

Use Ink
and
Write Plainly.

STATE OF NEW JERSEY.

BUREAU OF VITAL STATISTICS

CERTIFICATE AND RECORD OF BIRTH.

412

Name of Child *Mary Criss*.....
(In full if possible.)

Sex *Female* Color *White* Date of Birth *Dec. 16th 1905*

Place of Birth *Fanestua*.....
(If city, give name, street and number; if not, give township and county.)

Name of Father *Bartley Criss*..... Father's Birthplace *U.S.*.....
(If not of United States, give C. W.)

Maiden Name of Mother *Mollie Wood*..... Mother's Birthplace *U.S.*.....

Age of Father *35*..... Occupation of Father *Labourer*.....

Age of Mother *28*..... Occupation of Mother *Housewife*.....

Number of Children in all by this marriage *4*..... Number of Children now living *3*.....

Name and P. O. Address of Professional Attendant in own handwriting:

E. J. Chapman.....
(Signature of Professional Attendant.)

Date of this Report *Jan. 29. 06*..... *Fanestua, N. J.*.....
(P. O. address.)

No incomplete or mutilated Certificates will be received.

New Jersey State Department of Health

Under my hand and Department seal I certify
that this is a true photostatic reproduction
from a microfilm image of the original record.

Charles A. Karkut Charles A. Karkut
State Registrar

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

MAR 29 1982