Form 220-9-5-21-100
100 Books

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.

PLACE OF BIRTH County of 6 of Division of Vi Township of Vermumle RECORD	TH	
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.) FULL NAME Description Ward supplemental report, as directed.		
Sex of male Twin, triplet, or other? / } and { Number in order of birth /	mate? 32 Birth April 8, 1924 BC (Month) (Day) (Year)	
Full Name FATHER Ward	Maiden Name Volma White	
Residence (P. O. Address) Varmululle	Residence (P. O. Address) Color Age at Last	
or Race White - Age at Last 3 /2 Birthday (Years)	Color or Race White Birthday 2 (Years) Birthplace	
Birthplace Miliga	hash in the	
Occupation (And Industry) mullar	Occupation (And Industry) Housewife 2	
Number of child of this mother		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.* I hereby certify that I attended the birth of this child, who was along at 1 M. On the date above stated. (Born alive or stillborn.) Have eyes of child ben treated with a prophylaxis solution? Dated Upl 1924 Given or christian name added from a Address. Address.		
supplemental report	19 19 19 b. A famb	