

**File No.—For State Registrar Only**

35171

Registered No. 201  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
 (In case of a house, give name of house instead of street and number.)

Inc. TOWN CHURCH  
OF  
City of .....

(2) Full Name of Child Imanuel Hutchins { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>B</i>	(4) Twin or Triplet? <i>To be answered only in event of Twin or Triplet</i>	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>12-29-22</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
1	2	1	2

(B) FULL NAME Gregory H. Anderson (14) NAME BEFORE MARRIAGE Perry L. Lohman

NAME: Carl J. G. Williams

3) PRESENT POSTOFFICE OF FATHER Lancaster D.C. POSTOFFICE OF MOTHER Waco, Tex.

(10) COLOR Black (11) AGE AT LAST BIRTHDAY 36 (12) COLOR OR Black (13) AGE AT LAST BIRTHDAY 36

OR RACE OR RACE OR  
(18) BIRTHPLACE (18) BIRTHPLACE

(12) BRITAIN PLACE Lancaster CO Lancaster CO

(13) OCCUPATION	(18) OCCUPATION
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Black man	House wife
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1977-1978

(20) Number of children born to mother, including present birth 9 1 new living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I have attended the birth of this child who was ..... at 3:49 P.M.

(22) I hereby certify that attended the birth of said child, who was (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated. 5/22/55

(23) (Signature) \_\_\_\_\_ (24) Address of Physician or Midwife \_\_\_\_\_

(24) State whether a duplicate of any: Lawrence

Given name added from a supplement.

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

11 3 2 4/5 hours

..... 19 ..... (ST) Filed 11-2-9 ..... (20) ..... Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, or other person present at the birth. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths.

before the sixth month of pregnancy.