

File No.—For State Department Only

4829

Registered No. 12
(For use of Local Registrar)

City of

(2) BOY OR GIRL <i>B</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Feb 11, 1923</i> (Name of Month) (Day) (Year)
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MOTHER

(14) NAME BEFORE MARRIAGE Ruth Corbett

(16) PRESENT POSTOFFICE *St. Louis*

POST OFFICE OF MOTHER Spokane Falls
AGE AT LAST 16

(16) COLOR OR RACE Caucasian BIRTHDAY 10-1-24 (Year)

(1b) BIRTHPLACE

(1b) OCCUPATION 2. E

honestie

(2) Number of children of this mother 1 1

PHYSICIAN OR MIDWIFE:

(29) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature]
(24) State whether, Physician or Midwife (25) Address of Physician or Midwife [Address]

Mid Nile	Spring 1961
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Given name added from a supplemental report

[illegible]

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*When there was no attending physician

if a child becomes even sick, before the fifth month of pregnancy.

Journal of Management Education 36(8) 907-924