

This is to Certify, That the following is a true and correct copy of a certificate of birth filed in the Bureau of Vital Statistics, Pennsylvania Department of Health, as directed by Act 402 of the General Assembly, 1915, P. L. 900.

No. 815180

Tom. E. Williams

(Director, Bureau of Vital Statistics)

OCT 14 1942  
Date

324



HVS-11

Primary Dist. No. 40

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

No. 150039

1. PLACE OF BIRTH

County Cambria  
Township.....  
Borough.....  
City Johnstown

CERTIFICATE OF BIRTH

Registered No. 1930

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a HOSPITAL or INSTITUTION, give its NAME instead of street and number)

2. Full name of child

John Charles Huss

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Premature \_\_\_\_\_ 6. Number in order of birth \_\_\_\_\_ 7. Legitimacy yes 8. Date of birth Oct. 24, 1920 (Month, day, year)

FATHER		MOTHER	
9. Full name <u>Jack Huss</u>	18. Full maiden name <u>Anna Glotz</u>	10. Residence (usual place of abode) (If nonresident, give place, county and State) <u>225 Plum Ave</u>	19. Residence (usual place of abode) (If nonresident, give place, county and State) <u>225 Plum Ave</u>
11. Color of race <u>White</u>	12. Age at last birthday <u>31</u> (years)	20. Color of race <u>White</u>	21. Age at last birthday <u>27</u> (years)
13. Birthplace (city or place) (State or Country) <u>Germany</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	22. Birthplace (city or place) (State or Country) <u>Germany</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Date (month and year) last engaged in this work _____, 19____	16. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Date (month and year) last engaged in this work _____, 19____	25. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____		

27. Number of children of this mother (At time of this birth and including this child) 5 (a) Born alive and now living 5 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was Born alive at \_\_\_\_\_ on the date above stated (Born alive or stillborn)

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

(Signed) Mrs. C. ... M. D. D. O.

Given name added from \_\_\_\_\_

or \_\_\_\_\_ Midwife

a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address 607 ...

Filed Oct. 24, 1920 B. F. Edwards Registrar