

TRAR'S NO.

RECORD OF BIRTH

Birth No. *Copy*
(will be inserted by state officer)

1. PLACE OF BIRTH a. COUNTY <i>Gloucester</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>New Jersey</i> b. COUNTY <i>Salem</i>	
b. CITY (If outside corporate limits, write RURAL and give township) BOROUGH OR TOWNSHIP <i>Woodbury</i>		c. CITY (If outside corporate limits, write RURAL and give township) BOROUGH OR TOWNSHIP <i>Penns Grove</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Underwood Hospital</i>		d. STREET ADDRESS OF MOTHER <i>5 Elvin Avenue</i>	
3. CHILD'S NAME (Type or Print) a. (First) <i>Philip</i> b. (Middle) <i>Alan</i> c. (Last) <i>Hocknell</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) <i>Nov.</i> (Day) <i>12</i> (Year) <i>1951</i>
FATHER OF CHILD			
7. FULL NAME a. (First) <i>Arthur</i> b. (Middle) <i>Brown</i> c. (Last) <i>Hocknell</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>39</i> YEARS		10. BIRTHPLACE <i>Brooklyn, N.Y.</i>	11a. USUAL OCCUPATION <i>Millwright</i>
		11b. KIND OF BUSINESS OR INDUSTRY <i>De Bent Co.</i>	
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <i>Marguerite</i> b. (Middle) <i>Grace</i> c. (Last) <i>Joker</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>39</i> YEARS		15. BIRTHPLACE <i>Penns Grove, N.J.</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
		a. How many OTHER children are now living? <i>3</i>	b. How many OTHER children were born alive but are now dead? <i>0</i>
17. INFORMANT <i>Mother</i>		c. How many children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
I hereby certify that this child was born alive on the date stated above at <i>2:06 p.m. A</i>		18a. SIGNATURE <i>J. Harris Underwood</i>	18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)
		18c. ADDRESS <i>Woodbury, N.J.</i>	18d. DATE SIGNED <i>11-14-51</i>
19. DATE REC'D BY LOCAL REG. <i>11-15-51</i>	20. REGISTRAR'S SIGNATURE <i>Albert J. Riggins, Jr.</i>		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
FOR MEDICAL AND HEALTH USE ONLY (This section MUST be filled out)			
22a. LENGTH OF PREGNANCY <i>9 weeks Mos.</i>	22b. WEIGHT AT BIRTH <i>6 lbs 5 1/2 Ozs.</i>	23. LEGITIMATE Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	24a. Was a Blood Test for Syphilis made during pregnancy? <i>Yes</i>
25. What Preventive for Ophthalmia Neonatorum was used? <i>A-997001</i>	24b. Date Specimen Taken <i>7-17-51</i>		
For Congenital Deformity report on last page of this book.			