

A No. 43301

6045 m

DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS  
PHILADELPHIA, PA.

FEE FOR THIS CERTIFICATE ONE DOLLAR

Form V. S. No. 11

PLACE OF BIRTH

COMMONWEALTH OF PENNSYLVANIA

Section of Vital Statistics

County of Phila.

CERTIFICATE OF BIRTH

Township of .....

or  
Borough of .....

Registration District No. .... File No. ....

or  
City of Phila.

No. .... St.

Primary Registration District No. .... Registered No. ....

Ward.

FULL NAME OF CHILD

Harold Weisberg

Sex of Child

Male

Twin, Triplet, or other?

(To be answered only in event of plural birth)

and Number in order of birth

Legitimate?

Yes

Date of Birth

April 8 1913

(Month) (Day) (Year)

FULL NAME

FATHER

Fredrich Weisberg

FULL MAIDEN NAME

MOTHER

Sarah Spiegle

RESIDENCE

2338 No.

RESIDENCE

20th Street

COLOR

White

AGE AT LAST BIRTHDAY

31 (Years)

COLOR

White

AGE AT LAST BIRTHDAY

21 (Years)

BIRTHPLACE

Russia

BIRTHPLACE

Russia

OCCUPATION

Fruit dealer

OCCUPATION

House

Number of Children of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I have attended the birth of this child who was born alive, at 11 A.M. on the date above stated. [Born alive or stillborn]

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature)

Julius Segal, M.D.

316 Reed Street

Physician or Midwife

Given name added from a Supplemental report

Address

Filed April 18 19 13

Registrar

I hereby certify that the forgoing is a true and correct copy of a certificate of birth on file in this office.

Date July 29th, 1942  
do

John B. McCann  
Registrar