

NAME *Charles H. ...*
 ADDRESS *...*
 CITY *...*
 STATE *...*
 ZIP *...*
 SIGNATURE *...*

(If child is in a hospital or other institution, give name of same instead of name and address)
 (No. *...*)

(1) FULL NAME OF CHILD *Charles H. ...*

(2) SEX *Boy* (3) AGE *15* (4) EYES *Blue* (5) HAIR *Dark*

(6) FATHER *Mark Houze* (7) MOTHER *Nora Johnson*

(8) PRESENT ADDRESS *Chatham, S.C. P.O.* (9) COLOR OF SKIN *Black* (10) BIRTHDAY *...*

(11) BIRTHPLACE *Chatham, Ga.* (12) OCCUPATION *Housewife*

(13) NUMBER OF CHILDREN IN THE FAMILY *...*

(14) NAME OF PHYSICIAN OR SURGEON *...*

(15) NAME OF NURSE *...*

(16) NAME OF DOCTOR *...*

(17) NAME OF NURSE *...*

(18) NAME OF DOCTOR *...*