE	226 Shat St.	(15) RESIDENCE 1226 Shat St.
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years) 29
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION	Fulsher	(19) OCCUPATION
(20) Number of children born to this mother, including present birth		(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature Miss Bourge (Physician or Midwife) 711 Berry St.

* *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

0 1 0 U 0 0 4 0 5 9

RECORD

JUN -6 1910

JAS. BOGLEY M.D.

COM'R OF HEALTH, 19 .

(24) Given name added from a supplemental report ____, 19

Address

Filed

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56581

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1 Linc Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD — Schmier

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) May (Day) 1 – (Year) 1910
Female				

FATHER

(8) FULL NAME: Charles Schmier

(9) RESIDENCE: 20 11 Bohemian Court

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: Germany

(13) OCCUPATION: Laborer

MOTHER

(14) FULL MAIDEN NAME: Rosa Nelson

(15) RESIDENCE: 20 11 Bohemian Court

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Germany

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 3

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature* A. Morse MD (Physician or Midwife)

Address 6 1910

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 0 0 6 0

RECORD

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

JAS. BOSLEY M.D. COMMISSIONER OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56582

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH 1520 N. Chapel St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Forest (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female		1		May 15 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: Chas. W. Forest

(9) RESIDENCE: 1520 N. Chapel St.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Maryland

(13) OCCUPATION: Plumber.

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME: Dorothy Mersmann

(15) RESIDENCE: 1520 N. Chapel St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Maryland

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature J. Mersmann

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0040 61

(Physician or Midwife)

(24) Given name added from a supplemental report, 19

Address

Filed , 19

Registrar

RECEIVED FOR RECORD JUN -6 1910 GEO. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1 N. Spring St — Registered No. B. A56583

CITY OF BALTIMORE. (No. — St.; — Ward)

(2) FULL NAME OF CHILD Baby Coleman — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May (Day) 7th (Year) 1910
Female		X1		

FATHER

(8) FULL NAME: James. Coleman.

(9) RESIDENCE: 17 N. Spring St.

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: maryland.

(13) OCCUPATION: Laborer.

(20) Number of children born to this mother, including present birth X1

MOTHER

(14) FULL MAIDEN NAME: Ella. Thomas.

(15) RESIDENCE: 17 N Spring St.

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: maryland.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at — M., on the date above stated.

(23) Signature P. Morse, MD (Physician or Midwife)

Address 17 Book

Filed — , 19 .

Registrar

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. } 1 U 0 0 4 0 6 2

RECEIVED RECORDED JUN -6 1910 JAS. CASSELY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report — , 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1005 E. Baltimore St. Registered No. B. A56584

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Goldburg (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May , (Day) 16 (Year) 1910
female		III		

(To be answered only in event of plural births)

FATHER	MOTHER
(8) FULL NAME Solomon Goldburg	(14) FULL MAIDEN NAME Ethel Pleesman
(9) RESIDENCE 1005 E. Baltimore St	(15) RESIDENCE 1005 E Baltimore St
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Paper hanger	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth VI	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature D. Meadese MD (Physician or Midwife)

Address ____

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 ____ Registrar

Registrar

0 000403

RECEIVED FOR RECORD JUN -6 1910 JAS. O'SULLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

GIVEN NAME ADDED 3/14/73

HEALTH DEPARTMENT ... BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE AMENDED 3/14/73 A56585

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. EDITH SHERIL KLAVENS St. Ward)

(2) FULL NAME OF CHILD ~~Baby Klavensky~~ (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May, (Day) 16, 19 10 (Year)
Female		1		

	FATHER	MOTHER
(8) FULL NAME	VICTOR KLAVENS	(14) FULL MAIDEN NAME FANNIE ~~Levitz~~ Lipsitz
(9) RESIDENCE	1440 E. Baltimore St.	(15) RESIDENCE 1440 E. Baltimore St.
(10) COLOR	White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	19	(17) AGE AT LAST BIRTHDAY (Years) 18
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE Maryland
(13) OCCUPATION	Tailor	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ... M., on the date above stated.

(23) Signature A. Morse (Physician or Midwife)

Address

Filed 6/6, 19 10

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 0 8 4

RECEIVED FOR RECORD JUN -6 1910 JAS. SIMPLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ..., 19

FILED 6-6-1910

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56586

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH 19 N. Curley St — Registered No. B.

CITY OF BALTIMORE. (No. — St.; — Ward)

(2) FULL NAME OF CHILD Baby Johnson — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
female		1		May 13 1910

(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER

(8) FULL NAME: John Johnstone

(9) RESIDENCE: 19 N. Curley St

(10) COLOR: White — (11) AGE AT LAST BIRTHDAT (Years)

(12) BIRTHPLACE: Pennsylvania

(13) OCCUPATION: Iron Moulder

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Elsie

(15) RESIDENCE: 19 N. Curley St

(16) COLOR: White — (17) AGE AT LAST BIRTHDAT (Years)

(18) BIRTHPLACE: Maryland

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at — M., on the date above stated.

(23) Signature: N. Moorse MD (Physician or Midwife)

Address 1910

* When there was no attending physician or midwife then the father, householder, etc., should make this form. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 6 5

RECEIVED RECORD JUN 3 1910 JAS. BOSLEY, M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ——, 19 — Filed ——, 19 .

Registrar — Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56587

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St.; Ward)

(2) FULL NAME OF CHILD ✓ Jones. {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	19 (Year)
Female	(To be answered only in event of plural births)			May	21	10

FATHER		MOTHER	
(8) FULL NAME	William Jones	(14) FULL MAIDEN NAME	Lillie Jones.
(9) RESIDENCE	✓	(15) RESIDENCE	211 East 4th Street: Balto
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	24	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Maryland
(13) OCCUPATION	Blacksmith	(19) OCCUPATION	Housework.

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature A. Rosenau

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.* }

RECEIVED FOR RECORD JUN 6 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____ Address 1811 E. Monument St.

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56583

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. Johns Hopkins Hosp. St.; Ward)

(2) FULL NAME OF CHILD: Female Reynolds

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				May 14 1910

FATHER		MOTHER	
(8) FULL NAME	Thomas Reynolds	(14) FULL MAIDEN NAME	Rose Schuman
(9) RESIDENCE	710 Asquith St.	(15) RESIDENCE	710 Asquith St.
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years) 24	(16) COLOR White
			(17) AGE AT LAST BIRTHDAY (Years) 22
(12) BIRTHPLACE	Maryland	(18) BIRTHPLACE	Germany
(13) OCCUPATION	Shipping Clerk	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature N. Morse Mer

(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., could make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Address

Filed JUN 6 1910, 19 .

JAS. BOSLEY M.D. COMM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B 56589

CITY OF BALTIMORE. (No. 1 St.; Ward) — John Hopkins Hosp

(2) FULL NAME OF CHILD — Creamer. — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				May 9 1910

FATHER

(8) FULL NAME: Robert L. Creamer

(9) RESIDENCE: 1007 N. Dallas St.

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY (Years): 43

(12) BIRTHPLACE: Maryland

(13) OCCUPATION: Fireman

(20) Number of children born to this mother, including present birth: 9

MOTHER

(14) FULL MAIDEN NAME: Ward Pepersack

(15) RESIDENCE: 1007 N. Dallas St.

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY (Years): 34

(18) BIRTHPLACE: Maryland.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: H. Morsell

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or Midwife)

(24) Given name added from a supplemental report ____, 19

Address 6 [illegible]

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56590

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. Johns Hopkins Hosp. St.; Ward)

(2) FULL NAME OF CHILD Catherine M. Wentz. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May 5 (Day) 1910 (Year)
Female				

FATHER

(8) FULL NAME John F. Harris

(9) RESIDENCE A.D.D. Pennsylvania

(10) COLOR A.D.D. White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE A.D.D. Pennsylvania

(13) OCCUPATION A.D.D. Farmer

MOTHER

(14) FULL MAIDEN NAME Mamie Wentz.

(15) RESIDENCE 732 Fulton Ave - 13 allo.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 29. (Years)

(18) BIRTHPLACE Maryland

(19) OCCUPATION Housework

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature A Morse MD (Physician or Midwife)

Address

Filed , 19 . Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes or shows other evidence of life after birth.

RECEIVED FOR RECORD JUN 6 1910 JAS. A. KELLEY, M.D. COM'R OF HEALTH

0 0 0 4 0 6 9

(24) Given name added from a supplemental report Dec 29, 1919 by Attending Physician A. D. Thompson Registrar

(READ THE REVERSE SIDE)

GIVEN NAME ADDED 3/10/71

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 117 S. Spring St. Registered No. B. A56591

CITY OF BALTIMORE. (No. SARAH IDA St.; Ward)

(2) FULL NAME OF CHILD ~~Baby~~ Sanders

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				May 23 1910

FATHER	MOTHER
(8) FULL NAME David Sanders	(14) FULL MAIDEN NAME Rose Severleski
(9) RESIDENCE 117 S. Spring St.	(15) RESIDENCE 117 S. Spring St.
(10) COLOR White	(11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Tailor	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature A Morze Med

(Physician or Midwife)

Address 6 1910

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 7 0

RECEIVED FOR RECORD JUN 6 1910 JAS. BOSLEY, M.D. COMM'R OF HEA.

(24) Given name added from a supplemental report _____, 19

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1529 E. Lombard. Registered No. B. A56592

CITY OF BALTIMORE. (No. Rebecca St.; Ward)

(2) FULL NAME OF CHILD Baby Liberman [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female		1		May 22 1910

FATHER	MOTHER
(8) FULL NAME: Morris Liberman	(14) FULL MAIDEN NAME: Dora Friedman
(9) RESIDENCE: 1529 E. Lombard	(15) RESIDENCE: 1529 E. Lombard St.
(10) COLOR: White	(11) AGE AT LAST BIRTHDAY (Years)
	(16) COLOR: White
	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: England	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Machinist	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: H. Morris MD

(Physician or Midwife)

Address: 1529 E. Lombard St.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 4 0 7 1

JUN -6 1910

BOARD OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

GIVEN NAME ADDED - 7/2/12

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56593

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH 1210 Gough St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD ~~Baby~~ Frox, MINNIE EDITH

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May (Day) 21 (Year) 1910
female		11		

FATHER

(8) FULL NAME: Abe Frox

(9) RESIDENCE: 1210 Gough Street

(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Russia

(13) OCCUPATION: Tailor

(20) Number of children born to this mother, including present birth: 11

MOTHER

(14) FULL MAIDEN NAME: Ida Rastorosky

(15) RESIDENCE: 1210 Gough St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Russia

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature A. Morse M.D.

(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 7 2

RECEIVED FOR RECORD JUN 6 1910 S. SOLLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19

Address

Filed 6/6, 1910

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56594

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH 10 N. Chapple St — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Brocklander. — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		"		May 10th 19 10

FATHER

(8) FULL NAME: Frank Brocklander

(9) RESIDENCE: 10 N. Chapple St.

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE: Maryland.

(13) OCCUPATION: Marine Fireman

(20) Number of children born to this mother, including present birth: "

MOTHER

(14) FULL MAIDEN NAME: Elsie Schaulz.

(15) RESIDENCE: 10 N. Chapple St.

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE: Maryland

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature H. Moore M.D. (Physician or Midwife)

Address ____

Filed ____, 19 ____ Registrar

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 0 7 3

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56595

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1834 Burnt Street St.; Ward)

(2) FULL NAME OF CHILD Lawrence N Fitzhugh (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Feb. (Day) 22, (Year) 19
Male				

FATHER

(8) FULL NAME Mrs Patrick Fitzhugh

(9) RESIDENCE 1834 Burnt Street

(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Ireland

(13) OCCUPATION Labourer

(20) Number of children born to this mother, including present birth 2

MOTHER

(14) FULL MAIDEN NAME Mary Quigley

(15) RESIDENCE 1834 Burnt Street

(16) COLOR White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Ireland

(19) OCCUPATION housework

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 a. M., on the date above stated.

(23) Signature Feb 22 February 1910

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

REGISTERED RECORDED MAR -3 1910 CASPER SEY M.D. COM'R OF HEALTH

0 0 0 4 0 7 4

(Physician or Midwife)

Mrs Maria Jones

Address 1832 Baboulen Street

(24) Given name added from a supplemental report ____, 19

Filed 133-2, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56596

CITY OF BALTIMORE. (No. ____, ____ St.; ____ Ward)

(2) FULL NAME OF CHILD John — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(9) Legitimate?	(7) Date of Birth (Month) May (Day) 3, (Year) 19
Male.				

FATHER		MOTHER	
(8) FULL NAME	Simon Reisner	(14) FULL MAIDEN NAME	Marie Beck
(9) RESIDENCE	1125 Stockholm	(15) RESIDENCE	1125 Stockholm St.
(10) COLOR	White	(16) COLOR	=
(11) AGE AT LAST BIRTHDAY (Years)	30.	(17) AGE AT LAST BIRTHDAY (Years)	18.
(12) BIRTHPLACE	Hungary	(18) BIRTHPLACE	Hungary.
(13) OCCUPATION	Laborer	(19) OCCUPATION	—
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature Mrs Bangle (Physician or Midwife) 711 Ewis St.

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(24) Given name added from a supplemental report ____, 19 ____

Address ____

Filed ____, 19 ____

Registrar

Registrar

0 0 0 4 0 7 5

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56597

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 25 56 W. Fayette St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Boy				May 12 1910

FATHER

(8) FULL NAME: William Schorr

(9) RESIDENCE: 25 56 W. Fayette St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Germany

(13) OCCUPATION: Butcher

MOTHER

(14) FULL MAIDEN NAME: Ida Schwarz

(15) RESIDENCE: 25 56

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 27 (Years)

(18) BIRTHPLACE: Germany

(19) OCCUPATION:

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature: [illegible] 711 Cross St. (Physician or Midwife)

** When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

(24) Given name added from a supplemental report ____, 19 ____

Address ____

Filed ____ 19 ____

Registrar

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56598

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1100 Ridgely St St.; 21st Ward)

(2) FULL NAME OF CHILD Carroll H. Klasmeier — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)			May 29, 1910

	FATHER	MOTHER
(8) FULL NAME	Harry J. Klasmeier	(14) FULL MAIDEN NAME: Anna B. Fritz
(9) RESIDENCE	1100 Ridgely St	(15) RESIDENCE: 1100 Ridgely St
(10) COLOR	W.	(16) COLOR: W.
(11) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years): 35
(12) BIRTHPLACE	Baltimore Md	(18) BIRTHPLACE: Baltimore Md
(13) OCCUPATION	Meat Dealer	(19) OCCUPATION
(20) Number of children born to this mother, including present birth	9	(21) Number of children of this mother now living: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Mrs B Lange — 0 0 0 4 0 7 7 — 711 Cahn Pl. (Physician or Midwife)

Address ____

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

Filed ____ 19 ____ Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56599

CITY OF BALTIMORE. (No. 1117 Vanticote St St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
Boy				May 6, 1910

FATHER

(8) FULL NAME: William Berg

(9) RESIDENCE: 1117 Vanticote St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 33

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Fireman

(20) Number of children born to this mother, including present birth: 5

MOTHER

(14) FULL MAIDEN NAME: Mary E. Hartman

(15) RESIDENCE: 1117 Vanticote

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 33

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: House work

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: Wm H Barry

(Physician or Midwife)

Address: 711 Cross St.

* When there was no attending Physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0004078

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Registrar

Filed ____, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56600

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No.) 204 S. Montford Ave St.; Ward)

(2) FULL NAME OF CHILD — Schaeffer. { If child is not yet named, make supplemental report, as directed }

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes.	(Month) May (Day) 2nd, 1910 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	John Schaeffer	(14) FULL MAIDEN NAME	Fern. Spilman
(9) RESIDENCE	204 S. Montford Ave	(15) RESIDENCE	204 S. Montford Ave
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	26	(17) AGE AT LAST BIRTHDAY (Years)	26
(12) BIRTHPLACE	Germany	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Laborer	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	2	(21) Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 7.30 M., on the date above stated.

(23) Signature Mrs Mary M. Taylor

{ *When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

D 0 0 0 4 0 7 9

(Physician or Midwife)

RECEIVED FOR RECORD JUN -6 1910 GEO. A. BOSLEY M.D. COM'R OF HEALTH

Address 1 E. Lexington St.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56601

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 513 S. Washington St St.; Ward)

(2) FULL NAME OF CHILD — Mangele

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	March 1, 19 10

FATHER

(8) FULL NAME: Micah Mangele

(9) RESIDENCE: 513 S. Washington St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 23

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Laborer

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Mary Swierzky

(15) RESIDENCE: 513 S. Washington St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 20

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: none-nigh

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature: Wm Marcy M. Taylor (Physician or Midwife)

Address: 1 DFAR 1 Madison Ave

Filed JUN -6 1910, 19 .

JAS. BOSLEY M.D. COM'R OF HEALTH — Registrar

(READ THE REVERSE SIDE)

** When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

0 0 0 4 0 8 0

(24) Given name added from a supplemental report ____, 19 .

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56602

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 1922 Eaton Ave St.; Ward)

(2) FULL NAME OF CHILD — Twin Lindsey. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male			Yes	May 7th, 19 10

FATHER

(8) FULL NAME — Emil Lindsey.

(9) RESIDENCE — 1922 Eaton Ave

(10) COLOR — White (11) AGE AT LAST BIRTHDAY — 30 (Years)

(12) BIRTHPLACE — Germany

(13) OCCUPATION — Laborer

(20) Number of children born to this mother, including present birth — 5

MOTHER

(14) FULL MAIDEN NAME — Annie Jackowski.

(15) RESIDENCE — 1922 Eaton Ave

(16) COLOR — White (17) AGE AT LAST BIRTHDAY — 24. (Years)

(18) BIRTHPLACE — Germany.

(19) OCCUPATION — Home-mkr.

(21) Number of children of this mother now living — 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 1-30 P. M., on the date above stated.

(23) Signature — Mrs Mary M. Taylor (Physician or Midwife)

Address — 1922 Eaton Ave

Filed JUN -6 1910, 19 .

JAS. BOSLEY M.D. COM'R OF HEALTH — Registrar

* *When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.*

0 0 4 0 8 1

(24) Given name added from a supplemental report ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56603

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 213 N. Washington St.; Ward)

(2) FULL NAME OF CHILD Edward Mortimore [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	Mar. 4th 1910

FATHER	MOTHER
(8) FULL NAME Emerson Mortimore	(14) FULL MAIDEN NAME Mary Mortimer
(9) RESIDENCE 213 N. Washington St.	(15) RESIDENCE 213 N. Washington St
(10) COLOR White	(11) AGE AT LAST BIRTHDAT 23 (Years)
(12) BIRTHPLACE America.	(16) COLOR White
(13) OCCUPATION Tailor.	(17) AGE AT LAST BIRTHDAT 22. (Years)
	(18) BIRTHPLACE America.
	(19) OCCUPATION Home-maker.
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1-15 P.M., on the date above stated.

(23) Signature H. Burn M. Author

(Physician or Midwife)

Address 1 FOR RECORD

Filed JUN -6 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 0 8 2

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56604

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 520 S. Kinsale Ave. St.; Ward)

(2) FULL NAME OF CHILD Raymond Hopkins

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				May 8th, 19 10

FATHER	MOTHER
(8) FULL NAME Raymond Hopkins	(14) FULL MAIDEN NAME Annie Stein
(9) RESIDENCE 520 S. Kinsale Ave.	(15) RESIDENCE 520 S. Kinsale Ave.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION Laborer	(19) OCCUPATION Home-mkr.
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 3— 1 M., on the date above stated.

(23) Signature Wm Wash M.D. Carton (Physician or Midwife)

Address 520 S. Patterson Park Ave

Filed JUN -6 1910, 19 . Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 004083

(24) Given name added from a supplemental report , 19

Registrar

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56605

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. [illegible] St.; Ward)

(2) FULL NAME OF CHILD Stein

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 15th 19 10

FATHER

(8) FULL NAME: Anton Stenmer

(9) RESIDENCE: 40 S. Wolfe St.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Waiter

MOTHER

(14) FULL MAIDEN NAME: Emma Lange

(15) RESIDENCE: 416 S. Wolfe St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Home-maker

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8-30 a M., on the date above stated.

(23) Signature [illegible]

U 004084

(Physician or Midwife)

Address [illegible]

Filed JAN -6 1910, 19 .

Registrar

JAS. BOSLEY, M.D.
COM'R OF HEALTH

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

RECEIVED FOR RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. A56606

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2342 Eutaw Ave St.; Ward)

(2) FULL NAME OF CHILD Reinhardt. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 15 1910

FATHER

(8) FULL NAME Frank C. Reinhardt.

(9) RESIDENCE 2342 Eutaw Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Painter

MOTHER

(14) FULL MAIDEN NAME Teresa Smith

(15) RESIDENCE 2342 Eutaw Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Home-maker

(20) Number of children born to this mother, including present birth 1

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11-15 P. M., on the date above stated.

(23) Signature Ida Mae C. Taylor

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 0 8 5 (Physician or Midwife)

(24) Given name added from a supplemental report ____, 19 ____

Address 2342 Eutaw Ave

Registrar

Filed ____, 19 ____

Registrar

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56607

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 232 E. Fayette St.; Ward)

(2) FULL NAME OF CHILD Rohe

[If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male				May 21st, 19 13

FATHER		MOTHER	
(8) FULL NAME	Jacob C. Rohe	(14) FULL MAIDEN NAME	Mary L. Carpenter
(9) RESIDENCE	232 E. Fayette St	(15) RESIDENCE	232 E. Fayette St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	23
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	23
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Carpenter	(19) OCCUPATION	House-wife
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2-30 P. M., on the date above stated.

(23) Signature Dr. Mary M. Taylor

(Physician or Midwife)

Address 1 E. Preston St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 0 8 6

RECEIVED FOR RECORD JUN -6 1910

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

WM. S. BOSLEY M.D. COMR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56608

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1809 Daws St St.; Ward)

(2) FULL NAME OF CHILD — Barton

If child is not yet named, make supplemental report, as directed.

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 24th, 1910

FATHER		MOTHER	
(8) FULL NAME	John Barton	(14) FULL MAIDEN NAME	Mamie Smith
(9) RESIDENCE	1809 Daws St	(15) RESIDENCE	1809 Daws St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	44	(17) AGE AT LAST BIRTHDAY (Years)	38
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore.
(13) OCCUPATION	Laborer	(19) OCCUPATION	House-wife
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Mrs Mary M. Taylor

(Physician or Midwife)

Address 6 [illegible] Patterson Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 004087

(24) Given name added from a supplemental report ____, 19

Filed JUN -6 1910, 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56609

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 141 N. Curley St St.; Ward)

(2) FULL NAME OF CHILD — Maskell

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male			Yes	May 28th 10

FATHER		MOTHER	
(8) FULL NAME	David J. Maskell	(14) FULL MAIDEN NAME	Blanche M. Gould
(9) RESIDENCE	141 N. Curley St.	(15) RESIDENCE	141 N. Curley St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	28
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Laborer	(19) OCCUPATION	House-wife.

(20) Number of children born to this mother, including present birth 4

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8-45 a. M., on the date above stated.

(23) Signature Mrs Mary M. Taylor

(Physician or Midwife)

Address 64 S. Eden Ave Bc

*When there was no attending physician or midwife, then the father, householder, etc., should make the returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 004088

RECEIVED FOR REGISTRATION

JUN -6 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 156610

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 430 So Broadway St.; Ward)

(2) FULL NAME OF CHILD — Gerlach

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			yes	May 31st, 1910

FATHER

(8) FULL NAME: Francis Gerlach

(9) RESIDENCE: 430 S. Broadway

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 35

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Waiter

(20) Number of children born to this mother, including present birth: 7

MOTHER

(14) FULL MAIDEN NAME: Annie Hahn

(15) RESIDENCE: 430 S. Broadway

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 32

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: House wife

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3-38 P M., on the date above stated.

(23) Signature: Mc Margie M. Anis

(Physician or Midwife)

Address: 6 W. Lexington St.

Filed JUN -6 1910, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 0 8 9

(24) Given name added from a supplemental report ____, 19

Registrar

RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56611

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 805 N. Lexington St. St.; 12th Ward)

(2) FULL NAME OF CHILD Noname — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single	2	Yes	March 25 1910

FATHER

(8) FULL NAME: George Miller

(9) RESIDENCE: 805 N. Lexington St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Harnessmaker

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: Ida Hill

(15) RESIDENCE: 805 N. Lexington St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: None

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 8:20 P.M. M., on the date above stated.

(23) Signature: Rose Julia Planner Kodrick (Physician or Midwife)

Address: 1614 E. Cross St.

* *When there was no attending Physician or Midwife, then the father, householder) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

0 0 0 4 0 9 0

RECEIVED FOR RECORD JUN -6 1910

(24) Given name added from a supplemental report _____, 19

Filed JUN 6 1910, 19 . JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH — Registered No. B A56612

CITY OF BALTIMORE. (No. 906, White St. St.; 20th Ward)

(2) FULL NAME OF CHILD William Frank Kardeotes — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	twin	2	yes	May 17, 1909

FATHER	MOTHER
(8) FULL NAME: Grafton Kardeotes	(14) FULL MAIDEN NAME: Selma V Kunder
(9) RESIDENCE: 906 White St.	(15) RESIDENCE: 906 White St.
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 27 (Years)	(17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Carpenter	(19) OCCUPATION: None
(20) Number of children born to this mother, including present birth: 3	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 2 P M. M., on the date above stated.

(22) Signature 1 8 1 0 0 0 4 0 9 1 Geo Edw Hamm (Physician or Midwife)

Address 1 W Mt Vernon Pl

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY, M.D. COM'R OF HEALTH

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(1) PLACE OF BIRTH — Registered No. B A56613

CITY OF BALTIMORE. (No. 1013, Bucknas St.; 2nd Ward)

(2) FULL NAME OF CHILD George Henry W

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Male	Single	6th	Yes	Dec 5 1909

FATHER

(8) FULL NAME: George Henry Koerner

(9) RESIDENCE: 1013 Bucknas St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 28

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Tinsmith

(20) Number of children born to this mother, including present birth: 6

MOTHER

(14) FULL MAIDEN NAME: Lena Hoffman

(15) RESIDENCE: 1013 Bucknas St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 28

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: None

(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2:15 P.M., on the date above stated.

(22) Signature: Laura P Hansen (Physician or Midwife)

Address: 1013 E. Lexington St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1910 U 084092

RECEIVED FOR RECORD JAN -6 1910

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

A.S. GOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56614

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 2705 Guilford Ave St.; 6th Ward)

(2) FULL NAME OF CHILD Harry Linds Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single	5th	yes	May 4 1910

FATHER

(8) FULL NAME: Harry F. Linds

(9) RESIDENCE: 2705 Guilford Ave

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 26

(12) BIRTHPLACE: Penn Russia Md

(13) OCCUPATION: Surgeon

MOTHER

(14) FULL MAIDEN NAME: Clara Segler

(15) RESIDENCE: 2705 Guilford Ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 23

(18) BIRTHPLACE: Md

(19) OCCUPATION: None

(20) Number of children born to this mother, including present birth: 5

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 6.50 P. M., on the date above stated.

(23) Signature: Wm Lucas Hamm, M.D. (Physician or Midwife)

Address: 701 N. Eutaw St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0000409

RECEIVED FOR RECORD JUN -6 1910

(24) Given name added from a supplemental report _____, 19 _____

Registrar

Filed A.S. BOSLEY M.D., 19 .

COM'R OF HEALTH

Registrar

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B 56615

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 938, S. Paca St. St.; 2 Ward)

(2) FULL NAME OF CHILD Richard Edward Fabrizio {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	single	2	Yes	April 4, 1910

FATHER	MOTHER
(8) FULL NAME: Frank Fabrizio	(14) FULL MAIDEN NAME: Emma Ciccarese
(9) RESIDENCE: 938 S. Paca St.	(15) RESIDENCE: 938 S. Paca St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 24 (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 19 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Laborer	(19) OCCUPATION: None
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 938 S. Paca St. M., on the date above stated.

(23) Signature Dr. Nicholas Planas (Physician or Midwife)

Address 938 S. Paca St.

** When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

1910 000409 4

RECEIVED FOR RECORD JAN -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report _____, 19 _____ Registrar

Filed _____, 19 _____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 9/18/73

Registered No. B A56616

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 9 [illegible] St.; 9th Ward)

(2) FULL NAME OF CHILD ~~[illegible]~~ Ernest William Belschner

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	Single	6	yes	April 1, 19 [illegible]

FATHER

(8) FULL NAME: Charles Belschner

(9) RESIDENCE: 91 Williams St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: Germany

(13) OCCUPATION: Baker

(20) Number of children born to this mother, including present birth: 6th

MOTHER

(14) FULL MAIDEN NAME: Mary Klapperstein

(15) RESIDENCE: 91 Williams St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: None

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 [illegible] M., on the date above stated.

(23) Signature [illegible] (Physician or Midwife)

Address [illegible]

Filed JUN -6 1910, 19 . 6/6/10

Registrar

(24) Given name added from a supplemental report, 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56617

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 157 Hamburg St. St.; 21 Ward)

(2) FULL NAME OF CHILD Arthur F. Torcare

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
male			married	Feb. 24, 1910

FATHER

(8) FULL NAME: Arthur F Torcare

(9) RESIDENCE: 157 Hamburg St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 23 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Tinner

MOTHER

(14) FULL MAIDEN NAME: Marie E Wholey

(15) RESIDENCE: 157 Hamburg St

(16) COLOR: white

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: House-work

(20) Number of children born to this mother, including present birth: 2 cd

(21) Number of children of this mother now living: 2 cd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Hamburg St M., on the date above stated.

(23) Signature: Mrs. Barb Ludwig (Physician or Midwife) Graduated Midwife

Address: 174 E. Hamburg St

Filed June 6 1910, 19 10 Balto, Md. Registrar

(24) Given name added from a supplemental report ____, 19 ____

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 000409 6

RECEIVED JUN 6 1910 H. S. BOSLEY M.D COM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56618

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 218 Fremont St St.; 21 Ward)

Registered No. B

(2) FULL NAME OF CHILD

(3) Sex of Child: male

(4) Twin, triplet, or other? (To be answered only in event of plural births)

(5) Number in order of birth

(6) Legitimate? married

(7) Date of Birth: Feb. (Month) 6 (Day) 1910 (Year)

If child is not yet named, make supplemental report, as directed

FATHER

(8) FULL NAME: Charles W. Magors

(9) RESIDENCE: 218 Fremont St

(10) COLOR: white

(11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Iron worker

(20) Number of children born to this mother, including present birth: 2cd

MOTHER

(14) FULL MAIDEN NAME: Stella J. Willis

(15) RESIDENCE: 218 Fremont St

(16) COLOR: white

(17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Balto.

(19) OCCUPATION: House work

(21) Number of children of this mother now living: 2cd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Fremont St. M., on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(23) Signature: Mrs. Barb Ludwig

Graduated midwife (Physician or Midwife)

Address: 774 W. Hamburg St

Filed June 6, 1910

Balto. Md. Registrar

(24) Given name added from a supplemental report_____, 19____

_____ Registrar

RECEIVED FOR RECORD JUN 6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(SEE THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

5/25/12

CERTIFICATE OF BIRTH

CERTIFICATE AMENDED

A56619

Registered No. B

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 165 Tranticoke St St.; 21 Ward)

(2) FULL NAME OF CHILD ~~Unbaptized~~ Crambitt (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
male			married	July 5, 19 12

FATHER		MOTHER	
(8) FULL NAME	Thomas A. Crambitt	(14) FULL MAIDEN NAME	Louise R. Biedebock
(9) RESIDENCE	1165 Tranticoke St	(15) RESIDENCE	1165 Tranticoke St
(10) COLOR	white	(16) COLOR	white
(11) AGE AT LAST BIRTHDAY	28 (Years)	(17) AGE AT LAST BIRTHDAY	26 (Years)
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Laborer	(19) OCCUPATION	House-work

(20) Number of children born to this mother, including present birth 5-d (21) Number of children of this mother now living 5-cd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Tranticoke St M., on the date above stated.

(23) Signature Mrs Bark Ludwig Graduated Midwife (Physician or Midwife)

Address 174 W. Hamburg St

Filed June 1, 1910 Balto Md Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 000 409 8

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY, M.D COMR OF HEALTH

(24) Given name added from a supplemental report, 19

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child of a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56620

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1215 Scott St St.: 21 Ward)

(2) FULL NAME OF CHILD Arthur L. Limber

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			married	March 22 19 10

FATHER

(8) FULL NAME Arthur L Limber

(9) RESIDENCE 1215 Scott St

(10) COLOR white

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Bressian Germany

(13) OCCUPATION Brakeman

(20) Number of children born to this mother, including present birth 5 Ch

MOTHER

(14) FULL MAIDEN NAME Eda Adams

(15) RESIDENCE 1215 Scott St

(16) COLOR white

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION House work

(21) Number of children of this mother now living 4 Ch.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Scott St M., on the date above stated.

(23) Signature Jno. Barb. Ludwig

Graduated Midwife (Physician or Midwife)

Address 174 N. Bamburg St

Filed June 2, 1910 Balto. Md

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 000409

RECEIVED FOR RECORD JUN -6 1910

(24) Given name added from a supplemental report ____, 19 ____

Registrar

JAS. BOSLEY, M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

Over

DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56621

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 918 Ridgely St. St.; 21 Ward)

(2) FULL NAME OF CHILD Ernest Henry Ebler Jr. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) March (Day) 26, (Year) 19 10
male			married	

	FATHER	MOTHER
(8) FULL NAME	Ernest A. Ebler	(14) FULL MAIDEN NAME Mary Ioata In Bartholow
(9) RESIDENCE	918 Ridgely St.	(15) RESIDENCE 918 Ridgely St.
(10) COLOR	white	(16) COLOR White
(11) AGE AT LAST BIRTHDAY (Years)	26	(17) AGE AT LAST BIRTHDAY (Years) 17
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE Baltimore
(13) OCCUPATION	Laborer	(19) OCCUPATION House-work
(20) Number of children born to this mother, including present birth	1 cd.	(21) Number of children of this mother now living 1 cd.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at Ridgely St. M., on the date above stated.

(23) Signature Jno. Bib Ludwig
Graduated Midwife (Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 9 1 0 C 0 1 1 0 4 1 0 0

RECEIVED FOR RECORD JUN 6 1910 BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19__ Filed June 1, 19 10

Address 774 N. Hamburg St. Balto, Md.

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56622

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 895 Ramsay St St.; 21 Ward)

If child is not yet named, make supplemental report, as directed

(2) FULL NAME OF CHILD

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			married	March 11 19 13

FATHER	MOTHER
(8) FULL NAME: Robert A. Lott	(14) FULL MAIDEN NAME: Ella M. Nardell
(9) RESIDENCE: 895 Ramsay St	(15) RESIDENCE: 895 Ramsay St
(10) COLOR: white	(16) COLOR: white
(11) AGE AT LAST BIRTHDAY: 24 (Years)	(17) AGE AT LAST BIRTHDAY: 19 (Years)
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Laborer	(19) OCCUPATION: House-work
(20) Number of children born to this mother, including present birth: 2d	(21) Number of children of this mother now living: 1 cd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Ramsay St M., on the date above stated.

(23) Signature Mrs. Barb Ludwig St. Graduated Midwife (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 4 1 0 1

(24) Given name added from a supplemental report ..... 19 ..... Address 114 W. Hamburg St.

Filed June 6 1913 Balto, Md.

RECEIVED FOR RECORD

JAS. BOSLEY M.D. REGISTRAR OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A56623

Registered No. B

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. 1345 Ramsay St St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child: male | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? married | (7) Date of Birth: March 17, 1910 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: Henry F. Jordan	(14) FULL MAIDEN NAME: Cecelia P. Quen
(9) RESIDENCE: 1345 Ramsay St	(15) RESIDENCE: 1345 Ramsay St
(10) COLOR: White	(16) COLOR: white
(11) AGE AT LAST BIRTHDAY: 28 (Years)	(17) AGE AT LAST BIRTHDAY: 21 (Years)
(12) BIRTHPLACE: Washington	(18) BIRTHPLACE: Baltimore
(13) OCCUPATION: Laborer	(19) OCCUPATION: House-work

(20) Number of children born to this mother, including present birth: 1 cd

(21) Number of children of this mother now living: 1 cd.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Ramsay St M., on the date above stated.

(23) Signature: Mrs Barb Ludwig Graduated midwife (Physician or Midwife)

Address: 1744 W Hamburg St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 1 0 2

RECEIVED FOR RECORD JUN 6 1910 JAS. BOSLEY COMR. OF HEALTH

(24) Given name added from a supplemental report ____, 19__

Filed June 1, 1910

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56624

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2423 Ashland Ave. St.; 7th Ward)

(2) FULL NAME OF CHILD Samuel J. Thawley — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes.	June 3 1910

FATHER

(8) FULL NAME: Samuel J. Thawley

(9) RESIDENCE: 2423 Ashland ave

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 38 (Years)

(12) BIRTHPLACE: Baltimore

(13) OCCUPATION: Police Officer

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Annie M. Combs

(15) RESIDENCE: 2423 Ashland ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 A. M., on the date above stated.

(23) Signature: Josephine M. Stransky M. D. (Physician or Midwife)

(24) Given name added from a supplemental report_____, 19____ Address: 2309 Ashland Ave.

Filed _____, 19____ Registrar

Registrar

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 0 1 0 3

RECORD

JAS. H. BLEY M.D. COMR OF HEALTH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56625

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 511, S. Warner St St.; 21 Ward)

(2) FULL NAME OF CHILD Joseph L. Abel

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) March (Day) 3 19 10 (Year)
male			married	

FATHER

(8) FULL NAME William L. Abel

(9) RESIDENCE 511 Warner St

(10) COLOR white

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Driver

MOTHER

(14) FULL MAIDEN NAME Bertha Wall

(15) RESIDENCE 511 Warner St

(16) COLOR white

(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION House-work

(20) Number of children born to this mother, including present birth 3cd

(21) Number of children of this mother now living 3 cd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Warner St M., on the date above stated.

(23) Signature Mrs Barb Ludwig

(Physician or Midwife) Graduated Midwife

Address 1 Homburg St.

Filed JUN 6 1910, 19 10 Balto, Md.

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 000410

(24) Given name added from a supplemental report_____, 19

Registrar

APPROVED FOR FILING
JAS. BOSLEY, M.D.
COMM'R OF HEALTH

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56626

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 26 S. Fulton Ave St.; Ward)

(2) FULL NAME OF CHILD George Pattinson

If child is not yet named, make supplemental report, as directed

(3) Sex of Child Male | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? Yes | (7) Date of Birth May (Month), 31st (Day), 1910 (Year)

FATHER

(8) FULL NAME George Pattinson

(9) RESIDENCE 26 S. Fulton Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE England

(13) OCCUPATION Manager Furniture Store

(20) Number of children born to this mother, including present birth

MOTHER

(14) FULL MAIDEN NAME Amelia Rhoda Pottee

(15) RESIDENCE 26 S. Fulton Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Brooklyn U.S.A. Md.

(19) OCCUPATION Married

(21) Number of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.10 A. M., on the date above stated.

(23) Signature Mrs Mary Welton Midwife (Physician or Midwife)

Address 26 S. Fulton Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B 0 0 0 4 1 0 5

RECEIVED FOR RECORD

(24) Given name added from a supplemental report , 19

Filed JUL -6 1910 , 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56627

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1919 E Monument St.; Ward)

(2) FULL NAME OF CHILD _____ If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 18 1910

FATHER

(8) FULL NAME: John Anderson

(9) RESIDENCE: 1919 E Monument St

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 33 (Years)

(12) BIRTHPLACE: Norway

(13) OCCUPATION: Stationary Engineer

MOTHER

(14) FULL MAIDEN NAME: Blanche Garrett

(15) RESIDENCE: 1919 E Monument St

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: Md.

(19) OCCUPATION: Housekeeper

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 3 a. M., on the date above stated.

(23) Signature: H Robinson (Physician or Midwife)

Address: 1116 N. Preston St

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 004106

(24) Given name added from a supplemental report _____, 19 _____

Registrar _____

Filed JUN -6 1910, 19 _____

JAS. BOSLEY M.D. COM'R OF HEALTH.

Registrar _____

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56628

(1) PLACE OF BIRTH 4500 Pimlico Ave

CITY OF BALTIMORE. (No. 4500 Pimlico Ave St.; Ward)

(2) FULL NAME OF CHILD John Frederick Wineke

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Yes	May 19, 1910

FATHER	MOTHER
(8) FULL NAME Joseph Wineke	(14) FULL MAIDEN NAME Ethel Nicholas
(9) RESIDENCE 4500 Pimlico Ave	(15) RESIDENCE 4500 Pimlico Ave
(10) COLOR White	(11) AGE AT LAST BIRTHDAY 23 (Years)
(16) COLOR White	(17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Baltimore City	(18) BIRTHPLACE Reisterstown Baltimore Co
(13) OCCUPATION Wholesale Manufacturer of Ice Cream	(19) OCCUPATION None
(20) Number of children born to this mother, including present birth One	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 8-30 P. M., on the date above stated.

(23) Signature H. W. Slade

U 0 0 4 1 0 7

(Physician or Midwife)

Address Reisterstown Md

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report_____, 19____

Registrar

Filed JUN 6 1910, 19____

JAS. OSLEY M.D. REGISTRAR OF HEALTH

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56629

(1) PLACE OF BIRTH Baltimore — Registered No. B

CITY OF BALTIMORE. (No.) 116 W Oxford St (St.; 23 Ward)

(2) FULL NAME OF CHILD Michael Dailey — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
boy		1		8 (Day) Mar (Month), 1910 (Year)

FATHER	MOTHER
(8) FULL NAME Michael Dailey	(14) FULL MAIDEN NAME Alberatta C. ~~Dailey~~ Ott
(9) RESIDENCE 116 W Oxford St	(15) RESIDENCE 116 N. Oxford St
(10) COLOR White	(16) COLOR White
(11) AGE AT LAST BIRTHDAY 40 (Years)	(17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Balto City	(18) BIRTHPLACE Balto City
(13) OCCUPATION Bldg Dealer	(19) OCCUPATION
(20) Number of children born to this mother, including present birth 6	(21) Number of children of this mother now living five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature Mrs Bauge (Physician or Midwife)

711 Ernst St

** When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

(24) Given name added from a supplemental report ____, 19

Address ____

Filed JUN -6 1910, 19

RECEIVED FOR RECORD

JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A56630

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 813, Stockholm St. St.; 21 Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
maile				May 18 1910.

FATHER

(8) FULL NAME: Albert R. Nazarenus

(9) RESIDENCE: 813 Stockholm St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 39 1909

(12) BIRTHPLACE: Maryland.

(13) OCCUPATION: Stove Molder

(20) Number of children born to this mother, including present birth: 9

MOTHER

(14) FULL MAIDEN NAME: Mary Miller

(15) RESIDENCE: 813 Stockholm.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 29 1909

(18) BIRTHPLACE: Germany

(19) OCCUPATION: House wife.

(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: Wm Bauge

(Physician or Midwife)

Address: 711 Eden St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 1 0 9

CITY REGISTRAR'S RECORD

JUN -6 1910

JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____ 19

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

CERTIFICATE CORRECTED 1-24-56

(1) PLACE OF BIRTH CITY OF BALTIMORE. (No. 1121 Carroll st St.; 21st Ward) — Registered No. B 56631

(2) FULL NAME OF CHILD John Henry Lyons Jr. (CARROLL) — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			yes	May (Month), 9th (Day), 1910 (Year)

FATHER	MOTHER
(8) FULL NAME: John Henry Lyons	(14) FULL MAIDEN NAME: Matildia May. Meckins
(9) RESIDENCE: 1121 Carroll st	(15) RESIDENCE: 1121 Carroll st
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY: 34 yrs (Years)	(17) AGE AT LAST BIRTHDAY: 36 yrs (Years)
(12) BIRTHPLACE: Baltimore Md	(18) BIRTHPLACE: Md
(13) OCCUPATION: Policeman	(19) OCCUPATION: Housekeeper
(20) Number of children born to this mother, including present birth: 2	(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

* *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

1910

(23) Signature: Wm B Engle (Physician or Midwife)

711 Cross St.

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Address ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Baltimore City — Registered No. B 56632

CITY OF BALTIMORE. (No. 204 East Chase St.; Ward)

(2) FULL NAME OF CHILD Richard Howard Bland Jr. — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month), (Day), (Year)
Male			Yes	Dec. 24, 1910

FATHER

(8) FULL NAME: Richard Howard Bland

(9) RESIDENCE: 204 East Chase St

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: Baltimore City

(13) OCCUPATION: Lawyer

MOTHER

(14) FULL MAIDEN NAME: Mary L Paul

(15) RESIDENCE: 204 East Chase St

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: Philadelphia Pa

(19) OCCUPATION: None

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12:5 A. M., on the date above stated.

(23) Signature: J Charles Macfee M.D. — Physician (Physician or Midwife)

Address: 1 E Franklin St

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Filed JAN 6 1910, 19 .

JAS. H. BOSLEY, M.D. COMM'R OF HEALTH

Registrar — Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56633

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No.) 11 N Chester (St.); 6 (Ward)

(2) FULL NAME OF CHILD — Gibson

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	June 1 1910

FATHER	MOTHER
(8) FULL NAME: Thomas H Gibson	(14) FULL MAIDEN NAME: Fannie E Pankenday
(9) RESIDENCE: 11 N Chester	(15) RESIDENCE: 11 N Chester
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 41 yr	(17) AGE AT LAST BIRTHDAY (Years): 41
(12) BIRTHPLACE: Balto	(18) BIRTHPLACE: Md
(13) OCCUPATION: Merchant	(19) OCCUPATION: Wife

(20) Number of children born to this mother, including present birth: 11

(21) Number of children of this mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P M., on the date above stated.

(23) Signature: J T Shercall M.D.

U 0 0 4 1 1 2 Physician (Physician or Midwife)

Address 2112 E Balto 21

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Registrar

Filed 6 1910, 19

Registrar

JAS. BOSLEY M.D. COMR OF HEALTH

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56634

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Johns Hopkins Hosp St.; Ward)

(2) FULL NAME OF CHILD Tommy. [If child is not yet named, make supplemental report, as directed]

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male				May 2nd 1910

FATHER

(8) FULL NAME Gus. Bonny.

(9) RESIDENCE 2830 Elliott St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Germany.

(13) OCCUPATION Laborer.

(20) Number of children born to this mother, including present birth 5

MOTHER

(14) FULL MAIDEN NAME Julia Zenefski

(15) RESIDENCE 2830 Elliott St. Balto.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Germany

(19) OCCUPATION Housework

(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at M., on the date above stated.

(23) Signature A. Morse MD (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 1 1 3

RECEIVED BY RECORD CLERK JUN -6 1910

(24) Given name added from a supplemental report_____, 19

Address

Filed JUN 6, 1910

S. S. BOSLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56635

(1) PLACE OF BIRTH 1017 Ensor St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Richmond

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
male				May 7th (Month) (Day) 1910 (Year)

(To be answered only in event of plural birth)

FATHER

(8) FULL NAME Louis Richmond

(9) RESIDENCE 1017 Ensor St

(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Tailor.

(20) Number of children born to this mother, including present birth 1

MOTHER

(14) FULL MAIDEN NAME Ida Isenman

(15) RESIDENCE 1017 Ensor St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION Housewife

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature H. Morse Nes

U 0 0 4 1 1 4

(Physician or Midwife)

Address 6 St Paul St

* When there was an attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Filed JUN 6 1910, 19

JAS. O'SULLEY M.D. COM'R OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56636

(1) PLACE OF BIRTH 1113. Gay St. Registered No. B.

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD Baby Neil (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		1		May 8th 1910

FATHER	MOTHER
(8) FULL NAME: John Neil Jr.	(14) FULL MAIDEN NAME: Nora Clark.
(9) RESIDENCE: 1113 Gay St.	(15) RESIDENCE: 1113 Gay St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAT (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAT (Years)
(12) BIRTHPLACE: Maryland.	(18) BIRTHPLACE: Maryland.
(13) OCCUPATION: wire worker.	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature: N. Morse MD (Physician or Midwife)

Address: 1 W Madison

Filed , 19 . Registrar

RECEIVED FOR RECORD JAN -6 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

U 0041 15

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19 Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1210 E. Baltimore St. Registered No. B. A56637

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Friedland. If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
male.	(To be answered only in event of plural births)	4		May 8th (Month) (Day) 1913 (Year)

FATHER	MOTHER
(8) FULL NAME: Max Friedland	(14) FULL MAIDEN NAME: Ida Rudnalski
(9) RESIDENCE: 1210 E. Baltimore St	(15) RESIDENCE: 1210 E. Baltimore St.
(10) COLOR: White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR: White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE: Russia	(18) BIRTHPLACE: Russia
(13) OCCUPATION: Tailor	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 10	(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature A. Moran M.D.

(Physician or Midwife)

Address 1 W Hoed

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 1 1 6

RECEIVED FOR RECORD JUN -6 1913 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56638

(1) PLACE OF BIRTH 498 S. Wolfe St

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

Registered No. B. ____

(2) FULL NAME OF CHILD Baby Trossman

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		1		May 12th 1910

FATHER	MOTHER
(8) FULL NAME Jos. Trossman	(14) FULL MAIDEN NAME Jennie Heis
(9) RESIDENCE 249 S. Wolfe St.	(15) RESIDENCE 249 S Wolfe St.
(10) COLOR white (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Maryland
(13) OCCUPATION Cabinet maker	(19) OCCUPATION Cabinet maker
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature A. Morse MD (Physician or Midwife)

Address 6 W. Saratoga

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

9 U 0 0 4 1 1

RECEIVED FOR RECORD JUN 6 1910 JAS. A. BLEY, M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56639

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No.) 2 Lyne Hopkins Ave (St.; Ward)

(2) FULL NAME OF CHILD: Vate Barly — (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legit. mate?	(7) Date of Birth
Male	(To be answered only in event of plural births)			March 6 (Month), 1910 (Day) (Year)

FATHER

(8) FULL NAME: Terry Van Buren

(9) RESIDENCE: 3459 E. Baltimore St.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: Virginia

(13) OCCUPATION: Laborer.

MOTHER

(14) FULL MAIDEN NAME: Hattie Bergen.

(15) RESIDENCE: 3459 E. Baltimore St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 30 (Years)

(18) BIRTHPLACE: Kansas

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: 1

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: A Morsenus (Physician or Midwife)

Address: 0 0 0 1 1 8 N H

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Filed JUN -6 1910, 19 ____

JAS. BOSLEY, M.D. COMMR. OF HEALTH

Registrar

Registrar

(READ THE REVERSE SIDE)

GIVEN NAME ADDED 3-6-56

HEALTH DEPARTMENT, CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1108 Thompson St. Registered No. B. A56640

CITY OF BALTIMORE. (No. St.; Ward)

(2) FULL NAME OF CHILD ~~Baby~~ Steinberg, Herman (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		XVI		May 25 1910

FATHER	MOTHER
(8) FULL NAME Saul Steinberg	(14) FULL MAIDEN NAME Katie Wolfish
(9) RESIDENCE 1108 Thompson St.	(15) RESIDENCE 1108 Thompson St.
(10) COLOR White (11) AGE AT LAST BIRTHDAT (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAT (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Pennsylvania
(13) OCCUPATION Tailor	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth XVI	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature A. Morsemus

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 1 1 9

(Physician or Midwife)

Address

(24) Given name added from a supplemental report, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child of a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH 1610 Abbott St. Registered No. B. A56641

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Baby Stokes (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male		11		May 24 1910

FATHER	MOTHER
(8) FULL NAME Charles Stokes	(14) FULL MAIDEN NAME Bertha Latton
(9) RESIDENCE 1610 Abbott St.	(15) RESIDENCE 1610 Abbott St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Maryland	(18) BIRTHPLACE Prussia
(13) OCCUPATION B. H. maker	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 11	(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at ____ M., on the date above stated.

(23) Signature N. Morse M.D.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY REGR OF REGISTRY

0 0 0 0 1 2 0

(24) Given name added from a supplemental report ____, 19

Address 1610 Abbott St.

Filed ____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56642

(1) PLACE OF BIRTH 130 Little Gough St — Registered No. B.

CITY OF BALTIMORE. (No. SIDNEY St.; Ward)

(2) FULL NAME OF CHILD ~~Baby~~ DAVID Soloway — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May, (Day) 18 (Year) 1910
Male		III		

FATHER

(8) FULL NAME: Simon Soloway

(9) RESIDENCE: 130 Little Gough

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years):

(12) BIRTHPLACE: Russia.

(13) OCCUPATION: Tailor

(20) Number of children born to this mother, including present birth: III

MOTHER

(14) FULL MAIDEN NAME: Jennie Colbente.

(15) RESIDENCE: 130 Little Gough St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years):

(18) BIRTHPLACE: Russia.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ M., on the date above stated.

(23) Signature: [signature] (Physician or Midwife)

Address: [illegible]

Filed: JUN 6 1910, 19

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report 2/6, 1975

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

RETURN OF A BIRTH. A586643

To the Office of Registrar of Vital Statistics, Board of Health, Baltim

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Name of Child,
2. Sex, (state whether male or female) male
3. Race or color, (if not of the White Race) Col
4. Date of Birth, February 7 6.15 a.m.
6. Place of Birth, (Street and number) 1209 Scott St Ba
6. Full name of Mother, Johanna Gobe
7. Mother's Maiden Name, Fritz
8. Mother's Birthplace, Bremen Germany
9. Full name of Father, Harrie Gobe
10. Father's Occupation, Fore-man
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Barb. La

Address, 114 W Hamburg St

Remarks, Balto. Md.

1910000 4122

RECEIVED
RECOR
JAN -6
JAS. BOSLEY
COM'R OF RE

recoverable.

RETURN OF A BIRTH. A56674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third, Before
1. Name of child, Frank Emil
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Born on May 29 th
5. Place of Birth, (Street and number) Baltimore Street
6. Full name of Mother, Barbara Ossil
7. Mother's Maiden Name, Barbara Ber
8. Mother's Birthplace, Hungarian
9. Full name of Father, Peter Emille
10. Father's Occupation, Laborer
11. Father's Birthplace, Hungarian
Name of Medical Attendant, or other person who makes this Return, Helen Nikolas
Address, 1300 Towson Ste
Remarks, 1710000041 23

RECEIVED FOR RECORD
JUN 6 1910
A.M. BOSLEY M.D.
COMR OF HEALTH

For each offense, so be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A56645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Name of child, John Begnenka
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the White Race) White
4. Date of Birth Born Aug 8th 19
5. Place of Birth, (Street and number) Baltimore Street Hos
6. Full name of Mother, Suzanna Begnen
7. Mother's Maiden Name, Suzanna Stefan
8. Mother's Birthplace, Hungarian
9. Full name of Father, Sebastijan Benna
10. Father's Occupation, Ironer
11. Father's Birthplace, Hungarian

RECEIVED FOR RECORD
OCT — 6 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

Name of Medical Attendant, or other person who makes this Return, Helen Intelligent
Address, 1308 Towsen Street

Remarks, 1910000041 24

Form 1936

EXTRACT REGULATIONS OF THE HEALTH DEPARTMENT TO SECURE A FULL AND CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, and every physician or surgeon who may be in attendance upon any case of birth, shall keep a record of such birth, and shall enter the particulars required by the schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and residence of the parents, the sex of the child, whether born alive or dead, the color, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner at midwifery, the father, mother or other person having charge of such child shall become liable to the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

A56646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Name of child,* Boy
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* May 30
5. *Place of Birth, (Street and number)* 56 South Fa[illegible]
6. *Full name of Mother,* Mrs. Margaret [illegible]
7. *Mother's Maiden Name,* Margaret [illegible]ner
8. *Mother's Birthplace,* Baltimore City
9. *Full name of Father,* John [illegible]
10. *Father's Occupation,* Waiter
11. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, Dr. J. Fourner

Address, [illegible] Paca St.

Remarks, 1910000041125

BUREAU OF VITAL RECORD
JUN -6 1910
JAS. BOSLEY M.
REGISTRAR OF VITAL STATISTICS

Form 1236.

EXTRACT REGULATIONS OF THE HEALTH DEPARTMENT TO SECURE A FULL AND CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true record of such birth and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain the following facts, viz: the name, sex and color of the child; the month, day and hour of birth; the name and residence of the parents; the number of children to which the mother has been confined; the full name and occupation of its parents; the date and place of their marriage, and such other facts as far as the same can be ascertained, that have occurred under his or her care during the said confinement; and shall make a full return of the same to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month, duly signed by the practitioner, or if there be no such practitioner, by the person who shall have charge of the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so in attendance upon the mother, to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A56647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, M

RECEIVED FOR RECORD
JAN -6 1910
JAS. SOSLEY M.D.
REGISTRAR OF VITAL STATISTICS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Name of Child,* Lydia D. Bensley
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the White Race)*
4. *Date of Birth,* February 1, 10 P M 1910
6. *Place of Birth, (Street and number)* 1119 Sterett St
6. *Full name of Mother,* Georgia M. Bensley
7. *Mother's Maiden Name,* Clarke
8. *Mother's Birthplace,* Prince George County Md
9. *Full name of Father,* Jno D. Bensley
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Barb. Ludwig

Address, 714 W. Hamburg St

Remarks, Balto Md

19100004126

Form 1226

RETURN OF A BIRTH. A56648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

SECTION 7. And be it further enacted and ordained that every Person practicing midwifery in the City of Baltimore under whose charge a child shall be born after the first day of January, 1911, shall keep a true and correct register of every birth which shall take place while under his or her care during the continuance of such charge, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the following particulars, viz: the names and residences of the parents; the sex, color and condition as to legitimacy of each child born; the date and place of birth; and the name, if any, given to the child. Such schedule shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall be the duty of the person or parents of such child to report the particulars required to be registered as the duty of the person or parents of such attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FOR RECORD
JUN -6 1910
JAS. BOSLEY M.D.
COMR OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. *Name of Child,*	Ingrid Rojanek
2. *Sex, (state whether male or female)*	Female
3. *Race or color, (if not of the White Race)*	White
4. *Date of Birth,*	Born May 5th 1910
5. *Place of Birth, (Street and number)*	Baltimore, Street Solomon
6. *Full name of Mother,*	Polly Rojanek
7. *Mother's Maiden Name,*	Polly Cwiakoly
8. *Mother's Birthplace,*	Holland
9. *Full name of Father,*	Andrew Rojanek
10. *Father's Occupation,*	Tinner
11. *Father's Birthplace,*	Holland
Name of Medical Attendant, or other person who makes this Return,	Helen Cwiakowski
Address,	1808 Eastern Street
Remarks,	

1910000427

Form 1236.

CERTIFICATE CORRECTED 10-22-63

RETURN OF A BIRTH. A56649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

EXTRACT REGULATIONS OF THE HEALTH DEPARTMENT TO SECURE A FULL AND CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct record of such birth, and of the facts which have occurred under his or her care during the month, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain the name, sex, color, the full name and occupation of the parents, the date and place of birth, and shall set forth as far as the same may be known to the midwife, all the facts required to be stated in the certificate of birth. It shall be the duty of each midwife to deliver, duly signed by the practitioner in the form of a certificate between the first and third day of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife, the parent shall become the duty of no other person be in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above required, and any midwife or person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Name of child,* Caroline Dora Schmid
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Born May 28th 19
5. *Place of Birth, (Street and number)* Baltimore Maryland
6. *Full name of Mother,* Frieda Reisman
7. *Mother's Maiden Name,* Frieda Schmid
8. *Mother's Birthplace,* Austria Germany
9. *Full name of Father,* Charles Schmid
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Austria Germany

Name of Medical Attendant, or other person who makes this Return, Helen Nikolajewsky

Address, 1808 Carson Street

Remarks,

1 9 1 0 0 0 0 4 1 2 8

JUN 6 1910

A. J. QUINLEY, M.D.
HEALTH

Form 123d.

EXTRACT REGULATIONS OF THE HEALTH DEPARTMENT TO SECURE A FULL AND CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall report the same to the Commissioner of Health, and shall enter into same on blank schedule to be furnished by him or her care during the month, and shall set forth as far as may be in his or her power the name and date of birth and shall enter into same on blank schedule to be furnished by him or her care during the month, and shall set forth as far as may be in his or her power the name and date of birth and such other particulars as may be required by said schedule; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate covering the said schedule, to the Commissioner of Health, or to such person as he may appoint to receive the same, on the first Monday of each month. In case the birth of any child shall occur without the attendance of any midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the father or parent of such child to report its birth to the Commissioner of Health, in the manner and within the time above required. Each person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A56650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Name of child,* Ingasie Dickowska
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Born May 20 th 191
5. *Place of Birth, (Street and number)* Baltimore Street Corner
6. *Full name of Mother,* Sophia Dzekowski
7. *Mother's Maiden Name,* Sophia Dzekowska
8. *Mother's Birthplace,* Poland
9. *Full name of Father,* Ignacy Dickowski
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Helen Mitchell Kennedy

Address, 1308 Towson Street

Remarks,

RECEIVED FOR RECORD JUN -6 1910 S. BOSLEY, M.D. COMM'R OF HEALTH

1 9 1 0 0 0 0 4 1 2 9

Form 1281.

EXTRACT FROM LAWS OF THE BIRTH DEPARTMENT TO SECURE A TRUE AND CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

City of Baltimore—And be it further enacted and ordained that every person practicing midwifery in the said City of Baltimore, whose employment it shall be to attend upon births which shall be required to be returned to the Commissioner of Health, or Superintendent of Birth Returns, shall be severally required to keep a true and correct record of such births as shall occur in his or her practice, and to make return thereof to the office of the Commissioner of Health, or Superintendent of Birth Returns, within the first ten days of each month during the months of January, February, March, April, May, June, July, August, September, October, November and December in each year. The midwife shall enter in a book to be furnished by the Commissioner of Health, or Superintendent of Birth Returns, for the purpose, the full name and residence of the father and mother of each child born, the sex, color and date of birth of each child, and the name and residence of the physician, midwife or other person in attendance at the birth, and shall set forth in a separate column the full name and residence of the person to whom a certificate of birth has been delivered, and the date of such delivery. The midwife shall make a like record of the full name and residence of the parents of each stillborn child, and the date of its birth, and shall set forth in a separate column the full name and residence of the person to whom a burial permit has been delivered, and the date of such delivery. The midwife shall make a like record of the full name and residence of the parents of each stillborn child, and the date of its birth, and shall set forth in a separate column the full name and residence of the person to whom a burial permit has been delivered, and the date of such delivery. The midwife shall make a like record of the full name and residence of the parents of each stillborn child, and the date of its birth, and shall set forth in a separate column the full name and residence of the person to whom a burial permit has been delivered, and the date of such delivery.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the said City of Baltimore, whose employment it shall be to attend upon births which shall be required to be returned to the Commissioner of Health, or Superintendent of Birth Returns, shall be severally required to keep a true and correct record of such births as shall occur in his or her practice, and to make return thereof to the office of the Commissioner of Health, or Superintendent of Birth Returns, within the first ten days of each month during the months of January, February, March, April, May, June, July, August, September, October, November and December in each year. The midwife shall enter in a book to be furnished by the Commissioner of Health, or Superintendent of Birth Returns, for the purpose, the full name and residence of the father and mother of each child born, the sex, color and date of birth of each child, and the name and residence of the physician, midwife or other person in attendance at the birth, and shall set forth in a separate column the full name and residence of the person to whom a certificate of birth has been delivered, and the date of such delivery. The midwife shall make a like record of the full name and residence of the parents of each stillborn child, and the date of its birth, and shall set forth in a separate column the full name and residence of the person to whom a burial permit has been delivered, and the date of such delivery. The midwife shall make a like record of the full name and residence of the parents of each stillborn child, and the date of its birth, and shall set forth in a separate column the full name and residence of the person to whom a burial permit has been delivered, and the date of such delivery.

Section 8.—And be it further enacted and ordained that the said midwife shall be required to report to the Commissioner of Health, or Superintendent of Birth Returns, the name of every child born in his or her practice, and the date of birth of each child, and the name and residence of the physician, midwife or other person in attendance at the birth, and shall set forth in a separate column the full name and residence of the person to whom a certificate of birth has been delivered, and the date of such delivery. The midwife shall make a like record of the full name and residence of the parents of each stillborn child, and the date of its birth, and shall set forth in a separate column the full name and residence of the person to whom a burial permit has been delivered, and the date of such delivery. The midwife shall make a like record of the full name and residence of the parents of each stillborn child, and the date of its birth, and shall set forth in a separate column the full name and residence of the person to whom a burial permit has been delivered, and the date of such delivery.

CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

RETURN OF A BIRTH.

A56651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth child

1. *Name of child,* Geraldine Kelly
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* Born on May 29th 1910
5. *Place of Birth, (Street and number)* Baltimore, Steyer & Gardner
6. *Full name of Mother,* Ellen Kelly
7. *Mother's Maiden Name,* Ella Garrison
8. *Mother's Birthplace,* Baltimore
9. *Full name of Father,* Joseph Kelly
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Helen Entwistle

Address, 1308 Lemmon Street

Remarks,

RECEIVED FOR RECORD JUN 6 1910 S. S. BOGLEY M.D. COM'R OF HEALTH

1910 00041 30

Form 1986.

RETURN OF A BIRTH.

A56652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

EXTRACT REGULATIONS OF THE HEALTH DEPARTMENT TO SECURE A FULL AND CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, whether licensed or unlicensed, in attendance at a birth shall hereafter take place, shall keep a true and correct register of such cases, and shall report the same to the Health Department, on such blanks as may be furnished by the Commissioner of Health. This schedule shall contain a list of the births attended by such midwife during the month, and shall set forth as far as the same can be ascertained the full name and place of birth of the child, its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as the Commissioner of Health may require. It shall be the duty of every physician or midwife in attendance upon a case of confinement to file in the office of the Commissioner of Health a certificate of birth, stating the name of the child, the name and residence of the parents, the sex and color of the child, and the date and place of birth, within the first and third day of each and every month succeeding the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or another person shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person present to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or midwife hereafter failing to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Name of child, Viola Emmly Brownell
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the White Race) White
4. Date of Birth June 3-10
5. Place of Birth, (Street and number) 812 S Port st
6. Full name of Mother, Mrs Katie Sue Rau
7. Mother's Maiden Name, Katie Georgianna Browne
8. Mother's Birthplace, Eastern cve near Annapolis
9. Full name of Father, Harry Rauh
10. Father's Occupation, Laborer
11. Father's Birthplace, 1133 Hanover st

RECEIVED FOR RECORD
JUN -6 1910
S. BOSLEY, M.D.
COMM'R OF HEALTH

Name of Medical Attendant, or other person who makes this Return. Ella Mary Hunt

Address, 4 Linda Apt Avenue

Remarks,

1910004131

Form 1236.

EXTRACT REGULATIONS OF THE HEALTH DEPARTMENT TO SECURE A FULL AND CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

SECTION 7. And be it further enacted and ordained that in the City of Baltimore every person practicing midwifery in the City of Baltimore, who shall hereafter take charge or superintendence of any case of pregnancy, shall keep a true and correct record of such case on blank schedule to be furnished by the Commissioner of Health, which record shall contain the name of each child, if born alive, the sex, color, time of birth, and the name of its parents; the date and place of birth; and the full name, residence, color, and occupation of its parents; the date and place of their marriage, if married; the number of children born to the mother, and the number now living; and the number of children born dead. In case the birth of any child shall occur without the presence or attendance of a physician or midwife, or should no other person in attendance report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur in the house or premises where the mother resides, then it shall become the duty of the parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and the third day of each and every month thereafter shall become the duty of the parents of such child to report such birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A56653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, M

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Name of Child,*	Child of Mary E. Henson
2. *Sex, (state whether male or female)*	male
3. *Race or color, (if not of the White Race)*	Col.
4. *Date of Birth,*	May 12 — 1910
6. *Place of Birth, (Street and number)*	320 W. Hoffman st
6. *Full name of Mother,*	Mary Henson
7. *Mother's Maiden Name,*	Mary Chester
8. *Mother's Birthplace,*	Balto md.
9. *Full name of Father,*	Frederick Henson
10. *Father's Occupation,*	Engineer
11. *Father's Birthplace,*	Balto. md.
Name of Medical Attendant, or other person who makes this Return,	S B Hughes M.D.
Address,	1413 Druid Hill Ave
Remarks,	9100004132

RECEIVED FOR RECORD JUN 6 1910 REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 58654

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 324 E. 23rd St.; 12 Ward)

(2) FULL NAME OF CHILD Elsie Lealwin McCleanley

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 22nd, 1910

FATHER

(8) FULL NAME Arthur M. McCleanley

(9) RESIDENCE 324 E. 23rd St.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE Balto. Md.

(13) OCCUPATION Engineer, R. R.,

(20) Number of children born to this mother, including present birth 3

MOTHER

(14) FULL MAIDEN NAME Emma G. Beck

(15) RESIDENCE 324 E. 23rd St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Pa.

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1.10 P. M., on the date above stated.

(23) Signature Cecil E. Stewart M.D.

(Physician or Midwife)

Address 1302 E. 23rd St.

* When there was an attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

RECORDED OR REGISTERED
NOV 6 1910
BUREAU OF VITAL STATISTICS
COM'R OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 458655

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No.) 118 N. Fort Ave St.; 23 Ward)

(2) FULL NAME OF CHILD: Thomas Fitzpatrick (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 26 1910

FATHER

(8) FULL NAME: Wm. J. Fitzpatrick

(9) RESIDENCE: 118 N. Fort Ave.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years): 38

(12) BIRTHPLACE: Conn

(13) OCCUPATION: Stoppes Grinder

(20) Number of children born to this mother, including present birth: 6

MOTHER

(14) FULL MAIDEN NAME: Anna McPeak

(15) RESIDENCE: 118 N. Fort Ave.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years): 32

(18) BIRTHPLACE: Pa

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 A — M., on the date above stated.

(23) Signature: R. L. Campbell M.D. (Physician or Midwife)

Address: 644 Hanover

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

0 0 0 4 0 R 3 4
RECORD
JUN -6 1910
EAST, BUSEY M.D.
COMR. OF HEALTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56656

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 1117 E. Pratt St., 3d Ward)

(2) FULL NAME OF CHILD: Isidore Rapoport

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
M				May 14 1910

(To be answered only in event of plural births)

FATHER		MOTHER	
(8) FULL NAME	David Rapoport	(14) FULL MAIDEN NAME	Rebecca Gelman
(9) RESIDENCE	1117 E. Pratt St.	(15) RESIDENCE	1117 E. Pratt St.
(10) COLOR	W.	(16) COLOR	W.
(11) AGE AT LAST BIRTHDAY (Years)	34	(17) AGE AT LAST BIRTHDAY (Years)	31
(12) BIRTHPLACE	Russia	(18) BIRTHPLACE	Russia
(13) OCCUPATION	Small merchant	(19) OCCUPATION	Housewife
(20) Number of children born to this mother, including present birth	3	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.15 P. M., on the date above stated.

(23) Signature: J Rott MD (Physician or Midwife)

0 0 0 4 1 3 5

Address

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY M.D. DEPT. OF HEALTH

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56657

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE, (No.) 1949 Edmondson Ave. (St.) (Ward)

(2) FULL NAME OF CHILD Marvin Lee Bannon — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 28 1910

FATHER	MOTHER
(8) FULL NAME Thomas Raymond Bannon	(14) FULL MAIDEN NAME Annie Eliza McComas
(9) RESIDENCE 1949 Edmondson Ave. Balto.	(15) RESIDENCE 1949 Edmondson Ave. Balto
(10) COLOR Whit — (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR White — (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Baltimore	(18) BIRTHPLACE Harford Co. Md.
(13) OCCUPATION Store Manager	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2.25 a. M., on the date above stated.

(23) Signature C. W. Hoffman, Physician

(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 1 3 6

Address 2100 W. North Ave.

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD JUN -6 1910 AS. BOSLEY M.D. R OF HEALTH

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A 56658

Registered No. B

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1503, Baker St. St.; Ward)

(2) FULL NAME OF CHILD (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		4	yes	June 4, 1910

	FATHER	MOTHER
(8) FULL NAME / (14) FULL MAIDEN NAME	James Ignatius Seyfold	Minnie Fell
(9) RESIDENCE / (15) RESIDENCE	1503 Baker St	1503 Baker St
(10) COLOR / (16) COLOR	White	White
(11) AGE AT LAST BIRTHDAY (Years) / (17) AGE AT LAST BIRTHDAY (Years)	30	26
(12) BIRTHPLACE / (18) BIRTHPLACE	Frederick County	Baltimore
(13) OCCUPATION / (19) OCCUPATION	Electrician	Housekeeper

(20) Number of children born to this mother, including present birth 4

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5-30 A. M., on the date above stated.

(23) Signature Malcolm E Douglass Physician (Physician or Midwife)

Address 1915 St. Paul St.

* Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 1 3 7

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19 .

Registrar

RECEIVED FOR RECORD JUN -6 1910 JAS. BOSLEY, M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 58659

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 123. n. Eden st. St.; Ward)

(2) FULL NAME OF CHILD Ames Woodery. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes.	May 17. 1910.

FATHER	MOTHER
(8) FULL NAME Percy R. Woodery.	(14) FULL MAIDEN NAME Ada Lee.
(9) RESIDENCE E 123. n. Eden st.	(15) RESIDENCE 123. n. Eden st.
(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 32. (Years)	(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 36. (Years)
(12) BIRTHPLACE Baltimore Md.	(18) BIRTHPLACE Baltimore Md
(13) OCCUPATION Laborer.	(19) OCCUPATION Housewife.
(20) Number of children born to this mother, including present birth 4.	(21) Number of children of this mother now living 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 123. n. Eden st. M., on the date above stated.

(23) Signature Antonia M. Jones. (Physician or Midwife)

Address 1000 Orleans, Port st. Baltimore.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 1 3 8

JAN -8 1910

BUREAU OF VITAL STATISTICS REGISTRAR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____

Filed June 6, 1910.

Registrar

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56660

Registered No. B 4236

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 132 Preston St.; Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			no	May 17, 1910

FATHER

(8) FULL NAME: Rollen Milburn

(9) RESIDENCE: 132 Preston

(10) COLOR: Negro (11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Bal Maryland

(13) OCCUPATION: Mariner

MOTHER

(14) FULL MAIDEN NAME: Carrie Milburn

(15) RESIDENCE: 132 Preston st

(16) COLOR: Colored (17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Spar Co md

(19) OCCUPATION: House work

(20) Number of children born to this mother, including present birth: 4

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 7 M., on the date above stated.

(23) Signature: O. O. Gilpin Porter (Physician or Midwife)

Address: 1420 23 St

Filed ..., 19 ... Registrar

RECEIVED FOR RECORD JAN 6 1910 THOS. BOSLEY M.D. COMR OF HEALTH

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report mother, 19 ... Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A36661

Registered No. B 4236

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 420 St.; 23 Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	may 6, 1910

FATHER

(8) FULL NAME: Leathy Hales

(9) RESIDENCE: ? a

(10) COLOR: [illegible] (11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: ? a

(13) OCCUPATION: farmer

MOTHER

(14) FULL MAIDEN NAME: Annie Wilson

(15) RESIDENCE: 420 23 a

(16) COLOR: Colored (17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Alabama

(19) OCCUPATION: servant

(20) Number of children born to this mother, including present birth: one

(21) Number of children of this mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 7 M., on the date above stated.

(23) Signature: Eyle Slater (Physician or Midwife)

Address: 420 23 a

Filed: may 6, 1910

Registrar

(24) Given name added from a supplemental report: [illegible] 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD JAS. A. FOLEY COMR OF HEALTH

0 0 0 4 1 4 0

* When there was an attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56662

Registered No. B 1256

(1) PLACE OF BIRTH — CITY OF BALTIMORE. (No. ____, St.; ____ Ward)

(2) FULL NAME OF CHILD — Georgie mae Nelson (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			yes	May 5, 1913

FATHER

(8) FULL NAME	Nelson Irma
(9) RESIDENCE	Maryland
(10) COLOR	Colored
(11) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Maryland
(13) OCCUPATION	farmer

MOTHER

(14) FULL MAIDEN NAME	Bessie Allison
(15) RESIDENCE	403 23 St
(16) COLOR	Colored
(17) AGE AT LAST BIRTHDAY (Years)	18
(18) BIRTHPLACE	Maryland
(19) OCCUPATION	Domestic

(20) Number of children born to this mother, including present birth: first

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** at 10 a.M., on the date above stated.

(23) Signature: [illegible] (Physician or Midwife)

Address: [illegible] 23 St

Filed May 5, 19 13

Registrar

* *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor showed other evidence of life after birth.*

(24) Given name added from a supplemental report ____, 19__

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56663

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Genl Hosp St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female	~~sole~~	one	Yes.	May 4 1940

FATHER

(8) FULL NAME ?

(9) RESIDENCE

(10) COLOR

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER

(14) FULL MAIDEN NAME Janie Pearson

(15) RESIDENCE 556 Lauren St.

(16) COLOR Black.

(17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Balto Md.

(19) OCCUPATION Maid.

(20) Number of children born to this mother, including present birth 2

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.

(23) Signature E. R. Lewis M.D.

(Physician or Midwife)

Address Maryland Genl Hosp.

Filed ——, 19—. Registrar

(24) Given name added from a supplemental report ——, 19—. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

GIVEN NAME ADDED 9-28-26

Registered No. B 53664

(1) PLACE OF BIRTH CITY OF BALTIMORE. (No. 1113 St.; Ward)

(2) FULL NAME OF CHILD MABEL VIRGINIA JACKSON

If child is not yet named, make supplemental report, as directed

(3) Sex of Child female | (4) Twin, triplet, or other? | (5) Number in order of birth (To be answered only in event of plural births) | (6) Legitimate? yes | (7) Date of Birth June 7 (Month) (Day) 1910 (Year)

FATHER	MOTHER
(8) FULL NAME Thomas Jackson	(14) FULL MAIDEN NAME Lucie Bryant
(9) RESIDENCE 1132 E. Fayette	(15) RESIDENCE 1132 E. Fayette
(10) COLOR white (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR white (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Va	(18) BIRTHPLACE Va
(13) OCCUPATION Laborer	(19) OCCUPATION Housework
(20) Number of children born to this mother, including present birth two	(21) Number of children of this mother now living two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11:9 P. M., on the date above stated.

(23) Signature Wm. Platt (Physician or Midwife)

Address 1123 E. Fayette St.

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD JUN -8 1910 JAS. BUSLEY M.D. BOARD OF HEALTH

(24) Given name added from a supplemental report Mother, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56665

Registered No. B 1226

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1632 St Josephs St.; Ward)

(2) FULL NAME OF CHILD Sarrah Broom

If child is not yet named, make supplemental report, as directed

(3) Sex of Child female (4) Twin, triplet, or other? (5) Number in order of birth (6) Legitimate? no (7) Date of Birth may 10 (Month) (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME herbert Broom

(9) RESIDENCE

(10) COLOR Coloured (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE va

(13) OCCUPATION Paper

MOTHER

(14) FULL MAIDEN NAME Sarrah Broom

(15) RESIDENCE 1632 St Josephs

(16) COLOR Coloured (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Bad City

(19) OCCUPATION Her Work

(20) Number of children born to this mother, including present birth two

(21) Number of children of this mother now living two

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at may 10 a.m., on the date above stated.

(23) Signature [illegible] (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report Mother, 19

Address 1220 23 st

Filed may 10, 1910

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56666

Registered No. B 1236

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 310 22 1/2 St.; Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			yes	May 21 1910

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: Lonnie Mars

(9) RESIDENCE: 2 a

(10) COLOR: colored (11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Va

(13) OCCUPATION: Farmer

MOTHER

(14) FULL MAIDEN NAME: Bessie Addison

(15) RESIDENCE: 310 22 1/2 St

(16) COLOR: Colored (17) AGE AT LAST BIRTHDAY: 22 (Years)

(18) BIRTHPLACE: Va

(19) OCCUPATION: Servant

(20) Number of children born to this mother, including present birth: Three

(21) Number of children of this mother now living: three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 a.m., on the date above stated.

(23) Signature: Eugene Peter (Physician or Midwife)

Address: 2023 22 St

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A58667

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Homeopathic Hospital St., Ward)

(2) FULL NAME OF CHILD Pearl Georgianna Low. {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			Yes	June 1st 1910

FATHER		MOTHER	
(8) FULL NAME	James Low	(14) FULL MAIDEN NAME	Georgia ~~Low~~ Johnson
(9) RESIDENCE	1409 Carey St	(15) RESIDENCE	1409 Carey St
(10) COLOR	Colored	(16) COLOR	Colored
(11) AGE AT LAST BIRTHDAY (Years)	29	(17) AGE AT LAST BIRTHDAY (Years)	34
(12) BIRTHPLACE	middle Al Va	(18) BIRTHPLACE	Virginia
(13) OCCUPATION	Laborer.	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	8	(21) Number of children of this mother now living	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Md. Hom. Hosp 2.30 A.M., on the date above stated.

(23) Signature George F. Whitaker M.D. (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD JUN 8 1910 JAS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

(24) Given name added from a supplemental report_____, 19____ Address Md. Homeopathic Hosp.

Filed _____, 19____ Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56668

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Maryland Homeopathic Hospital Ward)

(2) FULL NAME OF CHILD Mary Evelin Cooper

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
female			No	June 7, 1910

(To be answered only in event of plural births)

FATHER

(8) FULL NAME Maurice Coombs

(9) RESIDENCE 558 Dolphin St

(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE St Marys Co Md.

(13) OCCUPATION Waiter

MOTHER

(14) FULL MAIDEN NAME Violet Virginia Cooper

(15) RESIDENCE 1319 Freeman

(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE St Marys Co. Md

(19) OCCUPATION Waitress

(20) Number of children born to this mother, including present birth One

(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Md. Hom. Hosp. 6:35 P.M., on the date above stated.

(23) Signature George F. Whitaker M.D.

(Physician or Midwife)

Address Maryland Homeopathic Hospital

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR REGISTRATION JUN -8 1910 THOS. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

1 0 10 0 0 4 1 4 7

(24) Given name added from a supplemental report , 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. Md. Homeopathic Hospital St.; Ward)

(2) FULL NAME OF CHILD Mary Johnson

{If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female			No	June	4	1916

FATHER		MOTHER	
(8) FULL NAME	James Gillman	(14) FULL MAIDEN NAME	Emma Johnson
(9) RESIDENCE	Unknown	(15) RESIDENCE	502 N. Fulton Ave
(10) COLOR	Colored	(16) COLOR	Colored
(11) AGE AT LAST BIRTHDAY (Years)	Unknown	(17) AGE AT LAST BIRTHDAY (Years)	17
(12) BIRTHPLACE	Unknown	(18) BIRTHPLACE	Eastern Shore Md.
(13) OCCUPATION	Laborer	(19) OCCUPATION	Chambermaid
(20) Number of children born to this mother, including present birth	One	(21) Number of children of this mother now living	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at Md Hom. Hosp. (4 P.M.) on the date above stated.

(23) Signature George H. Whitaker M.D.

(Physician or Midwife)

Address Md. Hom. Hospital

* *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

APPROVED FOR RECORD
JAN 8 1917
THOMAS BOSLEY M.D.
COMM'R OF HEALTH

(24) Given name added from a supplemental report ....., 19 ..... Filed ....., 19 .....

Registrar

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 29670

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 431 23 St.; Ward)

If child is not yet named, make supplemental report, as directed

(2) FULL NAME OF CHILD

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
male			yes	11 7 19 10

FATHER

(8) FULL NAME: Jack Jenkins

(9) RESIDENCE: 2406 Maryally

(10) COLOR: Colored (11) AGE AT LAST BIRTHDAY: 22 (Years)

(12) BIRTHPLACE: Bal City

(13) OCCUPATION: Baker

MOTHER

(14) FULL MAIDEN NAME: Grace Hill

(15) RESIDENCE: 431 23 St

(16) COLOR: Colored (17) AGE AT LAST BIRTHDAY: 20 (Years)

(18) BIRTHPLACE: Hooster va

(19) OCCUPATION: Housework

(20) Number of children born to this mother, including present birth: Four

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 a.m., on the date above stated.

(23) Signature: U 0 0 4 J 4 9 Lizzie Lester (Physician or Midwife)

Address: 420 23 St.

Filed JUN -8 1910, 19

RECEIVED FOR RECORD JAS. BOSLEY M.D. COM'R OF HEALTH

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report Grace Hill, 19

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56671

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

Registered No. B

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 420 23 St.; Ward)

(2) FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed

(3) Sex of Child: male

(4) Twin, triplet, or other? (5) Number in order of birth (To be answered only in event of plural births)

(6) Legitimate? no

(7) Date of Birth: May 17 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME: Charles Jones

(9) RESIDENCE: 420 23 St

(10) COLOR: Colored

(11) AGE AT LAST BIRTHDAY: 22 (Years)

(12) BIRTHPLACE: Balto co md

(13) OCCUPATION: Engineer

(20) Number of children born to this mother, including present birth: 2

MOTHER

(14) FULL MAIDEN NAME: annie jones

(15) RESIDENCE: 420 23 St

(16) COLOR: Colored

(17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: Va

(19) OCCUPATION: home work

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 a.m., on the date above stated.

(23) Signature: U. U. Alder (Physician or Midwife)

Address: 420 23 St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD JUN 8 1910 M. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report: mother, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56672

(1) PLACE OF BIRTH — Registered No. B 1250

CITY OF BALTIMORE. (No. ____, May 6 1910 St.; 191 Ward)

(2) FULL NAME OF CHILD — {If child is not yet named, make supplemental report, as directed}

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legit. imate?	(7) Date of Birth (Month) (Day) (Year)
Male			no	may 6, 1910

FATHER

(8) FULL NAME: Allen Anderson

(9) RESIDENCE: 1918 Lizard st

(10) COLOR: Colored

(11) AGE AT LAST BIRTHDAY: 44 (Years)

(12) BIRTHPLACE: Va

(13) OCCUPATION: Laborer

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Margaret Jones

(15) RESIDENCE: 1918 Lizard st

(16) COLOR: Colored

(17) AGE AT LAST BIRTHDAY: 36 (Years)

(18) BIRTHPLACE: Alabama

(19) OCCUPATION: her own work

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2:07 P. M., on the date above stated.

(23) Signature: D. O. Phillips Physician or Midwife

Address: 1920 23 st

Filed may 6, 1910 Registrar

(24) Given name added from a supplemental report Margaret, 19 Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD MAY 6 1910 A. S. BOSLEY, M.D. REGISTRAR OF HEALTH

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A 56673

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2700 Philadelphia ave St.; Ward)

(2) FULL NAME OF CHILD Catharina Felbinger. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female			Yes.	May 17 1910

FATHER

(8) FULL NAME: Sigmund Felbinger

(9) RESIDENCE: 2700 Philadelphia ave.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 30. (Years)

(12) BIRTHPLACE: Baltimore Md.

(13) OCCUPATION: Laborer.

MOTHER

(14) FULL MAIDEN NAME: Cecilia Meehan.

(15) RESIDENCE: 2700 Philadelphia ave.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 23. (Years)

(18) BIRTHPLACE: Baltimore Md.

(19) OCCUPATION: Housewife.

(20) Number of children born to this mother, including present birth: 3.

(21) Number of children of this mother now living: 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2700 Philadelphia ave M., on the date above stated.

(23) Signature: Victoria M. Jirus. Midwife (Physician or Midwife)

Address: 2700 E. Pratt St. Baltimore Md.

Filed June 6, 1910. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19 _____ Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD JUN 8 1910 J. Y. BOSLEY M.D. REGISTRAR OF VITAL STATISTICS

3 0 0 0 4 1 5 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56674

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 2108 Eutaw Place St.; Ward)

(2) FULL NAME OF CHILD Grace Felgner Smith. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Fem.	(To be answered only in event of plural births)			5 26 1910

FATHER	MOTHER
(8) FULL NAME Wilbur Fiske Smith	(14) FULL MAIDEN NAME Katharine Felgner
(9) RESIDENCE 2108 Eutaw Place	(15) RESIDENCE 2108 Eutaw Place
(10) COLOR White (11) AGE AT LAST BIRTHDAY 42 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Philadelphia Pa	(18) BIRTHPLACE Balt. Md.
(13) OCCUPATION Engineer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 2	(21) Number of children of this mother now living 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9:15 P M., on the date above stated.

(23) Signature A. C. Pole Physician (Physician or Midwife)

Address 2038 Madison Av

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 1 5 3

JUN -8 1910

J. S. BOLLE M.D.
COMR OF HEALTH

(24) Given name added from a supplemental report_____, 19____

Filed_____, 19____

Registrar

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56675

(1) PLACE OF BIRTH 704 W. Monta — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Josephine Amanda Beals — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Fem			-	5, 21, 1910

FATHER	MOTHER
(8) FULL NAME Wm B. Beals	(14) FULL MAIDEN NAME Mary Taylor
(9) RESIDENCE 704 W. North Ave	(15) RESIDENCE 704 W. North Ave
(10) COLOR White — (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR White — (17) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE N.Y.	(18) BIRTHPLACE Md.
(13) OCCUPATION Engineer	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 1	(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.10 P M., on the date above stated.

(23) Signature A C Pole

Physician (Physician or Midwife)

Address 2038 Madison Ave

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 1 5 4

JUN -8 1910

A. S. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Registrar

Filed ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56676

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. 1526 Fruendsbury Place, (St.; Ward)

(2) FULL NAME OF CHILD ____ { If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month), (Day), 19 (Year)
Female			yes	6, 7, 1910

FATHER

(8) FULL NAME: Albert Schrieber

(9) RESIDENCE: 1526 Fruendsbury Pl.

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY (Years): 41

(12) BIRTHPLACE: Germany.

(13) OCCUPATION: Baker

(20) Number of children born to this mother, including present birth: 5

MOTHER

(14) FULL MAIDEN NAME: Elizabeth Simon

(15) RESIDENCE: 1526 Fruendsbury Place

(16) COLOR: White — (17) AGE AT LAST BIRTHDAY (Years): 40

(18) BIRTHPLACE: Germany.

(19) OCCUPATION: Housework

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5 a M., on the date above stated.

(23) Signature: Charles C. Cover M.D. (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 004155

JAN -8 1910

JAS. BOYD
COMR. OF HEALTH

Address: 1113 N. Fulton Ave.

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56677

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Irmie Mary Bouchal

(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural births)			May 1 1910 (Month) (Day) (Year)

FATHER

(8) FULL NAME: Joseph Bouchal

(9) RESIDENCE: 1623 Abbot St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 29 (Years)

(12) BIRTHPLACE: Wien

(13) OCCUPATION: Laborer

MOTHER

(14) FULL MAIDEN NAME: Caroline Schimmel

(15) RESIDENCE: 1623 Abbot St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housework

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at quarter to 1 P.M., on the date above stated.

(23) Signature: Mary Pretl (Physician or Midwife)

Address: 1820 Ollington Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Filed ____, 19 ____

Registrar

(READ THE REVERSE SIDE)

RECORD
JUN -8 1910
JAS. BOYCE
CLERK OF HEALTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56678

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Lillian May Fuller — If child is not yet named, make supplemental report, as directed

(3) Sex of Child: Female | (4) Twin, triplet, or other? | (5) Number in order of birth | (6) Legitimate? | (7) Date of Birth: ____ (Month), ____ (Day), 19 1 (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: William Fuller

(9) RESIDENCE: 714 N. Duncan place

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Balto.

(13) OCCUPATION: Painter

MOTHER

(14) FULL MAIDEN NAME: Josefa Svehla

(15) RESIDENCE: 714 N. Duncan place

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Balto.

(19) OCCUPATION: house-work

(20) Number of children born to this mother, including present birth: 2

(21) Number of children of this mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I atteoded the birth of this child, who was BORN ALIVE at 8 P. M., on the date above stated.

(23) Signature: Mary Pratt (Physician or Midwife)

Address: 8 N. Collington Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C 0000 4157

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56679

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Stanislawa Kuznarsky — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female	(To be answered only in event of plural births)			May 7 (Month) (Day) 1910 (Year)

FATHER

(8) FULL NAME: Joseph Kuznarsky

(9) RESIDENCE: 723 S. Bethel St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 48 (Years)

(12) BIRTHPLACE: Pole

(13) OCCUPATION: Shoe-maker

MOTHER

(14) FULL MAIDEN NAME: Joseph Sadlon

(15) RESIDENCE: 723 S. Bethel St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 43 (Years)

(18) BIRTHPLACE: Pole

(19) OCCUPATION: House-work

(20) Number of children born to this mother, including present birth: 7

(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6-30 P.M., on the date above stated.

(23) Signature: Mary Pretl (Physician or Midwife)

Address: 8 W. Ballington ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

BUREAU OF VITAL STATISTICS 0004158

MAY -8 1910

BOARD OF HEALTH

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56680

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Marie Anna Herold

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May (Day) 9 19 10 (Year)
Female				

FATHER

(8) FULL NAME Frank Herold

(9) RESIDENCE 2308 Ashland ave.

(10) COLOR White

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Bohemia

(13) OCCUPATION Butcher & Grocery store

(20) Number of children born to this mother, including present birth 3

MOTHER

(14) FULL MAIDEN NAME Josephine Herlich

(15) RESIDENCE 2308 Ashland ave

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Bohemia

(19) OCCUPATION House work

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 A.M., on the date above stated.

(23) Signature Mary Pretl (Physician or Midwife)

Address 8941 Collington ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

1 8 U 0 0 4 1 5 9

RECORD

-8 1910

OSLEY M.D.

ROPOLITAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56681

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ; St. ; Ward)

(2) FULL NAME OF CHILD Pearl Seitz

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				May 12 1910

FATHER	MOTHER
(8) FULL NAME [illegible] Seitz	(14) FULL MAIDEN NAME Fannie Seitz
(9) RESIDENCE 2322 E. Madison st.	(15) RESIDENCE 2322 E. Madison St.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Balto.	(18) BIRTHPLACE Balto.
(13) OCCUPATION Laborer	(19) OCCUPATION House wife
(20) Number of children born to this mother, including present birth 5	(21) Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 P. M., on the date above stated.

(23) Signature Mary Pratt (Physician or Midwife)

Address 8194 N. Collington ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____

Registrar — Registrar

(READ THE REVERSE SIDE)

U 0 0 4 1 6 0
-8
RECORD
M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56682

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD — Helen Zamek

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				May 13 1910

FATHER	MOTHER
(8) FULL NAME: Lorenc Zamek	(14) FULL MAIDEN NAME: Josefa Krasaka
(9) RESIDENCE: 2348 Wolfe St.	(15) RESIDENCE: 2348 Wolfe St.
(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 34 (Years)	(16) COLOR: White — (17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: Balto.	(18) BIRTHPLACE: Pole
(13) OCCUPATION: Laborer	(19) OCCUPATION: House work

(20) Number of children born to this mother, including present birth: 3

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P.M., on the date above stated.

(23) Signature: Mary Pretl (Physician or Midwife)

Address: 819 N. Collington Ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19

Filed ____, 19

Registrar

Registrar

(READ THE REVERSE SIDE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CITY REGISTRAR'S OFFICE
RECORD
MAR 18 1910
J. S. BOSLEY M.D.
REGISTRAR

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56683

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.: ____ Ward)

(2) FULL NAME OF CHILD Leogarda Kovalechy — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female				May 24 1900

FATHER

(8) FULL NAME: Jacob Kovalechy

(9) RESIDENCE: 617 S. Bethel St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Pole

(13) OCCUPATION: Molder

(20) Number of children born to this mother, including present birth: 7

MOTHER

(14) FULL MAIDEN NAME: Felicia Samborsky

(15) RESIDENCE: 617 S. Bethel St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 32 (Years)

(18) BIRTHPLACE: Pole

(19) OCCUPATION: House work

(21) Number of children of this mother now living: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 A. M., on the date above stated.

(23) Signature Mary Pretl (Physician or Midwife)

Address 8194 Collington

Filed ____, 19 .

Registrar

(24) Given name added from a supplemental report ____, 19 .

Registrar

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0004162

RECORDED JAN 8 1910 BOSLEY M.D. REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56684

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Mary (Helen) Bushaw — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female				April	26	1910

FATHER

(8) FULL NAME: William (Valentine) Bushaw

(9) RESIDENCE: 525 S. Bethel St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Delmar Del.

(13) OCCUPATION: Cork-factory

(20) Number of children born to this mother, including present birth: 1

MOTHER

(14) FULL MAIDEN NAME: Frances (Anetkowska) Bushaw

(15) RESIDENCE: 525 S Bethel St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 20 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: House-work

(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 A. M., on the date above stated.

(23) Signature: Mary Pretl (Physician or Midwife)

Address: 849 N. Collington Ave

(24) Given name added from a supplemental report ____, 19 ____

Filed ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD
JUL 8 1910
DR. BOSLEY M.D.
COMMISSIONER OF HEALTH

U 0 8 1 6 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56635

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Helen Goltarsky — If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Female				March 24 (Month) (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER

(8) FULL NAME: Florian Goltarsky

(9) RESIDENCE: 2729 Hudson St.

(10) COLOR: White — (11) AGE AT LAST BIRTHDAY: 39 (Years)

(12) BIRTHPLACE: Pole

(13) OCCUPATION: Beer saloon

(20) Number of children born to this mother, including present birth: 8

MOTHER

(14) FULL MAIDEN NAME: Agnes Walanca

(15) RESIDENCE: 2729 Hudson St.

(16) COLOR: White. — (17) AGE AT LAST BIRTHDAT: 38 (Years)

(18) BIRTHPLACE: Pole

(19) OCCUPATION: House work

(21) Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 A.M., on the date above stated.

(23) Signature: Mary Prettl (Physician or Midwife)

Address: 8 1911 Eolkington ave.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

G 0 0 0 4 1 6 4

JUN -8 1910

BOARD OF HEALTH

(24) Given name added from a supplemental report _____, 19 ____

Filed _____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56686

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. ____ St.; ____ Ward)

(2) FULL NAME OF CHILD Eda Weinel

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) Feb. (Day) 25 19 10 (Year)
Female				

FATHER

(8) FULL NAME Gottlib Weinel

(9) RESIDENCE 510 Glover St.

(10) COLOR White

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Laborer

(20) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME Henriette Hagen

(15) RESIDENCE 510 Glover St.

(16) COLOR White

(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION house-work

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 A.M., on the date above stated.

(23) Signature Mary Prett (Physician or Midwife)

Address 819 N. Collington ave.

(24) Given name added from a supplemental report ____, 19 ____ Filed ____, 19 ____ Registrar

Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0 0 0 4 1 6 5

JAN -8 1910

BOARD OF HEALTH

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56687

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 509 N. Rose St.; Ward)

(2) FULL NAME OF CHILD Alice Morgarette Smith

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Female	—	4	Yes	May	4	1910

FATHER

(8) FULL NAME George Adam Smith

(9) RESIDENCE 509 N. Rose St

(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Baltimore

(13) OCCUPATION Ship Joiner

(20) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME Barbara May

(15) RESIDENCE 509 Rose St

(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION Housework

(21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 a. M., on the date above stated.

(23) Signature William J. Upsman (Physician or Midwife)

Address 509 N. Rose St

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED JAN -8 1910 JAS. BOSLEY M.D. COMR OF HEALTH

(24) Given name added from a supplemental report_____, 19____

Registrar

Filed _____ 19____

Registrar

(READ THE REVERSE SIDE)

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56688

(1) PLACE OF BIRTH

CITY OF BALTIMORE (No. 2054 Eagle St.; Ward)

(2) FULL NAME OF CHILD Lillian Caldonia Kodle

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	No	1	Yes	Feb. 26, 1910

FATHER		MOTHER	
(8) FULL NAME	Albert Kodle	(14) FULL MAIDEN NAME	Laura Virginia Murphy
(9) RESIDENCE	2054 Eagle St	(15) RESIDENCE	2054 Eagle St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	24	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Printer	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3 P M., on the date above stated.

(23) Signature W. J. Rysavel M.D. (Physician or Midwife)

Address 708 Oakland Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 0 4 0 1 6 7

(24) Given name added from a supplemental report ..... , 19 ..... Registrar

Filed ..... , 19 ..... Registrar

JAS. O'SULLEY M.D. COMM'R OF HEALTH

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B A56689

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 143 N. Wolf St.; Ward)

(2) FULL NAME OF CHILD Marilda Pink Leonhardt

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	1	Y	March 21, 1910

FATHER		MOTHER	
(8) FULL NAME	Sheldon Leonhardt	(14) FULL MAIDEN NAME	Florence Virginia Pfaff
(9) RESIDENCE	143 N. Wolf St	(15) RESIDENCE	143 N. Wolf St
(10) COLOR	White	(11) AGE AT LAST BIRTHDAY (Years)	22
(16) COLOR	White	(17) AGE AT LAST BIRTHDAY (Years)	20
(12) BIRTHPLACE	Baltimore	(18) BIRTHPLACE	Baltimore
(13) OCCUPATION	Musician	(19) OCCUPATION	House work
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3.30 a M., on the date above stated.

(23) Signature William F. Ryszard MD (Physician or Midwife)

Address 2006 Oakland Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 4 1 6 8

(24) Given name added from a supplemental report , 19

Registrar

Filed , 19

Registrar

APR -8 1910
J. BOSLEY, M.D.
COMR OF HEALTH

(READ THE REVERSE SIDE)

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE
MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH AMENDED 3/26/14 A56690

(1) PLACE OF BIRTH — Registered No. B

CITY OF BALTIMORE (No. 1750 Chester St; Ward)

(2) FULL NAME OF CHILD MARJORIE ~~Norma Irene~~ Dawson

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Female	—	1	Yes	Jan 21, 1910

FATHER		MOTHER	
(8) FULL NAME	John Dawson	(14) FULL MAIDEN NAME	Irene Estell Rogers
(9) RESIDENCE	1750 Chester	(15) RESIDENCE	1750 Chester St
(10) COLOR	White	(16) COLOR	White
(11) AGE AT LAST BIRTHDAY (Years)	29	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	Catonsville Md	(18) BIRTHPLACE	Baltimore Md
(13) OCCUPATION	Waiter	(19) OCCUPATION	Housework
(20) Number of children born to this mother, including present birth	1	(21) Number of children of this mother now living	1

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE
MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3:30 A M., on the date above stated.

(23) Signature William J. Ryan M.D. (Physician or Midwife)

Address 2400 Oakland Ave

Filed JAN 8 1910 BOSLEY M.D., 19 . 6/8/10

Registrar

(24) Given name added from a supplemental report , 19

Registrar

* *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

10 0 0 4 1 6 9

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56691

(1) PLACE OF BIRTH: CITY OF BALTIMORE. (No. 415 N. Fulton Ave St.; Ward)

(2) FULL NAME OF CHILD: Harry Roswell Jones

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet or other?	(5) Number in order of birth (To be answered only in event of plural births)	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
male			yes	June 1 1910

FATHER

(8) FULL NAME: William Roswell Jones

(9) RESIDENCE: 415 N. Fulton Ave

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: Baltimore Md.

(13) OCCUPATION: Clerk (Wholesale Candy Business)

MOTHER

(14) FULL MAIDEN NAME: Mary C Becker

(15) RESIDENCE: 415 N. Fulton Ave

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 31 (Years)

(18) BIRTHPLACE: Baltimore Md.

(19) OCCUPATION: Housewife

(20) Number of children born to this mother, including present birth: One

(21) Number of children of this mother now living: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 12.20 P. M., on the date above stated.

(23) Signature: Edward Plummer M.D. Physician (Physician or Midwife)

Address: 539 N. Fulton Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 1 7 0

RECEIVED FOR RECORD JUN -8 1910 JAS. BOSLEY M.D. COM'R OF HEALTH

(24) Given name added from a supplemental report_____, 19

Filed _____, 19 .

Registrar

Registrar

(READ THE REVERSE SIDE)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE
MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

A56692

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 1707 Fleet st., St.; Ward)

(2) FULL NAME OF CHILD Stanislaw Jankowski. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male			Yes	May	8	1910

FATHER

(8) FULL NAME: Joseph Jankowski.

(9) RESIDENCE: # 1707 Fleet st.

(10) COLOR: White. (11) AGE AT LAST BIRTHDAY (Years): 36.

(12) BIRTHPLACE: Germany.

(13) OCCUPATION: Saloonkeeper.

(20) Number of children born to this mother, including present birth: 7.

MOTHER

(14) FULL MAIDEN NAME: Agnes Budzinski.

(15) RESIDENCE: # 1707 Fleet st.

(16) COLOR: White. (17) AGE AT LAST BIRTHDAY (Years): 27.

(18) BIRTHPLACE: Baltimore Md.

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living: 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1707 Fleet st. M., on the data above stated.

(23) Signature: Victoria M. Jins. (Physician or Midwife)

Address: 1706 Fleet st.

Filed June 8, 1910. Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED FOR RECORD
BOARD OF HEALTH
JUN 8 1910

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56693

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B.

CITY OF BALTIMORE. (No. 347 S. Chester St. St.; Ward)

(2) FULL NAME OF CHILD Adam Wojtyszak. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) May (Day) 21 (Year) 1910
Male			Yes	

FATHER

(8) FULL NAME: Peter Wojtyszak.

(9) RESIDENCE: 347 S. Chester St.

(10) COLOR: White (11) AGE AT LAST BIRTHDAY: 30. (Years)

(12) BIRTHPLACE: Germany.

(13) OCCUPATION: Laborer.

MOTHER

(14) FULL MAIDEN NAME: Ewa Delinska.

(15) RESIDENCE: 347 S. Chester St.

(16) COLOR: White (17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Baltimore

(19) OCCUPATION: Housewife.

(20) Number of children born to this mother, including present birth: 5

(21) Number of children of this mother now living: 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 347 S. Chester St. M., on the date above stated.

(23) Signature: Maria M. Jurco. (Physician or Midwife)

Address: 347 S. Chester St. Baltimore Md.

Filed June 6, 1910.

*When there was no attending physician or midwife, then the father, householder, etc., shall make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report ____, 19 ____

Registrar

Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56694

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE
MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

(1) PLACE OF BIRTH — Registered No. B. —

CITY OF BALTIMORE. (No. 322. S. Wolfe st. St.; Ward)

(2) FULL NAME OF CHILD Stephen Vesalt. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 23. 1910.

FATHER	MOTHER
(8) FULL NAME Anton Vesalt.	(14) FULL MAIDEN NAME Agnes Drozdow
(9) RESIDENCE Bay Shore.	(15) RESIDENCE 322. S. Wolfe st.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 29. (Years)	(16) COLOR White (17) AGE AT LAST BIRTHDAY 25. (Years)
(12) BIRTHPLACE Holland.	(18) BIRTHPLACE Baltimore Md
(13) OCCUPATION Farmer.	(19) OCCUPATION Housewife.

(20) Number of children born to this mother, including present birth 3. (21) Number of children of this mother now living 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 322. S Wolfe st. M., on the date above stated.

(23) Signature Catherine M. Jones (Physician or Midwife)

U 0 0 4 1 7 3

Address 1 e. Pratt st Baltimore Md

Filed June 6, 1910. Registrar

(24) Given name added from a supplemental report ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE
MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

Registered No. B. A56695

(1) PLACE OF BIRTH
CITY OF BALTIMORE. (No. 437 E. Lanvale St.; St.; Ward)

(2) FULL NAME OF CHILD Edward John Vierecklt (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural birth)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male			Yes	May 27 1910

FATHER

(8) FULL NAME Edward Viereckl

(9) RESIDENCE cor. 437 E. Lanvale

(10) COLOR White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Baltimore Md.

(13) OCCUPATION Bartender

(20) Number of children born to this mother, including present birth 3

MOTHER

(14) FULL MAIDEN NAME Katharine Frecker

(15) RESIDENCE 437 E. Lanvale St.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Baltimore Md.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 437 E. Lanvale St. M., on the date above stated.

(23) Signature Sabina M. Jones Midwife (Physician or Midwife)

Address 6 E. Fort st. Baltimore Md.

Filed June 6, 1910. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

U 0 0 4 1 7 4

(24) Given name added from a supplemental report ____, 19 ____ Registrar

(READ THE REVERSE SIDE)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. 56696

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 208 n. Collington ave. Ward)

(2) FULL NAME OF CHILD Charles Edward Abell. (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month)	(Day)	(Year)
Male			Yes.	May	17.	1910

FATHER

(8) FULL NAME Charles N. Abell.

(9) RESIDENCE 208 n. Collington ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 45. (Years)

(12) BIRTHPLACE St. Marys County.

(13) OCCUPATION Car conductor.

MOTHER

(14) FULL MAIDEN NAME Louise M. Beissies

(15) RESIDENCE 208 n. Collington ave.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 37. (Years)

(18) BIRTHPLACE Baltimore Md.

(19) OCCUPATION Housewife.

(20) Number of children born to this mother, including present birth 6.

(21) Number of children of this mother now living 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 208 n. Collington ave. M., on the date above stated.

(23) Signature Catarina M. Sims. Midwife. (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

0004175

VOID FOR RECORD

(24) Given name added from a supplemental report ____ 19, -8 1910

Address 6 c. n. Port st. Baltimore Md

Filed June 6., 1910.

JAS. BOSLEY M.D. Registrar OF HEALTH

Registrar

(READ THE REVERSE SIDE)

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B. A56697

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2201 Mc Elderry St. St.; Ward)

(2) FULL NAME OF CHILD William Henry Shultz (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) 19 (Year)
Male			Yes	May 2. 1910.

FATHER

(8) FULL NAME Frederick Shultz.

(9) RESIDENCE 2201 Mc. Elderry St.

(10) COLOR White. (11) AGE AT LAST BIRTHDAY 26. (Years)

(12) BIRTHPLACE Baltimore Md.

(13) OCCUPATION Laborer.

MOTHER

(14) FULL MAIDEN NAME Emma Alice Grapes.

(15) RESIDENCE 2201 Mc. Elderry St.

(16) COLOR White. (17) AGE AT LAST BIRTHDAY 24. (Years)

(18) BIRTHPLACE Baltimore Md.

(19) OCCUPATION Housewife.

(20) Number of children born to this mother, including present birth 1.

(21) Number of children of this mother now living 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2201 Mc Elderry St. M., on the date above stated.

(23) Signature Antonia J. M. Jones. Midwife. (Physician or Midwife)

Address 1210 E. Fort St. Baltimore Md.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report....., 19

Filed June 6, 1910.

Registrar

(READ THE REVERSE SIDE)

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE
MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

RECEIVED FOR RECORD
JUN 8 1910
1 7 6
S. BOSLEY M.D.
HEALTH O.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. B 56698

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 145 N. Hare St.; Ward)

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		3	Yes	May 23, 1910

FATHER

(8) FULL NAME: George H. Yingling

(9) RESIDENCE: 145 N. Hare St.

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Baltimore Md

(13) OCCUPATION: Insurance collector

(20) Number of children born to this mother, including present birth: 3

MOTHER

(14) FULL MAIDEN NAME: Margaret B. Glaser

(15) RESIDENCE: 145 N. Hare St.

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Baltimore Md

(19) OCCUPATION: House Wife

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7.30 P. M., on the date above stated.

(23) Signature: Howard C. Silver, Physician (Physician or Midwife)

Address: 1914 Bolton St.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 0 0 0 0 4 1 7 7

(24) Given name added from a supplemental report, 19

Registrar

Filed JUN -8 1910 19

Registrar

JAS. BOSLEY M.D. COM'R OF HEALTH

(READ THE REVERSE SIDE)

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56699

Registered No. B.

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1104 Federal St.; Ward)

If child is not yet named, make supplemental report, as directed

(2) FULL NAME OF CHILD

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male		1st	Yes	June 7 1910

FATHER	MOTHER
(8) FULL NAME: William Sherman	(14) FULL MAIDEN NAME: Lena Ofort
(9) RESIDENCE: 1104 Federal St	(15) RESIDENCE: 1104 Federal St
(10) COLOR: White	(16) COLOR: White
(11) AGE AT LAST BIRTHDAY (Years): 27	(17) AGE AT LAST BIRTHDAY (Years): 26
(12) BIRTHPLACE: Baltimore	(18) BIRTHPLACE: New York
(13) OCCUPATION: Keeper at City Jail	(19) OCCUPATION: Housewife
(20) Number of children born to this mother, including present birth: 1	(21) Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.20 P.M., on the date above stated.

(23) Signature: R P Carman M.D.

0 0 0 4 1 7 8

(Physician or Midwife)

Address: 1701 N Carlton

Filed _____, 19 _____

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report _____, 19

Registrar

(READ THE REVERSE SIDE)

RECEIVED FOR RECORD JUN -8 1910 REGISTRAR OF HEALTH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

A56700

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 2416 Barclay St.; Ward)

Registered No. B.

(2) FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		Yes	May 5 1910

FATHER

(8) FULL NAME: Calvin J. Malehorn

(9) RESIDENCE: 2416 Barclay

(10) COLOR: White

(11) AGE AT LAST BIRTHDAY (Years):

(12) BIRTHPLACE: Balto. Md.

(13) OCCUPATION: Contractor

(20) Number of children born to this mother, including present birth: 4

MOTHER

(14) FULL MAIDEN NAME: Della M. Slonaker,

(15) RESIDENCE: 2416 Barclay

(16) COLOR: White

(17) AGE AT LAST BIRTHDAY (Years):

(18) BIRTHPLACE: Frd. Co. Md.

(19) OCCUPATION: Housework.

(21) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 a. M., on the date above stated.

(23) Signature: Charles C. Conser M.D.

(Physician or Midwife)

Address: 1113 N. Fulton Ave

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report, 19

Filed , 19

Registrar

Registrar

(READ THE REVERSE SIDE)

U.S. CHILDREN'S BUREAU RECORD

JUN -8 1910

JAS. BUSLEY M.D. COMR. OF HEALTH

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

CERTIFICATE OF CAMERA OPERATOR

I HEREBY CERTIFY THAT THE DOCUMENTS REPRESENTED BY THE MICROPHOTOGRAPHS APPEARING ON THIS ROLL OF FILM DESIGNATED AS REEL No. 173-21 WERE PHOTOGRAPHED BY THE UNDERSIGNED ON THIS DATE.

REEL BEGINS WITH 1910 - 52501

REEL ENDS WITH 1910 - 56700

BY Marie Siegel
(SIGNATURE OF OPERATOR)

DATE Dec. 29, 1978

PS - 827

HR - RM 25
(6 - 1 - 59)
HALL OF RECORDS COMMISSION