## DEPARTMENT OF PUBLIC HEALTH DIVISION VITAL STATISTICS PHILADELPHIA, PA.

FEE FOR THIS CERTIFICATE ONE DOLLAR

## my care for the month of January 1904

Made to the Health Officer in Conformity with the Act of Assembly.

| DATE<br>OF BIRTH   |        |       |         | NAME OF CHILD      |                      |  |
|--|--------|-------|---------|--------------------|----------------------|--|
| 1904   |        |       |         |                    |                      |  |
| January 30t  |        |       |         | h Emma Kaelin      |                      |  |
| Male   | ale    | White | Colored | PLACE OF BIRTH     |                      |  |
|  | Female |       |         | Number             | and Street           |  |
| Æ  | emal   | e W   | hite    | 1906 Hilton Street |                      |  |
| NAME   |        |       |         | S OF PARENTS       | OCCUPATION OF FATHER |  |
| George and   |        |       |         | annie Kaelin       | Machinist            |  |
| I certify that the above return is correct, according to the best of my knowledge and belief.                            |        |       |         |                    |                      |  |
| J. S. Bower, M.D.  |        |       |         |                    |                      |  |
| Residence 3318 German town avenue Filed February, 1904   |        |       |         |                    |                      |  |
| I hereby Certify that the foregoing is a copy of a record of birth on file in this office.  Date of Issue  Date of Issue |        |       |         |                    |                      |  |
|  |        |       |         | do                 | Registrar.           |  |