

File No. — FBI San Francisco Office
3346

Town of Registration District No. 11A Registered No. 4
 City of Chester (No. 1356 Lucy (For use of Local Authorities)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child: Francis Linnus Bailey If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 10</u> <u>1922</u> (Name of Month) (Day) (Year)
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FATHER.
(2) FULL NAME Thomas Walter Wiley

(14) NAME BEFORE MARRIAGE *Hattie Fennell*

(b) PRESENT POSTOFFICE OF FATHER *Chesler*

(10) PRESENT POSTOFFICE OF MOTHER *Chesby*

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(15) BIRTHPLACE *Chicago, Ill.*

(4) BIRTHPLACE Chesler Co

(1) OCCUPATION *2nd Lt*

(10) OCCUPATION *Homemaker*

(a) Number of children born to _____ 1

(2c) Number of children of this mother now living, including present birth 1/.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was alive as 3 5 25
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature)
 (24) State whether Physician or Midwife (26) Address of Physician or Midwife

Given name added from a supplement-
tal report

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

(97) Filed 2-15-23 (98) John R. Ture
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. 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.

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