

Copy of Hospital chart.
John W. Bierer MD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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. If birth occurred in a hospital or institution, give its NAME instead of street and number.

HVS-11P—500M—9-40

Primary Dist. No.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No.
Registered No.

1. PLACE OF BIRTH:

(a) County: Pike County
(b) City or borough or township: Pike County
(c) Name of hospital or institution: Medical Surgical Hospital
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery: 1 day
In hospital or institution: 1 day
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State: Pennsylvania
(b) County: Pike County
(c) City or town: Shrewsbury
(If outside city or town limits write RURAL)
(d) Street No. 101
(If rural give location)

3. Full name of child: Frances Elizabeth Stewart
5. Sex: Female
6. Twin or triplet: triplet
If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

4. Date of birth: 6-22-1910
8. Is mother married to father of child? Yes
(Month) (Day) (Year)

FATHER OF CHILD

MOTHER OF CHILD

9. Full name: John W. Bierer
10. Color or race: White
11. Age at time of this birth: 37 yrs.
12. Birthplace: Philadelphia, Pa.
(City, town, or county) (State or foreign country)
13. Usual occupation: Physician
14. Industry or business: Physician
21. Children born to this mother: 3
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 1
(c) How many children were born dead? 0

15. Full maiden name: Elizabeth Stewart
16. Color or race: White
17. Age at time of this birth: 27 yrs.
18. Birthplace: Shrewsbury, Pa.
(City, town, or county) (State or foreign country)
19. Usual occupation: Homemaker
20. Industry or business: Homemaker
22. Mother's mailing address for registration notice: Shrewsbury, Pa.

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 4:02 P.m. on the date above stated and that the information given was furnished by: Hospital chart

24. Date received by local registrar: 6-23-10
25. Registrar's own signature: John W. Bierer
M. D., midwife, or other: John W. Bierer
Date signed: 6-23-10
26. Date on which given name added: 6-23-10 by John W. Bierer Registrar

Please Fill Reverse Side

(over)