

RHODE ISLAND STATE DEPARTMENT OF HEALTH

Division of
Vital Statistics

COPY OF
RECORD OF BIRTH

City or Town No.

1. PLACE OF BIRTH

St. and No. 43 Webb St.

City or Town Pawtucket, R.I.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marie Rita Edna Charest

(If child is not yet named, make supplemental report, as directed)

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate	8. Date of birth <u>September 21, 1921</u> (Month, day, year)
3a. Color <u>W</u>		5. Number, in order of birth	Full term	mate <u>yes</u>	

9. Full name FATHER
Jedfouse Charest

18. MOTHER
Full maiden name Emilie Frechette

10. Residence (usual place of abode)
(If nonresident, give place and State) Pawt. R.I.

19. Residence (P. O. address)
(St. and No.) Pawt. R.I.

11. Color or race W

12. Age at last birthday 31 (years)

20. Color or race W

21. Age at last birthday 33 (years)

13. Birthplace (city or place)
(State or country) Canada

22. Birthplace (city or place)
(State or country) Canada

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. —

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

16. Date (month and year) last engaged in this work 1921

17. Total time (years) spent in this work —

25. Date (month and year) last engaged in this work 1921

26. Total time (years) spent in this work —

27. Number of children of this mother
(At time of this birth and including this child) 4 (a) Born alive and now living (b) born alive but now dead (c) Stillborn

28. If stillborn, period of gestation — months — weeks
29. Cause of stillbirth — { During labor { Before labor

30. Was a prophylactic for Ophthalmia Neonatorum used? — If so, what?

31. Specify congenital Crippling Deformities —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at — m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the parent, householder, etc., should make this return.

(Signed) T. C. Cabana M.D.
(Physician, Midwife, Parent or other) Degree

Given name added from a supplemental report —
(Date of)

Address —

Filed Sept. 21, 1921 Herbert A. Fuller
Local Registrar

Local Registrar

I hereby certify that the foregoing is a true copy of the record as recorded in the office of the Registrar of Vital Statistics of Rhode Island.

This copy issued

December 7, 1924
Date

Edward A. Langille M.D.
State Registrar of Vital Statistics