

# CERTIFICATE OF BIRTH

SEE PENALTY FOR NON-REPORT WITHIN 30 DAYS.

Use Ink, and write plainly, especially names

Full name of Child... *Joseph Peter*

Sex... *M* Color... *W*

Date of Birth... *October 25 1903*

Place of Birth... *Paterson*  
(If in a city, give name street and number; if in township, give name and county.)  
*347 - 6th St*

Name of Father... *Joseph H. Peter*

[If out of wedlock, write O. W.]

Maiden name of Mother... *Fannie Peter*

*(Sealer)*

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

Age... *47* Occupation... *Baker*

Country of Mother's Birth... *Germany*

Age... *40*

Number of Children in all by this Marriage... *9*

How many living... *7*

Name and P. O. address of Medical Attendant, in own handwriting, with date.  
*Frank Lee*