

(1) NAME OF APPLICANT

County of Polk

Residence of Remondia

Age 20

City of Remondia

(If birth occurs in a hospital or other institution, give name of same, sex, date of birth, and month)

(2) NAME OF APPLICANT

(1) SEX OF APPLICANT Male

(2) Date of Birth 10/10/1912

(3) Marital Status Single

(4) Address Remondia

(5) Education High School

(6) Name of Mother Wm. J. Wm. J.

(7) Present Postoffice of Father Remondia

(8) Color of Hair Black

(9) Height 5' 8"

(10) Weight 140 lbs.

(11) Number of children of this mother 1

(12) Name of Mother Wm. J. Wm. J.

(13) Present Postoffice of Mother Remondia

(14) Color of Hair Black

(15) Height 5' 8"

(16) Weight 140 lbs.

(17) Number of children of this mother 1

(18) STATEMENT OF APPLICANT

(19) I hereby certify that I am the father of the child, who was born on the date above stated.

(20) Signature Remondia

(21) Address of Applicant Remondia

(22) I hereby certify that I am the mother of the child, who was born on the date above stated.

(23) Signature Remondia

(24) Address of Applicant Remondia

(25) I hereby certify that I am the father of the child, who was born on the date above stated.

(26) I hereby certify that I am the mother of the child, who was born on the date above stated.