

Roberts, Joseph Cuttall

RETURN OF A BIRTH.

CITY OF WILMINGTON, DEL.

1. Full Name of the Child, *Joseph Cuttall Roberts*
2. Sex, *Male*
3. Color, *White*
4. Date of Birth, *March 12th 1900*
5. Place of Birth—Street, *2302 Washington St.*
6. Father's Name, *Joseph Cuttall Roberts*
7. Father's Age, *34*
8. Occupation of Father, *Druggist*
9. Father's Birthplace, { State or Country, *U.S.A.*
10. Mother's Name prior to Marriage, *Eugenia B. Hill*
11. Mother's Age, *23*
12. Mother's Birthplace, { State or Country, *U.S.A.*
13. Child's number in family *4* State if Still Born *Yes*
14. Number by this Mother, *4*
15. Date of this Certificate, *March 27, 1900*
16. Date of Registration, *March 27, 1900*
17. I hereby certify that the above is a true Report of the birth at the time and place above stated.

Edgar W. Huntington M.D. Informant.

N. B.—At No. 1 give the full name of the child, and BE PARTICULAR TO GET MIDDLE NAMES IN FULL. At No. 3 state whether the child is white, black or mulatto. At No. 5 give the street, number and ward.

If the child was still born, or has died since birth, state the facts at No. 13, WITH ANY OTHER FACTS OF INTEREST.

fl *twins or triplets, a separate*