

RETURN OF A BIRTH. 52972

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

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

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

2. Race or Color, (if not of the white race) *Bornie L. Moses*

3. Date of Birth, *Dec 2/93*

4. Place of Birth, (Street and Number) *1216 Smith Hill av*

5. Full Name of Mother, *Bertha Moses*

6. Mother's Maiden Name, *" Franko*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Bernard Moses*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Edwards M. Brown*

Address, *1216 Smith Hill av*

Remarks, *Full name of child added by father upon applying for a transcript. Bernard Moses, father of E. M. child - Reg*

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

8980005 August 6-1934