

9781

County of _____

TOWNSHIP OF

THE TOWN OF

06

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

(2) Full Name of Child

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



Exhibit

DATE

100-443887-100



100-443887-100

(b) CURRENT
PROSECUTION
OF PATTERNS

(10) OPLOM

1994

(12) ~~SECRET~~

Cherokee Co SS

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Antständer 20

20) Number of children born to

NAME BEFORE SIGNATURE *John B. Chase*

(U) **URGENT**

(11) GOLDEN

100

1997

Cheskel Co. & S.

RECEIVED

(C. Dominici)

(2) Number of children of this mother

CERTIFICATE OF ATTENDING PHYSICIAN OR ADVISOR:

(22) I hereby certify that I attended the birth of this child, who was _____ at _____, _____,
on the date above stated. (born alive or stillborn) (M., F., or P. M.)

(28) (Signature)

(24) State whether Physician or Podiatrist

(25) Address of Physician of Plaintiff

Given name added from a supplemental report

(20) Witness
(Signature of Witness necessary only
when question 18 is signed, by mark)

(27) Filed May 18 1948. (28) Ad. Underwood
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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