

ESCAPE OF COLUMBIA. COLUMBIA 1: C-

County of San
Township of Lynchburg
or
Inc. Town of.....
or
City of

**Bureau of Vital Statistics
State Board of Health**

35302

Registration District No. 3002 Registered No. 131
(For use of Local Registrar)

City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert James Peterson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>April 3 1922</i>
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(8) FULL NAME: FATHER

(8) FULL

(9) PRESENT POSTOFFICE *L. B. J.*

(10) COLOR OR *W.C.* (11) AGE AT LAST BIRTHDAY *88*

RACE *negro* (1 year)
(12) BIRTHPLACE *La. P. S. C.*

(13) OCCUPATION *Lawyer*

(20) Number of children born to _____

(14) NAME BEFORE *C.* : *MIC R-11*

(14) NAME BEFORE *C.* : *WIC 04-11*

(18) PRESENT POSTOFFICE

(18) COLOR OR *W.C.* (17) AGE AT LAST BIRTHDAY *18*

(18) BIRTHPLACE Los Angeles, CA

(19) OCCUPATION - *Housewife*

100-443887-100

new living, including present birth

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4.9 PM

(22) (Signature) *[Signature]* (Born alive or stillborn) (Mother A. M. or P. M.)

(23)	(Signature)	<i>[Signature]</i>
(24)	State whether Physician or Midwife	(25) Address of Physician or Midwife

Given name added from a supplement-

(26) Witness

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

19
 1950

(27) Filed 10/16/22 (28) J. F. Muckelbauer
County 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.