

File No.—For State Registrar Only  
42043

Bureau of Vital Statistics

State Board of Health

Registration District No. 1.571.1 Registered No. 1111

(For use of Local Registrar)

(2) Full Name of Child Malinda Johnson If child is not yet named, make supplemental report as directed

(7) DATE OF

DATE Dec 1 1962  
(Month) (Day) (Year)

**MOTHER**

(14) NAME BEFORE MARRIAGE Lennie Johnson

(16) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *Ce* (17) AGE AT LAST BIRTHDAY *33*

(14) BIRTHPLACE

(18) OCCUPATION

(20) Number of children born to mother, including present birth: 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was .... Phuok .... at 6/14 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lila Perry  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name: <u>John</u>	<u>Trudings</u>	<u>W. L. L. L.</u>
-------------------------	-----------------	--------------------

(3) Witness .....  
(Signature of Witness necessary only)

When question 23 is signed by Mark