

PLACE OF BIRTH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSCounty of RawlSTANDARD CERTIFICATE OF BIRTH
STATE OF Kansas

Township of _____

Village of _____

City of Hutchinson (No. _____) St.; _____ Ward)FULL NAME OF CHILD Francis Edward Walker (If child is not yet named, make supplemental report, as directed)Sex of Child Male Twin, triplet, or other? _____ Number in order of birth _____ Legitimate? Yes Date of birth Feb., 18, 1899
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME <u>Levin Eugene Walker</u>	FULL MAIDEN NAME <u>Anna Elizabeth Leged</u>	FULL NAME <u>Levin Eugene Walker</u>	FULL MAIDEN NAME <u>Anna Elizabeth Leged</u>
RESIDENCE <u>Hutchinson Kansas</u>	RESIDENCE <u>Hutchinson Kansas</u>	RESIDENCE <u>Hutchinson Kansas</u>	RESIDENCE <u>Hutchinson Kansas</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE <u>Lodi - Wisconsin</u>	BIRTHPLACE <u>Saint Denis - France</u>	BIRTHPLACE <u>Lodi - Wisconsin</u>	BIRTHPLACE <u>Saint Denis - France</u>
OCCUPATION	OCCUPATION <u>Housewife</u>	OCCUPATION	OCCUPATION <u>Housewife</u>

Number of children born to this mother, including present birth 2 Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Messenger (M.D.)

(Physician or Midwife)

Given name added from a supplemental report _____, 19____

Address Hutchinson Kansas

Filed _____, 19 . _____ Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.