

**2025 RELEASE UNDER E.O. 14176**

County Alameda

**Township of .....**

Inc. Town of.....

Only of .....

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

(2) Full Name of Child Adrianne

**If child is not yet named, include  
developmental report as directed**

100-443887-100

●

(b) Nothing in  
order of 1970

1990

(c) **NOTES ON**

100-443887-112

## PATNER

(b) FULL NAME James B Grant

(9) PRESENT POST OFFICE OF FATHER 

(10) COLOR *White* AGE AT LAST BIRTHDAY *82*  
ON PAGE

15 ~~CONTINUED~~ *2/2*

(15) OCCUPATION \_\_\_\_\_

(29) Number of children born to mother, including present birth 1 24

**NOTES**

10 MAY 1968  
J. Edgar Hoover  
FBI

(10) PRESENT  
COSTUME  
OF MURDER

THE COLOR *4-7-62* AGE AT LAST *29*  
ON *4-7-62* DEATH *4-7-62*

(16) **ENTRAPPED**

~~IN CONNECTION~~

(7) Number of children of this mother now living, including present birth three

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(20) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(S) (Signature)

(24) State whether Physician of Midwife

(28) Address of Physician or Institution

Given name added from a supplemental report

(20) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by \_\_\_\_\_)

(27) Filed ..... 19 .....

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.

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