

NEW JERSEY STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DELAYED REPORT OF BIRTH

1. Place of Birth a. County <b>Bridgeton, N. J.</b> <b>Cumberland</b>		2. Usual Residence of Mother (Where did mother live?) a. County <b>Cumberland</b>	
b. City <input checked="" type="checkbox"/> (Check box and give name) Borough <input type="checkbox"/> Township <input type="checkbox"/>		b. City <input checked="" type="checkbox"/> (Check box and give name) Borough <input type="checkbox"/> Township <input type="checkbox"/> <b>Bridgeton</b>	
c. Name (if not in hospital or institution give street address or location) of Hospital or Institution <b>Unknown</b>		c. Street Address of Mother <b>101 Mulberry St.</b> If Rural, P.O. Address	
3. CHILD'S NAME (Type or Print)		a. (First) <b>Louis</b>	b. (Middle) <b>Weldon</b>
		c. (Last) <b>Blanning</b>	
4. Sex <b>M</b>	5. This Birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	6. Was Mother Married To Father of Child? <b>Yes</b>	7. Date of Birth (Month) <b>March</b> (Day) <b>1,</b> (Year) <b>1902</b>
FATHER OF CHILD			
8. Full Name <b>Thomas Blanning</b>		9. Color <b>W</b> or Race <b>C</b>	10. Birthplace <b>Unknown</b>
MOTHER OF CHILD			
11. Full Maiden Name <b>Sarah Jones</b>		12. Color <b>W</b> or Race <b>C</b>	13. Birthplace <b>Unknown</b>
14. AFFIDAVIT			
<i>Louis Walter Blanning</i> being duly sworn, says that (s)he has knowledge of the facts concerning this birth and that all information shown in this certificate is true and correct.			
Signature of Affiant <i>Louis Walter Blanning</i> Age <i>62</i> Relationship to Child <i>Self</i>			
Address <i>87 Cabland Rd. Richmond Va</i>			
Subscribed and sworn to before me at <i>Richmond, Virginia</i> this <i>19<sup>th</sup></i> day of <i>June</i> 19 <i>64</i>			
Signed <i>Edmund L. Henning, Jr. Judge, 10<sup>th</sup> Judicial Circuit</i> <small>Notaries public not permitted to sign (officer)</small>			
Notation of Documents <i>Elementary School records</i>			
Examined by Official <i>State of West Virginia</i>			
15. Date Received by Registrar <b>10NVS JUN 23 1964</b>		16. Registrar's Signature <i>W. Merton Baybolt</i>	

PENALTY FOR FALSE CERTIFICATE \$500.00

TYPE OR WRITE PLAINLY WITH UNFADING BLACK INK



NEW JERSEY STATE DEPARTMENT OF HEALTH  
TRENTON, N. J.

JUNE 23, 1964  
(Date)

A TRUE COPY OF...

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY OF A RECORD IN MY OFFICE.

*W. Merton Baybolt*

State Registrar of Vital Statistics

*Roscoe Standley*

State Commissioner of Health

WARNING: DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF THE STATE DEPARTMENT OF HEALTH IS AFFIXED HEREON.