

## File No.—For State Registrar On

087

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

Registration District No. 6309 Registered No. ....  
(For use of Local Registrar)

City of St. Louis \*By Court Order 10-8-84, \*LOUISE SMITH ..... Ward 14  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Louise M. Gray If child is not yet named, make supplemental report as directed.

(1) <b>STATUS</b> <input checked="" type="checkbox"/> <b>ARMED</b>	(2) <b>Type of Target</b> <u>720</u>	(3) <b>Shooting in</b> <u>SWAT Area</u>	(4) <b>Are there</b> <u>Yes</u>	(5) <b>DATE OF</b> <b>BIRTH</b> <u>Jan 20, 1922</u> <small>(Month) (Day) (Year)</small>
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## PATENT

**MOTHER**

(b) **NAME** Johnnie M. Cross

(10) NAME, REFORM Emile J. ...

100-443887-100

(10) **COMPONENT**  
**OF**  
**INSTRUMENT**

*Darlington*

(10) COLOR *2.000* (11) GREAT EAST *23*  
SIDE *2.000* MOUNTAIN *23*

(16) COLOR *Negro* (17) AGE AT LAST BIRTHDAY *17*

(7)                 

14-00000

(10) OCCUPATION *Student*

(10) OCCUPATION Accountant

Tamm Lane

From Land

3. DATE OF BIRTH 1/25/1925

PHYSICIAN TO SURVIVOR

## QUALITY OF AWARDING PHYSIOLOGY OF AIRWAYS

(20) I hereby certify that I attended the birth of this child, who was born alive at 9:15 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(99) (Signature) Walter B. Smith  
(10) State whether President of the Unit Unit Agent or President of Branch

GIVEN NAME added from a supplement.

(22) **Witness** .....  
(Signature of Witness necessary only  
when question is signed by mark)

(OFF) DATE Feb 9 1962 (BY) Ed

\*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.