

# RETURN OF BIRTH.

SEE PENALTY FOR NON-REPORT WITHIN 30 DAYS

# RSO

Use Ink, and write plainly, especially names.

Full name of Child (if any) *Carrie*

*Ryder*

Sex *F* Color *W*

Date of Birth *August 6* 1890

Place of Birth *W. Straights*  
(If city, give name, street and number.)

*Patterson, New Jersey*  
If not, give township and county.

Name of Father *James H. Ryder*

Maiden name of Mother *Fannie Ryder*

Country of Father's Birth *U.S.*

Age *43* Occupation *Barber*

Country of Mother's Birth *Germany*

Age *36*

Number of Children in all by this Marriage *1*

How many living *1*

Names and P. O. Address of Medical Attendant, in

handwriting, with date. *F. Ashbee*

*F. Ashbee*

*F. Ashbee*