

Table Committee	
STANDARD CERTIFICATE OF BIRTH	DO NOT WRITE IN THIS SPACE
1. PLACE OF BIRTH STATE BOARD OF HEALTH	
County of Wy 3 M D TT P DIVISION OF VITAL STATISTICS	205 45997
Township of STATE OF KANSAS, / /	
(If birth occurred in a hospital or institution, give its NAME/instead of	atreet and number.)
2. Full Name of Child	aupplemental report, as directed.
5. Sex If plural 4. Twin, triplet, or other. 6. Premature 7. Legiti- M A P births 8. Number, in order of birth Full term (C)	C.5 8. Date of birth
FATHER 18. Full	мотн
name Doseth Francis In 1/6, malden name Anna	Belle Wise
10. Residence (usus place of abode) 19. Residence (usus (If nonresident, give place and state) (If nonresident,	ll place of abode) give place and state) 34/8 Strony Kl. A
11. Color or race 4 12. Age at last birthday (Years) 20. Color or race &	U 21. Age at last birthday 2 0 (Years)
13. Birthplace (city or place) 4 b 4 4 C 14 22. Birthplace (city	vor place) Plajn Dealings
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27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 2. (b) Born	allve but now dead O (c) Stillborn O
28. If stillborn, period of gestation for weeks 29. Cause of stillbirth.	Before labor During labor
CERTIFICATE OF ATTENDING PHYSICIAN OR, M	IDWIFE 1/1
I hereby certify that I attended the birth of this child, who was 12: 1 H	At m, on the date above stated
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(Signed)	, м. р.
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a supplemental report (Date of)	24
Registrar.	Registrar

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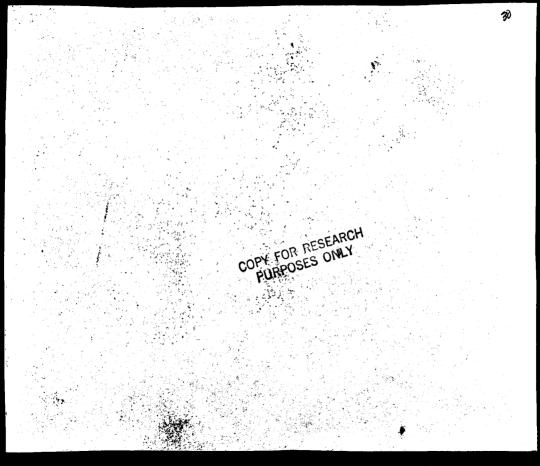
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STANDARD CERTIFICATE OF BIR	TH DO NOT WRITE IN THIS SPACE
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II. Color or race	(cars) 20. Color or race 11. 21. Age at last birthday 19 (Years)
13. Birthplace (city or place). Xenles	12. Birthplace (city or place) Walnut
(State or country)	(State or country) . Wassauce
14. Trade, profession, or particular kind of work done, as spinner,	2 23. Trade, profession, or particular kind
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on spaged in this work 1924 17. Total time (years)	trans. John. An instruction of the state of
27. Number of children of this mother (At time of this birth and including this child), (at there alive are	d now living 3 (b) Born alive but now dead (c) Stillhorn
28. If stillborn,	Biefore Inher Derlog Tabor
CERTIFICATE OF ATTEN	DING PHYSICIAN OB MIDWIFE
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and (did) (did-not) treat the eyes to prevent blindness.	AM Mal Rang
When there was no attending phys- ician or midwife, then the father.	(Signed) M. D.
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s supplemental report (Date of)	Morrow Bell Meneral Deception KCIK
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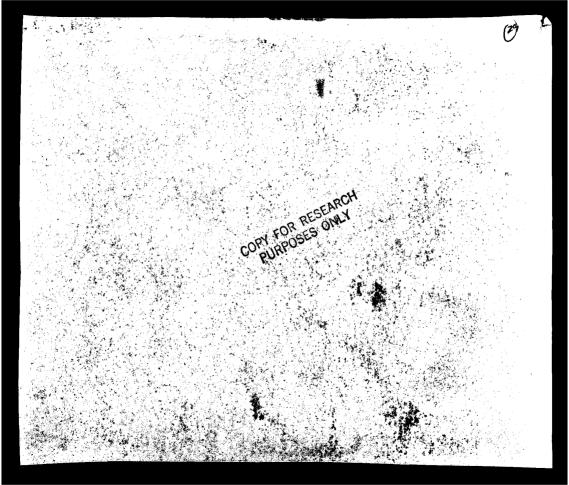


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STANDARD CRETIFICATE OF SEATS 1. FLOOR OF SEATS BOARD OF SEA	NO NOT WHEN IN THE WARM
County of Clary DEVENOR OF VITAL STATE	MISON 214 546
Tewnship of STATE OF KANSAS	. I
City of Clay Center (Secretary of Secretary	All supples of street and punior. Have No. 673 If shild is not yet harved, make applemental report, as directed.
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	Color or race 21. Age at last birthday (Years)
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A Trade, proteoston, of our ilralas of the state of the s	Trade- profession, or particular kind of work done, as homeekeeper, typist, surve, clerk, etc. Laduetry or buciness in which work was done, as own home, lawyers office, silk mill, etc. Date manth and ware heat
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28. If stillhorn, months or weeks 29. Cames of stillbirth	Bufore labor During labor
CERTIFICATE OF ATTENDING THE	PRICIAN OR MIDWIFF.
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and (did) (different) treat the eyes to prevent blindness. (Name) (Name)	& demard Dison "
icinn or midwife, then the futher, householder, etc., should make this return.	Tolon Co T W Niewto
Given name added from a supplemental report	my centry of
(Date of) Regustree.	117 1 1 1 Reporter

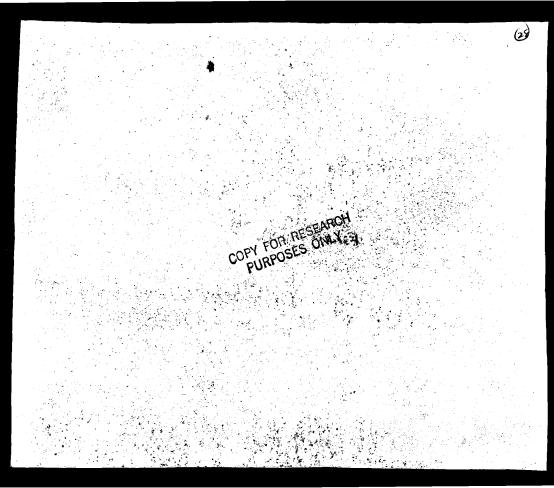


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STANDARD CERTIFICATE OF BIRTH 1. PLACE OF BIRTH STATE BOARD OF HEALTH DIVISION OF VIZAL STATISTICS	57 10146
Township of Medica STATE OF KANSAS City of No.	instead of street and number.) [1] Shild is not yet named, make supplemental report, as directed.
2. Sex If plural 4. Twin, triplet, or other 6. Premature 7. Wali 5. Number, in order of birth Full term.	Legiti-ges 6. Dat
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27. Number of children of this mother & (At time of this birth and iscluding this child) (a) Born alive and now living 2	(b) Barn alice but now dead A (a) Stillborn
28. If stillborn, period of greations of tempers 29. Cause of stillbirth	Hefore labor
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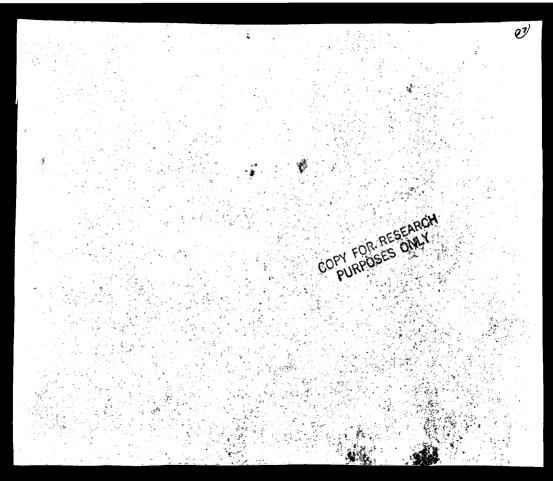


2025 RELEASE UNDER E.O. 14176

STANDARD CERTIFICATE OF BIRTH 1. PLACE OF HIRTH STATE BOARD OF COUNTY OF LOTE TOWNSHIP OF THE STATE OF KA	**************************************
2. Poll Name of Child Willard Dale Tra	If child is not yet named, make auxplemental report, as directed.
Male births 6. Number, in order of bieth Pull term	Was male? ICS black
namedeo Ira 10. Residence (untal place of abode) (If negrendent, give place and state) Dodge City, Kans	manden Thedma Bricker 10. Residence (usual place of abode)
11. Carde trice 12. Age at last birthday 21 (Years)	20. Collect Talk 21. Age at last birthday 20 (Years)
(State or country) Le DSGS 14. Trade, profession, or particular kind of work done, as submar kind of work done, as submar kind of labor sawmill, bank, etc. 15. Industry or business in which kind of labor sawmill, bank, etc. 16. Date (meath and year) last 17. Total time (years) 7 copen in this work 3	23. Birthplace (city or place). (State or country) 23. Trade, profession, or particular kind of work done, as lown to the country of brokeness in visich work was done, as own the country of the country of brokeness in visich work was done, as own lawyers office, silk mill, etc. 24. Date (month and year) last edgaschille, figh work 19 seement in this verse's year.
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now 28. If estilishore.	The state of the s
period of gestation [months of weeks] 29. Cause of stillbirth	Before labor During labor
CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who was and (did) (did not) treat the eyes to prevent blindness. When there was no attending physician or midwife, then the father, bouseholder, etc., should make this currently form. Given mame added from a supplemental report (Date of) Registrar.	ned for all a Kolfing M.D. M. D. M. D. M. D. Miller College City Tues Miller Miller

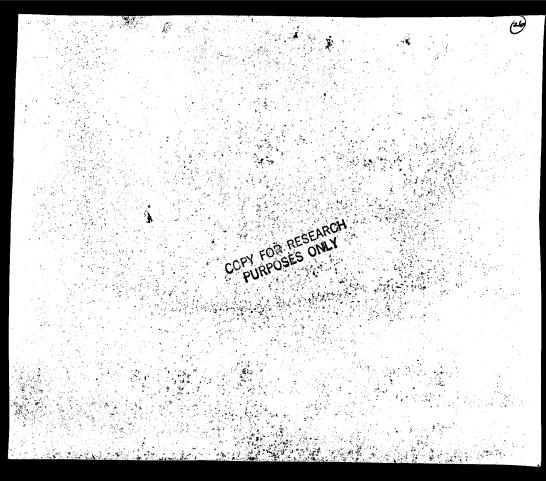


STANDARD CERTI	FICATE OF BIRTH	DO NOT WRITE IN THIS SPACE
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Township of	STATE OF KANSAS	
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Malk s. Number, In de	der at birth Fail term P	mater at La birth
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10. Residence (usual place of abode) (If nonresident, give place and state)		Residence (usual place of abode) (If popresident, give place and state) 4/ Milanus
11. Color or race Lat 12. Ago at he	1 91	Color or race () 21. Age at last birthday / 9 (Years)
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(State or country)	Muisouri	(State or country) Mersourie
2 14. Trade, profession, or particular	/	23. Trade, profession, or particular kind of work done, as housekeeper, typing
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work was done, as slik mill, suwmill, bank, etc.		work was done, as own home leve home
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28. If stillborn,		Before labor
period of gestation or weeks	29. Cause of stillbirth	During labor
CE	RTIFICATE OF ATTENDING PRY	VSICIAN OR MIDWIPE
I hereby certify that I attended the		allate at 12:30 A m. on the date above stated
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When there was no attending physician or midwife, then the father.	(Signed)_	of Could . M. D.
homeholder, etc., should make this	er	() Midwife
Given name added from a supplemental report	Address	Legitumo the Ramos
	ate of;	8/2/31 10 Edward a Achaal
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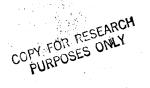


2025 RELEASE UNDER E.O. 14176

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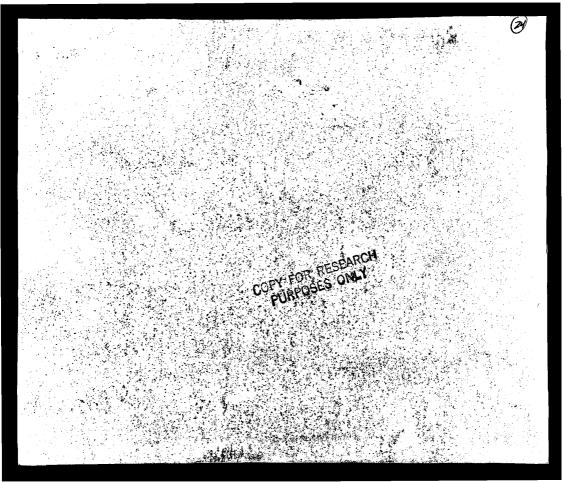


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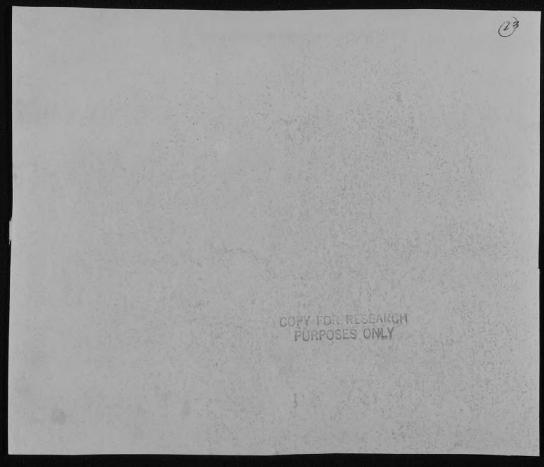


STANDARD CERTIFICATE OF PLACE OF BEREE STATE D DEASSION (STAT (If birth occurred in a bospital or is birthe umber, in order of birth Besidence (until place of abode)

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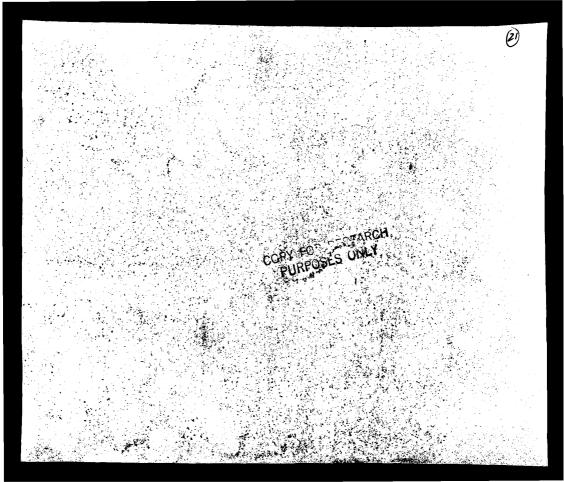


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I hereby certify that I attended the birth of this child, who was and (did) (did-wet) treat the eyes to prevent blindness.	PRYSICIAN OR MIDWIFE Carry of Control Carry of Stillborn Ca

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Li WM 94. Mikesill	Jeniel R Vetttween
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11. Color or vaco Ch. 12. Age at last birthday # 3 (Years)	10. Order or race 21 11. Age at last birthday 3.7 (Years)
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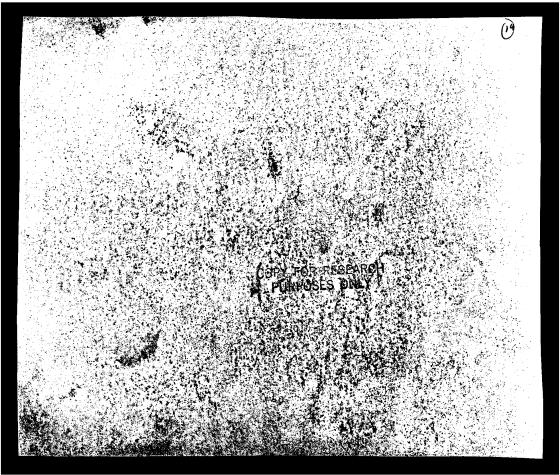


2025 RELEASE UNDER E.O. 14176

STANDARD CERTIFICATE OF BIRTH FLACE OF BIRTH STATE BOARD OF HEALTH DEVISION OF VITAL STATEBUCE	DO NOT WRITE IN THIS SPACE
Tewnship of	47 1218
of Account of STATE OF KANSAS	
City of Allegery of Na.	street. Reg. No. 193-470
2. Full Name of Chips (11 build accused to a hospital or frontitution, give its NAME instead of	street and number.)
2. Sex If plural 4. Twin, triplet, or other 6. Prematered 5. Legist. 1. Legist. 1. Sumber, in order of birth: Full term / Res mans 7.	8. Date hieth
	ua Warre Stopp.
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11. Trade, profession, or particular kind of work done, as aphaser. A surver, bookkeeper, etc. 15. Industry or bookkeeper, etc. 15. Industry or bookkeeper, etc. 16. Date month and year, land, engaged in this work was done as silk milk. 16. Date month and year, land, engaged in this work work one do iswyrer office. 17. Total time fyman: 18. Spans of the work one again to the work was do in this work was done.	sion or particular king as housekeeper, typish Bullet, push, business in which he, as own home. Own all mill, etc. own and year last, business and yea
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period of gestation or weeks 29. Cause of stillbirth	Before labor During labor
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I hereby certify that I attended the bieth of this child, who was Que allery	at 2 m on the date above stated
When there was no attending physe [felan or midwife, then the father, householder, etc., should make this ceture. Given mame added from Given mame added from a supplemental report	I vouf Me M. D.
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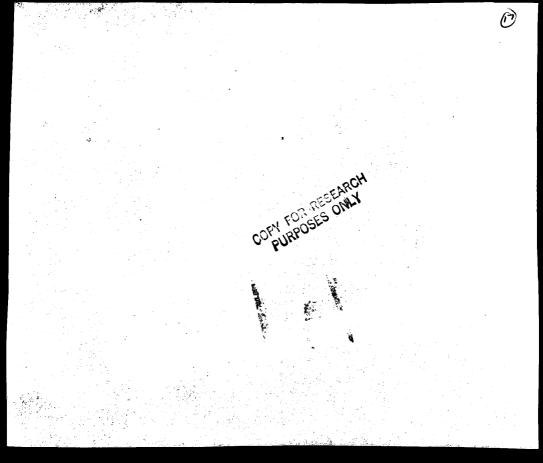


2025 RELEASE UNDER E.O. 14176

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CERTIFICATE OF ATTENDING PRINCIAN OR HIDWIPE				
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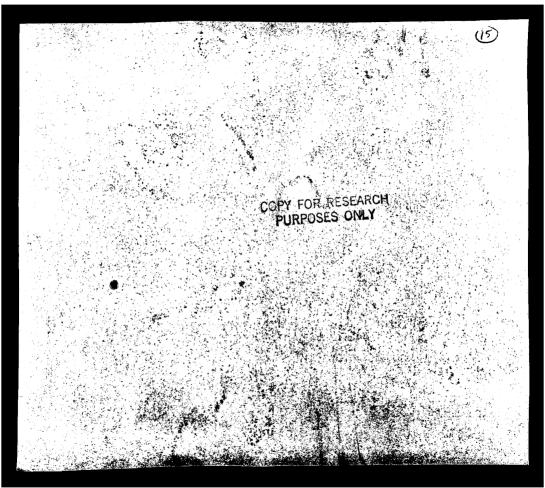


STANDARD CERTIFICATE OF BIL	RTH DO NOT WRITE IN THIS SPACE
I. PLACE OF BIRTH STATE BOARD OF	
County of Westile DIVISION OF VITAL ST	PATISTICS
80 0	102 693
Township of Color STATE OF KAN	ISAS 000
city of Level	7.5.2
(If bith pecurred in a hospital or insettution, y	ve its NAME instead of street and number.)
2. Full Name of China See a	
2. Full Name of Cliffer	III shild is not not named make
3 Pex of ONLY in event of 4. Twin, triplet or other	6. Legiti- / 7. Date
child plural births, 5. Number, in order of birth	mate? (c) of birth
8. FATHER	I4. MOTHER
name // / / /	Maiden
J. M. Takail	name
9. Vost-office address, street No. for B. F. D. Sd.	15. Post-office address, street No. or R. F. D. No.
1 7 d Oxali In	
10. Color or	16. Color or
race	race
While 11. Age at last birthday (Years)	17. Age at last birthday(Years)
12. Birthplace (city or place)	48. Birthplace (city or place)
(State or country)	(State or country)
18. Occupation James,	J8. Occupation
Nature of industry	Nature of Industry
20. Number of children of this mother (a) Number of children (Taken as of time of birth of child herein	(b) Number of children (c) Number of children
certified and including this child.) born alive and now living	born alive but now dead stillborn
CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE. 12 G
I bereby certify that I attended the birth of this child, who was	(Born alive or stillborn.)
(*When there was no attending physician)	8-11/61 701
or midwife, then the father, householder,	au, V. ademo 115
or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breather nor shows other evidence of life after birth.	
tother evidence of life after birth.	(Physicial Frindwife.)
a supplemental report	Address / Jones
B, C. Kangle (Month, day, year.)	Jal, 34 0 Other goo
12-2886*	- Stephener
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STANDARD CERTIFICATE OF BE L. PLACE AS ENGINE STATE BOARD OF County of STATE OF KAD City of State Of Child Occurred in a hospital or institution, a E. Pull Nacco of Child Occurred in a hospital or institution, a	BEALTH PATHWES 9	DO NOT WRITE IN THIS SPACE 2 6263 Street, Bug, No. (rest and nameber.)
2. Ser as Do he monutered J. Turin, triplet or eshor DALA in occus of J. Turin, triplet or eshor DALA in cocus of J. Turin, triplet or eshor DALA in Color of Dalace Selfen, effect No. of R. F. D. No. I 10. Color or Trace Selfen, effect No. of R. F. D. No. I 11. Age at inst birthday ? Trace in the property of the pr	14. Pull manifes De Lul	Lah M Carrior stryes No. or M. E. D. No.] 12. Agrips Spot tripping to 3. (Years) plane for the D
20. Number of children of this modber (Taken as of time of birth of child berein certified and including this child.) CRETIFICATE OF ATTENDING I hereby certify that I altended the hirth of this child, who was "When there was no attending physician or midwife, then the father, homeholder, off, then the father, homeholder, off, should make this return. A stillborn child is one that acther breathers nor shows other evidence of life a rive birth. Given name added from a supplemental report (Month, Cay, year.)	- Charles and the control of	children (c) Number of children



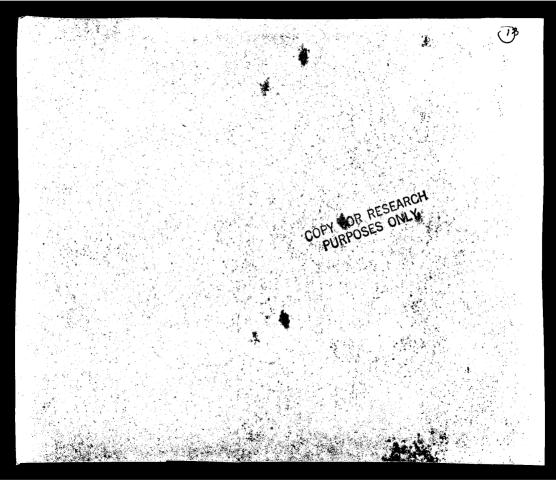
2025 RELEASE UNDER E.O. 14176

STANDARD CERTIFICATE OF BIRTH	DO NOT WRITE IN THIS SPACE	
1. PLACE OF BIRTH STATE BOARD OF	HEALTH	
County of Wyandatte DIVISION OF VITAL	8TATISTICS 205 46001	
Township of STATE OF KA		
City of K-C-K. (Libirth occurred in a hospital or institution, gi	ve its NAME instead of street and number.)	
9 Full Name of Child	Au Thond If child is not yet named, make supplemental report, as directed.	
S. Sex If plural 4. Twin, triplet, or other G. Prematu		
D. Fall Harace Lowne Varkier	18. Fail MOTHER mades Livery Alile Ulistach	
10. Besidence (usual place of abode) (If nonresident, give place and state) 22 nd + Stelle	19. Residence (usual place of abode) (If nonresident, give place and state)	
11. Color or race L. 12. Age at last birthday 27 (Years)	20. Color or race 21. Age at last birthday / 9 (Years	
18. Birthplace (city or piace). When the City (State or country)	22. Birthplace (city or place)	
Trade, protection, or particular the property of the property	7 7. Frade, profession, or particular kind of work done, as housekeper, typist, array, clerk, effections, and the statement of the statement o	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now	v living / (b) Born alive but now dead & (c) Stillborn	
28. If stillborn, months or weeks 29. Cause of stillbirth	Before labor During labor	
CERTIFICATE OF ATTENDING	G PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was firm at a m, on the date above stated and (did) (did_met) treat the eyes to prevent blindness.		
When there was no attending physician or midwife, then the father, householder, etc., should make this	gned) My Buckle M. D.	
	dress K. C. Karres	
(Date of) File Regultror.	JUL 25 Registrer.	

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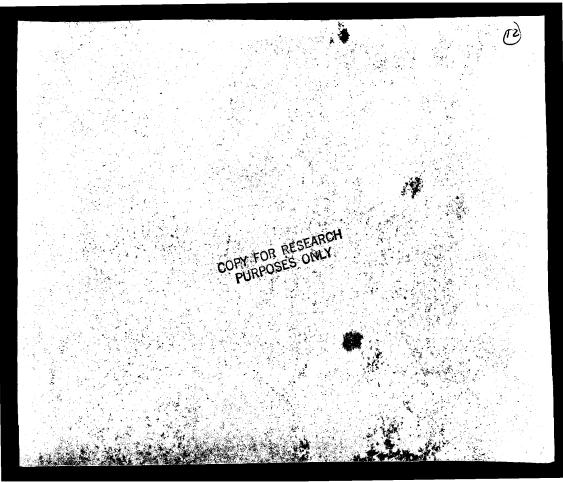
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STANDARD CERTIFICATE OF BIRTH	DO NOT WRITE IN THIS SPACE
STATE BOARD OF HEALTH	
tenaty of Active Valve & WAL	252 6290
Township of STATE OF KANSAS	232 0230
on or lavenuorth soushing Memorial &	2 Spetal street. Rog. No. 227
2. Full Name of Child I have a first of the state of the	ad of street and number.) [If child is not yet named, make
a insign chara ratters on	supplemental report, as directed.
Net If plant 1. Twin, triplet, or other 6. Premature 7. Legiti mate! Number, in order of hirth Full term	
Patt 41 PATHER 18. Full	MOTE
name Blen Clow Patterson , maidea name	Jobbia Williams.
10. Residence (usual place of abode) 433 Centrals. (If nonresident, give place and state) 19. Residence (If nonresident, give place and state) 19. Residence (If nonresident)	(uptal place of abode) 433 Centration, give place and state) for a 140 Centration
11. Color or race W. 12. Age at last birthday 36 (Years) 29. Color or race	co LL 21. Ago at heat birthday 33 (Yours)
12. Birthplace (city or place). The All 21. Birthplace	(city or place) Sawne Station
(State or country) 14. Trade, profession, or particular 15. Trade, profession, or particular	
sawyer, bookheeper, etc.	profession, or particular kind done, as housekeeper, typist. Housewells is the control of the co
	y or business in which as done, as own home, but the state of the stat
G 25. Flats (m	ponth and year) last
engaged in this work 19 17. Total time (years) A 4 20 8 engaged	in this work 19 28 . Total time (years) 14 4/20
11. Number of children of this mother (At time of this birth and including this child) (a) Born affive and now living 3 (b)	Born alive but now dead / (e) Stifften
28. If stillborn, period of gentation months man Cause of stillblath	Mefore Inhar
of seeks as. Lauce of stationers	During labor
CERTIFICATE OF ATTENDING PHYSICIAN OF	MIDWIFE
I hereby certify that I attended the birth of this child, who was BOMe Illi	15 at 1052 Pm. on the date above stated
and (dld) (dld not) treat the eyes to prevent blindness.	Chan a me
When there was no attending physician or midwife, then the father, householder, etc., should make this	M. D.
freturn.	There Moule
a supplemental report (Date of) Address 7/4/1/4/	The soul of the
Registrar. Plied 7-1/91	19 Camera G. Scharf.
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2. Sex Str. plured 4: Twin, brieflet, or other	X " Styles " The "	
2. Pull Of (Parties	" Ella Line Water	
19. Montdoophy (annul place of abode) Hillsbork Kar (If authoritent, give place and state) Hillsbork Kar	18. Braidinery (would place of shorts) Tyrillaboro, It's	
11. Color or Ware 12. Age at last parthage # (Yours)	10. Order er rece 21. Ago get lant birthany 3 O (Years)	
(State or country)	12. Birthplace (city or place) ANAA	
6 Trade, prefruiten, or particular blad of work done, as apisme. M. cleans assure, backknoper, as a primar M. cleans.	6. Produ profession, of partirales that our garage of a second partiral second	
work was done, as silk mill. Late machine that	work vine door, as own home. A war howe	
5 cappact in this way 19. Total these (years) on 7. 15. Number of children of this mother.	apost to Mit work	
(At time of this birth and including this child) (a) Blorn allve and now 18. R stillborn,	Bulara lative:	
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and (did) ((diffull)) trust the eyes to prevent himitage, When there was no asterding physical arguments of the fellow. (diction on metarific then the fellow.)	(Cally an	
Superstanding, etc., abouted mades this constant of the cons	The Sea Sea Sea Sea Sea Sea Sea Sea Sea Se	
(Date of)	4.4.81 (Ville	



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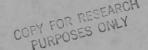
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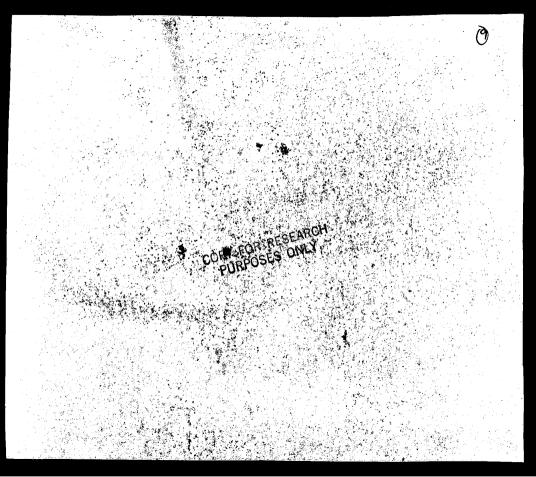


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STANDARD CERTIFICATE OF BIRTH 1. PLACE OF BIRTH STATE BOARD OF HEALTH DEVISION OF VEYAL STATESTICS	50 6960
Township of CONCOS STATE OF KANSAS	30 0000
city of xo 372 1	street. Rog. No. 14
2. Full Name of Child State of Child	street and manner.) [If child is not yet named, make
3. Sex If plural 4. Twin, triplet, or other 6. Premature 7. Legitt 1 mode?	A S. Di
9. Poll Homer R Phillips 18. Pall maide Ma	Mic P. Payton
10. Residence (usual place of abode) (AMIJO Journal 19, Residence (usual (if nonresident, give place and state) (AMIJO Journal 19, (if nonresident, g	place of abode) and state) OME 90 J
11. Cotor or race Africa 12. Age at last birthday 20 (Years) 20. Color or race	711-
11 Martin 1	or place) A PACALO (SEN
anayer, bookineeper, etc. 15. Irdinatry or husianse in which work was done, as slik mill.	esion, or particular kind, as housekeeper, typist, which business in which one, as own home, on the house as own home, and one house, as one home.
27. Number of children of this mother (Ab-time of this birth and including this child) (a) Born alive and now living the Born	alive but now dead mi (c) Stillbarn Conl
28. If stillborn, period of gestation for weets 29. Cause of stillbirth	Before labor
CERTIFICATE OF ATTENDING PHYSICIAN OR MII I hersby certify that I attended the birth of this child, who was Dadron Milita and (did) (did not) trent the eyes to prevent blindness. When there was no attending physician or midwife, then the father, householder, etc., should make this foreman anded from a supplemental report (Date of) (Date of)	1. V



STANDARD CERTIFICATE OF HI	REALTH	
City of P. J. D. No. 3 Charles of MAN City of State of Child Child Alland 2. Full Name of Child Childe Alland	the same and outsteer and outsteer. No. R = 91 The third is not yet samed, make	
3. Sex of ONLY in event of St. Twin. triplet or other	6. Legiti- mater-	
Carl Joseph Prothes	Pull malden mana lang Louis whole	
9. Post-office address-street to. or B. F. D. No.	15. Post-office stdress street No. or R. F. D. No.	
10. Color or race 11. Age at last birthday 3 2 (Years)	16. Color of 17. Age at last birthday (Years)	
12. Birthplace (city or place). (State or country)	18. Birthplace (city or place) (State or country)	
18. Occupation. Nature of industry	10. Occupation. Nature of Industry	
20. Number of children of this mother (a) Number of children (b) Number of children (c) Number of children (d) Number of children (e) Number of children (d) Num		
I hereby certify that I attended the birth of this child, who was the stated.		
"When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn thild is one that seither breather nor showe other evidence of life aftgs birth.	(Comments down)	
Oliven name added from September + 1931 Vellie Mc Culluftonth, day, year.) 12-2820* Fit	astrono Schilt Nellie McCutley Registron.	



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STANDARD CERTIFICATE OF BIRTH DO NOY WHITE IN THE SPACE PLACE OF SINTS STATE BOARD OF BEAUTH 203 METINGS OF VITAL STATISTICS 4897 Atchison . . sahb. of STATE OF KANSAS . . 1300 Commercial If both a cover in a borguet or commons, goes to NAME instead of street and misaber.) Jack Wesley Ray If child is not yet named, make PUDE HOLD THAT PRESENT AN AMERICA if pines | 4. Twin, implet, or allow . 5. Promotive T Seciti- yes & Date of birthe | 8. Number, in order of birth F-Brem 768 (20 tell), day, year. **MATHER** FATHER is. Felt maldea John Wesley Ray Alice Varie bawrence visioners amendem if shows Atchison Kansas 19. Rendesse is a resent stocker. West and the state of the Range - Come White the area and contract 23 James to Come or continue to the Age of to ethickane interior dere DOWNE n. Surapiece (m) or pass. Leavenworth County its a sergo erry Paggas Kansas A- . rg on peers . re . a fruite postmeter, or particular 22. Frade, profession, or particular hind List of more done as spicere and it light to north done, as becaring the Recent tun im 'unitamper, ate : indestry or bostoms in which "I Industry or mains in which the come as with Wisir Elevator work was done, as own bear. Own Home: tares are office. dik mill, etc. E to bere common to heat 16 State . e. . : seet laut 7. Paragraph tion made 10 31 11. Total time years 10 11 agent in this work restricting the state of the Tested time were spent to this work spent in this work the mother of children of this mother A country can be and modeling transland. The South Alline and now list a 3 to Examination but now dead O to a Settlemen O . Frankliners. But we stay months at the at attitues. erter. of gratetten " leaving sature CONTICHATE OF ATTENUOUS PRINCIAN OR MIDWISS

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