

# CERTIFICATE OF BIRTH.

(To be returned within 30 days to the Health Officer or if none to the Clerk of the town, village, or city in which the Birth occurs, and by him to the Register of Deeds of his County.)

(To be)

No. 6600

1. Full name of child <u>Ma tie Fish</u>	1.
2. Color (a) <u>White</u>	2.
3. Sex <u>Female</u>	3.
4. Name of other issue living (born of same parents) <u>Harriett, Marion</u> <u>Marbean</u>	4.
5. Full name of father <u>John E. Fish</u>	5.
6. Occupation of father <u>laborer</u>	6.
7. Full name of mother previous to marriage <u>Georgina Hesketh</u>	7.
8. Hour, day of week, of month, and year of birth <u>5:30 a m. Tuesday</u> <u>Sept 16 - 1902</u>	8.
9. The place (b), town or township and county in which born <u>Milwaukee</u> <u>Milwaukee Co.</u>	9.
10. Birthplace of father <u>U. S.</u>	10.
11. Birthplace of mother <u>do.</u>	11.
12. Any other important information	12.

E. E. Palmerton

(c) Physician, Midwife or other person reporting

Residence 217 - 5th St

State of Wisconsin, }  
COUNTY OF \_\_\_\_\_ ss.

I HEREBY CERTIFY that the above is a true return of the said birth and of the other facts there recorded.

Dated at \_\_\_\_\_ said County, this }  
\_\_\_\_\_ day of OCT 31 1902

F. M. SCHULZ.

(c) Health Officer, Town or City Clerk.

Residence \_\_\_\_\_

NOTE.—(a) State the color so distinctly that the race also may be understood, as White, Black, Mulatto, Indian, Mixed White and Indian, etc. (b) If city, insert street and number. (c) Strike out the words not representing the one signing the return. State any important facts in making the return—an illegitimate birth, or still birth should be so specified

Recorded the 31 day of Oct A. D. 1902

Register.

6600

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E. E. Palmerton

(c) Physician, Midwife or other person reporting

Residence

217-2 4th St