M. have been and the second RECORD OF A BIRTH. Child's Nam Date of Birtl Color Living or Stillborn No. of Child, 1st, and, etc..... nide auro Father's Name albier Birthplace. Color .. Residence itte Occupation. 0 1 Maiden Name Mother Birthplace..... Color Occupation Name and address of Physician (or other person) report ing said Birth. STATE OF MAINE. I hereby certify that the above birth record is correct to the bat of my knowledge and bettel Clerk of