

Registration District No. 9703

City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lya Eodette

**(If child is not yet named, make
supplemental report as directed)**

| | | | | |
|--|--|---|---|--|
| (1) IDENTIFY NAME <i>John</i> | (2) Title or Position To be completed only in event of Title or Position | (3) Ranking in order of birth <i>one</i> | (4) Age Present Residence <i>two</i> | (5) DATE OF BIRTH <i>John 22 23</i> |
|--|--|---|---|--|

FATHER.
Don't know

(19) PRESENT POSTOFFICE OF FATHER

(10) COLOR
OR
FACE

(11) AGE AT LAST BIRTHDAY

(b) ~~CONFIDENTIAL~~

70

29) Number of children born to mother, including present birth

NOTES

NAME BEFORE MARY CODDIE

(U) **SECRET**
RESTRICTED
NO DISSEM

1704 COLOR

(17) AGE AT LAST
ENTRY...



(7) Number of children of this method
any time, including present time

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(20) I hereby certify that I attended the birth of this child, who was born at St. Louis, Mo. on the date above stated.

(28) (Signature)

(24) State whether Physician or Midwife

(SS) Address of Physicist _____ or elsewhere

Given name added from a supplemental report

(26) Witnesses

(Signature of Witness necessary only
when question 23 is signed by mark)

(87) Filed

(28).....

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.