

SECRET

20754

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Registered No. 722

(For use of Local Registrar)

(1) (2) Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, make supplemental report as directed

(7) DATE OF BIRTH - 5

DATE OF BIRTH Sept-23-1923

NOTES

14 NAME BEFORE MARRIAGE Asie Smith

(10) PRESENT POSTOFFICE OF MOTHER Euclid

(16) COLOR OR RACE White (17) AGE AND BIRTHDAY 31 (1964)

(10) ~~CONFIDENTIAL~~

15 Occupation Pecker

James

(7) Number of children of this mother
and father, including current birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(2B) I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) (Sex: M. or P. M.)
on the date above stated.

10/11/14 11/12/14 12/13/14

LABORERS OF THE FUTURE

(b) Witness Information of Witness necessary only

(Signature of witness necessary when question 28 is signed by mark)

(S) ...09A2...23 (M) R.F. Kyrat...
Local Eastern

When this form is used, the filer should make this return. No report is desired of filers who are not required to file.