

28853

County of Alameda

Township of ... *B. D. 14* ...

or 9/11/2001

Inc. Town of Leicester

OF

Registration District No. 3.12. Registered No. 20  
(For use of Local Registrar)

Registered No. 23

Registered North Carolina  
(For use of Local Registrar)

West

(Give name of street and number.)

is still is not yet named make

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

**(2) Full Name of Child**

(3) BOY

(4) **Twin or Triplet**

(5) Number in

**(5) Are Parents Married?**

(7) DATE OF

DATE OF BIRTH Sept 28 1922  
(Name of Month) (Day) (Year)

# FATHER

(8) FULL NAME

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR  
OR  
RACE

(12) BIRTHPLACE

(13) OCCUPATION

(11) AGE AT LAST BIRTHDAY.....28.....  
(Years)

(14) NAME BEFORE MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

**(19) OCCUPATION**

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was all  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
Mary Reed, M.D.

(23) (Signature)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife

Given name added from a supplemental report

(28) **Witness**

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

(27) Filed

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

Oct 10 1922 (28) J. H. Wright

Local Registrar

and make this return.

Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make a report. 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.