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DATE ISS **OCT 14 1986**

Julia Davidson-Randall
STATE REGISTRAR OF VITAL RECORDS

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HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF BIRTH

C61723

(1) PLACE OF BIRTH
CITY OF BALTIMORE (No. 131 Youngstown Ave.; 40 Ward) Registered No. _____
(2) FULL NAME OF CHILD Baby Anger } If child is not yet named, make supplemental report, as directed.

(3) Sex of Child Female (4) Twin, triplet, or other? _____ (5) Number in order of birth _____ (6) Legitimate? Yes (7) Date of Birth Mar 1 1924
(Month) (Day) (Year)

FATHER
(8) FULL NAME Samuel Anger
(9) RESIDENCE 131 Youngstown Ave.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Canada
(13) OCCUPATION Sheet Metal Worker - Sparrows Pt.
(20) Number of children born to this mother, including present birth 2

MOTHER
(14) FULL MAIDEN NAME Hazel Hutchinson
(15) RESIDENCE 131 Youngstown Ave.
(16) COLOR White (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Canada
(19) OCCUPATION Housewife
(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5:30 o'clock, A. M., on the date above stated MAR 4 1924

(23) Signature Mary T. Goldschmidt
Midwife
(Midwife)

(24) Given name added from a supplemental report _____, 19 Address 3500 E. Baltimore St. Filed _____, 19 Registrar

Registrar 19240003213 (READ THE REVERSE SIDE)

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated