

SECRET

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

Full Name of Child Theresa Louise Kelly (If child is not yet named, mark appropriate space as blank)

1. NAME OF CITY	2. TYPE OF TRUCK	3. NUMBER IN CITY OF TRUCKS	4. DATE OF CITY
And	To be removed only in case of Traffic or Bridge		9 Jan 1963

FATHER.

William Kaler

SECRET

RECEIVED

100-443887-100

27

S. C.

James

2. Number of children born to _____ 17

CERTIFICATE OF ATTENDANCE

MOTHER.

(10) NAME James Earl

0 100000 90

17 ARE AT LAST 39



(b) CONFIDENTIAL 20

(b) ~~DESCRIPTION~~

Hormones

(21) Number of children of this mother 1 *Seventeen*.....

PHYSICIAN OR MIDWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:45 PM
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. A. Grant
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chesapeake, Virginia S.C.

Given name added from a supplement-
tal report

.....

..... 10

..... Registrar

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

(27) FILED 1-24.....23 (28) J. F. [Signature]

When there was no attending physician or midwife, then the father, householder, etc.,
If a child breathes even once, it must not be reported as stillborn. No report is to be made
before the fifth month of pregnancy.