

STATE OF NEW JERSEY.

RETURN OF BIRTH.

SEE PENALTY FOR NON-REPORT WITHIN 3 DAYS.

R 41

Use Ink, and write plainly, especially names.

Full name of Child (if any) *Maggie May*

Heating

Sex *girl*

Color *White*

Date of Birth *4 of April*

1900

Place of Birth *811 South Second*

(If city, give name, street and number)

Camden New Jersey

(if not, give township and county)

Name of Father *John J Heating*

(If out of wedlock, write O W.)

Maiden name of Mother *Elaine Otinger*

Country of Father's Birth *Camden N.J.*

Age *31*

Occupation *shy builder*

Country of Mother's Birth *Philadelphia Pa.*

Age *26*

Number of Children in all by this Marriage *7*

How many living *4*

Name and P. O. Address of Medical Attendant, in own handwriting, with date.

S. Sweeten

545 So. 2 St

Camden N.J.