

(1) PLACE OF BIRTH

County of WichitaTownship of Jacksonor
Inc. Town of
or

City of

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

Registration District No. 14.3.44

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

J. Arthur Bates Jr.

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH 29 19 27
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Sc(13) OCCUPATION RR Engineer(14) Number of children born to mother, including present birth 2

MOTHER

(15) NAME BEFORE MARRIAGE Ola Sprinz(16) PRESENT POSTOFFICE OF MOTHER Hannington(17) COLOR OR RACE W(18) AGE AT LAST BIRTHDAY 30
(Years)(19) BIRTHPLACE Sc(20) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 11:00 P
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. G. Caffey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Jackson

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/1/28 1928

(28)

Local Registrar

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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