

(1) PLACE OF BIRTH

County of *Freemont*

Township of

Inc. Town of

City of *Freemont*

(2) Full Name of Child

Harry John Hayworth Jr.

(4) Twin

No

(5) Number in
order of birth(6) Are
Parents
Married*Yes*

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

*Feb. 11, 1933*If child is not yet named, make
supplemental report as directed

FATHER.

Name *Henry John Hayworth*City *Freemont*State *Wyo.* AGE AT LAST
BIRTHDAY *36*Place *Freemont*Name *Lawrence*Name *John*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born *born alive* at *Freemont* on *Feb. 11, 1933* at *Hour A M P M* in the place above stated.(20) (Signature) *Harry J. Hayworth* (21) Address of Physician or Midwife.Name and Address of Person to whom
this report is to be sent(22) (Signature of Witness necessary only
when question 21 is signed by mother)Name *C. E. Smith* Local RegistrarName and Address of Person to whom
this report is to be sentThis report should be made this return. If
the child is not yet named, the report should be made before the
child is named.

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3953

Registration District No. *12A*Registered No. *225-60*

(For use of Local Registrar)

(3) Sex *M* *Earle*

(8) ... (9) ... (10) ... (11) ... (12) ... (13) ... (14) ... (15) ... (16) ... (17) ... (18) ... (19) ...

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