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BIRTH FEMALE

Place of Birth *Wardsboro VT* Usual residence of Mother *Wardsboro VT*
 Name of Hospital or Institution *Staples Home* City or Town *Wardsboro*
 Mother's stay before delivery: Street Address
 In Hospital in Community *12 yrs* Mailing address for Registration Notice
 Full name of Child *Maxine Hilda Knights*
 Date of Birth *12/22/42* Month *Dec* Day *22* Year *1942*
 Twin, Triplet or other No. in order of birth No. Months Pregnancy *9* Legitimate *yes*
 Full name of Father *Charles F. Knights* Color *W* Age *27*
 Birthplace (city or town) *Wardsboro* (State or Country) *VT*
 Occupation *Farmer* Industry or Business *Own Farm*
 Full Maiden name of Mother *Ruth B. Staples* Color *white* Age *22*
 Birthplace (city or town) *No. Shafter, Mass* (State or Country) *Mass*
 Occupation *Housewife* Industry or Business *own home*
 No. of children born, including present birth *1*
 No. of other children born alive and now living *0*
 No. of other children born alive and now dead *0*
 No. of children born dead *0*