1 DI ACE OF BIDTH	AENT OF HEALTH
DUDEAU OF WIT	TAL STATISTICS
CITIE CI ILMO	IFICATE OF BIRTH
COUNTY OF Waller	CORRECTION AND COMPLET
PRECINCT NO.	AND COMPLET
	GIVE STREET AND NUMBER OR NAME OF INSTITUTION
2 FULL NAME OF CHILD Scott Wilmer Charles !	Baker
RESIDENCE (
OF THE STREET CITY Patt	ison county Wallerstate Texas
	LEGITIMATE? 7. DATE OF BIRTH
4. TWIN, 5. NUMBER, TRIPLET, IN ORDER OTHER OF BIRTH	Yes October 7th. 19 18
FATHER OF BIRTH	MOTHER
8 FULL	14. FULL
Thomas John Baker	NAME Alma Hartman
SOCIAL	SOCIAL
NUMBER none	NUMBER NONE
9 POSTOFFICE	15. POSTOFFICE
Pattison, Texas	Pattison, Texas
10. COLOR 11. AGE	16. COLOR 17. AGE
or RACE white AT LAST (YEARS)	OR RACE white SIRTHDAY 21 (YEARS)
12. BIRTHPLACE (STATE OR)	18. BIRTHPLACE
COUNTRY) Waller County, Texas	COUNTRY) Waller County, Texas
FESSION OR KIND OF WORK DONE Tarm & ranching	19A. TRADE, PRO- FESSION OR KIND OF WORK DONE housewife
13B. INDUSTRY OR	19B. INDUSTRY OR BUSINESS IN
WHICH ENGAGED Own business, RECEIVE	WHICH ENGAGED home
BORN TO THIS MOTHER	121. NUMBER OF CHILDREN TO THIS MOTHER
INCLUDING THIS BIRTH ONE	three
SIGNATURE OF TEXAS	ADDRESS OF INFORMANT
INFORMANT	Pattison . TEXAS
22. MEDICAL ATTENDANCE	
I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD BORN AL	TOTAL AT 8:00 o'clock p. M. ON THE ABOVE DATE
AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATO	ORUM WAS
3-1- 1942 Marries Skom Ba	Rexx Pattison TEXAS
DATE	OTHER POSTOFFICE ADDRESS
23. FILE NUMBER FILE DATE SIGNATURE OF LOCA	AL REGISTRAR POSTOFFICE ADDRESS

CORRECTION AFFIDAVIT

STATE OF TEXAS

COUNTY OF Waller

Before me on this day appeared Thomas John Baker known to me to be the person whose name is signed to the above certificate, who on oath deposes and says that the facts stated in the foregoing certificate are true and correct to the best of her knowledge and belief, and that this certificate is filed for the purpose of correcting the original rec-

ord of the birth of Scott Wilmer Charles Baker