

29

COPY FOR RESEARCH  
PURPOSES ONLY

## STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

1. PLACE OF BIRTH STATE BOARD OF HEALTH  
County of Wyandotte DIVISION OF VITAL STATISTICS

205 45997

Township of \_\_\_\_\_ STATE OF KANSAS

City of Kansas City No. Bethany Hospital street, Reg. No. 118481  
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full Name of Child \_\_\_\_\_ (If child is not yet named, make supplemental report, as directed.)

3. Sex male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term yes 7. Legitimate? yes 8. Date of birth \_\_\_\_\_9. Full name FATHER Joseph Francis Haller 18. Full maiden name MOTHER Anna Belle Wise10. Residence (usual place of abode) 5. d. l. c. 19. Residence (usual place of abode) 3415 Strong Ave.  
(If nonresident, give place and state)11. Color or race W 12. Age at last birthday 22 (Years) 20. Color or race W 21. Age at last birthday 20 (Years)13. Birthplace (city or place) Dubuque Iowa 22. Birthplace (city or place) Plain Dealings  
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home Maker15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Department Store 24. Industry or business in which work was done, as own home, barbers office, silk mill, etc. Own Home16. Date (month and year) last engaged in this work 2-1-1931 17. Total time (years) spent in this work 3 25. Date (month and year) last engaged in this work 2-1-1931 26. Total time (years) spent in this work 3 yr.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 alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 29. Cause of stillbirth \_\_\_\_\_ { Before labor or During labor }

## 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)and (did) ~~did not~~ treat the eyes to prevent blindness.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_ M. D.

Address \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ Registrar \_\_\_\_\_

22

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## STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

1.	PLACE OF BIRTH	STATE BOARD OF HEALTH
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County of Franklin

# DIVISION OF VITAL STATISTICS

1192-7

205 46003

Township of \_\_\_\_\_ STATE OF KANSAS

City of Kansas City, Mo. No. Bell Memorial Hospital street, Reg. No. 48761  
(If deceased in a hospital or institution, give its NAME instead of street and number.)

(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full Name of Child James Earl Ray If child is not yet named, make supplemental report, as directed

If child is not yet named, make supplemental report, as directed.

5. Sex *male* 6. Premature *yes* 7. Legitimate *yes* 8. Date birth *10/10/40*

9. Full name Stephen Martin Bell

10. Residence (usual place of abode)  
(If nonresident, give place and state) Argentina, R.R.

11. Color or race W 12. Age at last birthday 32 (Years) 13. Color or race W 14. Age at last birthday 19 (Years)

3

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## STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

214

548

County of

Clay

Township of

STATE OF KANSAS

City of

Clay Center

Street, Box, No. 1673

Full Name of Child

Larnell Edward Haden

(If child is not yet named, make supplemental report, as directed.)

1. Sex  
maleIf plural  
births

4. Twin, triplet, or other

5. Premature

7. Legiti-  
mated? no8. Date of  
birth

3. Number, in order of birth

Full term

(Year)

9. Full  
nameJACK MOSER  
FATHER Troop F 2nd Cavalry  
Company in U.S. Army Ft Riley, Mo10. Full  
maiden  
nameRACHEL HADEN  
MOT.10. Residence (usual place of abode)  
(If nonresident, give place and state)

Clay Center, Mo

11. Residence (usual place of abode)  
(If nonresident, give place and state)

Clay Center, Mo

12. Color or race

white

13. Age at last birthday

18

(Years)

20. Color or race

white

21. Age at last birthday

16

(Years)

13. Birthplace (city or place)  
(State or country)

York, Oklahoma

22. Birthplace (city or place)  
(State or country)

Clay Center

Mo

OCCUPATION

14. Trade, profession, or particular  
kind of work done, as spinner,  
mower, bookkeeper, etc.

Soldier U.S. Army

15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.16. Date (month and year)  
engaged in this work

last

17. Total time (years)  
spent in this work

P

18

OCCUPATION

23. Trade, profession, or particular kind  
of work done, as housekeeper, typist,  
nurse, clerk, etc.

Student in U.S.

24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.25. Date (month and year) last  
engaged in this work

19

26. Total time (years)  
spent in this work

19

27. Number of children of this mother  
(At time of the birth and including this child)

(a) Born alive and now living

1

(b) Born alive but now dead

0

(c) Stillborn

0

28. If stillborn,  
period of gestation

months

or weeks

29. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9: P. M. on the date above stated

(Born alive or stillborn)

and (did) (did not) treat the eyes to prevent blindness.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from  
a supplemental report

(Date of)

Register

(Signed)

J. Leonard Dixon

M. D.

or

Address

Clay Center, Mo

Midwife

Filed

July 27, 1951 E. J. Stephens

1951

Register

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## STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

57 10146

County of MarionTownship of Milton

STATE OF KANSAS

City of \_\_\_\_\_ or \_\_\_\_\_ No. \_\_\_\_\_ street, Reg. No. \_\_\_\_\_

2. Full Name of Child Marvin Leonard Hansen (If birth occurred in a hospital or institution, give its NAME instead of street and number.) { If child is not yet named, make supplemental report, as directed.3. Sex male 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Legitimate \_\_\_\_\_ 8. Date of birth \_\_\_\_\_9. Full name FATHER Adolf Walter Hansen 11. Full maiden name MOTHER Eunice Marie Dowell10. Residence (usual place of abode) (If nonresident, give place and state) Peabody, Kan. 12. Residence (usual place of abode) (If nonresident, give place and state) Peabody, Kan.11. Color or race White 13. Age at last birthday 35 (Years) 20. Color or race White 21. Age at last birthday 28 (Years)12. Birthplace (city or place) Marion, Kan. (State or country) Kan. 22. Birthplace (city or place) Southfield, Mich. (State or country) Mich.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farm laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeping15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. general farm work 24. Industry or business in which work was done, as own home, lawyers office, silk mill, etc. at home16. Date (month and year) last engaged in this work July, 1931 17. Total time (years) spent in this work 4 1/2 25. Date (month and year) last engaged in this work July, 1931 26. Total time (years) spent in this work 4 1/227. Number of children of this mother 3 (At time of the birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 128. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ or weeks \_\_\_\_\_ 29. Cause of stillbirth unknown { Before labor During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 P. m. on the date above stated (Born alive or stillborn) and (did) (did not) treat the eyes to prevent blindness.{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. } (Signed) E. S. McIntosh M. D. or \_\_\_\_\_ MidwifeGiven name added from a supplemental report \_\_\_\_\_ Address Burns, Kan. Filed 7-25-31 Charles E. Brantford Registrar 12-1871 \*



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## STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

29 6069

1. County of LardTownship of STATE OF KANSASCity of Dodge City, Kans. No. Saint Anthony's Hosp.

(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

Street, Reg. No. 201

(If child is not yet named, make supplemental report, as directed.)

2. Full Name of Child Willard Dale Ira3. Sex Male

If plural births

4. Twin, triplet, or other

5. Premature

Full term

7. Legitimate? Yesmale? Yes

8. Date of birth

9. Full name of FATHER  
Leo Ira10. Full maiden name of MOTHER  
Theama Bricker11. Residence (usual place of abode) Dodge City, Kans.

(If nonresident, give place and state)

12. Residence (usual place of abode) Dodge City, KS.

(If nonresident, give place and state)

13. White 14. Age at last birthday 21 (Years)15. White 16. Age at last birthday 20 (Years)17. Birthplace (city or place) KANSAS

(State or country)

18. Birthplace (city or place) KANSAS.

(State or country)

OCCUPATION 19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer20. Industry or business in which work was done, as silk mill, sawmill, bank, etc. any kind of labor21. Date (month and year) last engaged in this work 7-20-31OCCUPATION 22. Trade, profession, or particular kind of work done, as housekeeper, nurse, clerk, etc. housekeeper23. Industry or business in which work was done, as own home, lawyers office, silk mill, etc. Own Home24. Date (month and year) last engaged in this work 8-19-3125. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2nd (b) Born alive but now dead (c) Stillborn26. If stillborn, period of gestation months or weeks 27. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10:00 a.m. on the date above stated

(Born alive or stillborn)

and (did) (did not) treat the eyes to prevent blindness.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

(Date of)

Registrar

(Signed) R. G. Kline, M.D. M. D.or Dodge City, Kans. Midwife

Address

Filed 7/22, 1931 E. H. Hawley

Registrar

(23)

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## STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

252 6308

County of \_\_\_\_\_

Township of \_\_\_\_\_

STATE OF KANSAS

City of \_\_\_\_\_

No. 410 Miami

street. Reg. No. 261

1. Full name of Child

(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

If child is not yet named, make supplemental report, as directed.

2. Sex

If plural

3. Twin, triplet, or other

4. Premature

5. Legitimate

6. Date

birth

7. Full name

FATHER

8. Full maiden name

MOTHER

9. Residence (usual place of abode)

(If nonresident, give place and state)

10. Residence (usual place of abode)

(If nonresident, give place and state)

11. Color or race

12. Age at last birthday

(Years)

13. Color or race

14. Age at last birthday

(Years)

15. Birthplace (city or place)

(State or country)

16. Birthplace (city or place)

(State or country)

17. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

18. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

19. Date (month and year) last engaged in this work

20. Total time (years) spent in this work

21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

22. Industry or business in which work was done, as own home, lawyers office, silk mill, etc.

23. Date (month and year) last engaged in this work

24. Total time (years) spent in this work

25. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

26. If stillborn,

period of gestation

months or weeks

27. Cause of stillbirth

28. Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 A m. on the date above stated (Born alive or stillborn)and (did) (~~did not~~) treat the eyes to prevent blindness.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

(Date of)

Registrar

(Signed)

M. D.

or

Midwife

Address

Filed

8/7/31

19

Registrar

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10. Residence (usual place of abode) (If transient, give place and date) <u>1101 1/2 Colfax Ave</u>		19. Residence (usual place of abode) (If transient, give place and date)	
11. Color <u>White</u>	12. Age at last birthday <u>38</u> (Years)	20. Color <u>White</u>	19. Residence (usual place of abode) (If transient, give place and date)
13. Birthplace (city or place) (State or country) <u>Jackson County, Mo</u>		21. Birthplace (city or place) (State or country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	22. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		23. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
	16. Date (month and year) last engaged in this work		24. Date (month and year) last engaged in this work
	17. Total time (years) spent in this work		25. Total time (years) spent in this work
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Stillborn			
28. If stillborn, period of gestation <u>9 months</u> or weeks		29. Cause of stillbirth	

# **CERTIFICATE OF ATTENDING PHYSICIAN OR**

I hereby certify that I attended the birth of this child, who was born living  
(Both alive or stillborn)

and (did) (did not) treat the eyes to prevent blindness.

{ When there was no attending physician or midwife, then the father, household, etc., should make this return. }

Give name added from a supplemental report

J. A. Pomeroy (Date of)  
Signature

(Signed) CH

or

Address Ho

Filed 8/11

13-1571

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# STATE OF KANSAS

1. PLACE OF BIRTH  
County of Cloud STATE BOARD OF HEALTH  
TOWNSHIP OF Center DIVISION OF VITAL STATISTICS  
City of \_\_\_\_\_ STATE OF KANSAS

DO NOT WRITE IN THIS SPACE  
15 6237

2. Full Name of Child Beryl Theodore Labounty (If birth occurred in hospital or institution, give hospital name instead of street and number.)  
3. Sex Male 4. Twin, triplet, or other \_\_\_\_\_ 5. Premature \_\_\_\_\_ 6. Lucidate \_\_\_\_\_ 7. Date of birth \_\_\_\_\_  
8. Number, in order of birth \_\_\_\_\_ Full term yes (If child is not yet named, make supplemental report, as directed.)

9. Full name Frank Labounty 10. Residence (usual place of abode) Concordia, Mo.  
11. Color or race W. 12. Age at last birthday 45 (Years)  
13. Birthplace (city or place) Cloud Co (State or country) Kans.  
14. Trade, profession, or particular kind of work done, as planner, surveyor, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as carpenter, machinist, black, etc. Gen farming  
16. Date (month and year) last engaged in this work now 17. Total time (years) spent in this work 20  
18. Full maiden name Matilda Cyre 19. Residence (usual place of abode) Concordia  
20. Color or race W. 21. Age at last birthday 40 (Years)  
22. Birthplace (city or place) Palmer (State or country) Kans.  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework  
24. Industry or business in which work was done, as dress maker, milliner, etc. own home  
25. Date (month and year) last engaged in this work now 26. Total time (years) spent in this work 20

27. Number of children of this mother (At time of the birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn 0  
28. If stillborn, period of gestation \_\_\_\_\_ (months or weeks) 29. Cause of stillbirth \_\_\_\_\_ Before labor During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Beryl Theodore at 9 P. m. on the date above stated (Born alive or stillborn)  
and (did) (did not) treat the eyes to prevent blindness.  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
Given under my hand from a supplemental report \_\_\_\_\_ (Date of)

(Signed) J. E. Doty M. D.  
or \_\_\_\_\_ Midwife  
Address Concordia, Kans.  
Ward 8-E 1131 St. Mary's  
Register 22-127



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# STANDARD CERTIFICATE OF

1. PLACE OF BIRTH

STATE OF

County of

DIVISION OF

Township of

STATE

City of

(If birth occurred in a hospital or in

2. Full Name of child

If plural  
births

4. Twin, tripled, or other

5. Number, in order of birth

3. Sex

FATHER

10. Residence (usual place of abode)

(If different, give date and place)

24

COPY FOR RESEARCH  
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## STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE BOARD OF HEALTH

DO NOT WRITE IN THIS SPACE

County of

Saline

DIVISION OF VITAL STATISTICS

87 8195

Township of

Saline

STATE OF KANSAS

City of

Marion

No.

(If birth occurred in a hospital institution, give the NAME instead of street and number.)

Street, Box, No.

2. Full Name of Child

West Gaston Stanley

If child is not yet named, make supplemental report, as directed.

3. Sex

M

If plural births

4. Twin, triplet, or other

5. Premature

Full born

6. Logically

male?

7. Date of birth

8. Date of birth

9. Full name

Walter Lantz

FATHER

10. Full maiden name

Alvin Hartman

MOTHER

10. Residence (usual place of abode)

Marion

(If nonresident, give place and state)

10. Residence (usual place of abode)

Marion

(If nonresident, give place and state)

11. Color or race

White

12. Age at last birthday

28

(Years)

20. Color or race

W

21. Age at last birthday

21

13. Birthplace (city or place)

Kansas

(State or country)

13. Birthplace (city or place)

Kansas

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as farmer.

Merchant

lawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

///

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

19.

OCCUPATION

22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housekeeper

23. Industry or business in which work was done, as very home, lawyers office, silk mill, etc.

24. Date (month and year) last engaged in this work

19.

24. Total time (years) spent in this work

27. Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

None

28. If stillborn, period of gestation

months

or weeks

29. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated (Born alive or stillborn)

and (did) (did not) treat the eyes to prevent blindness.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

E. P. Butterfield

(Signed)

B. T. Shelly

M. D.

or

Address

Marion

Midwife

Filed

22. 12. 1931W. L. Shelly

Registrar

Register

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## STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Montgomery

263 4823

Township of 36 STATE OF KANSASCity of Lawrence No. Missy Hospital street, Reg. No. 173  
(If birth occurred in a hospital or institution, give its name instead of street and number.)2. Full Name of Child Rebecca A. Brown Smith If child is not yet named, make supplemental report, as directed.3. Sex 77 M If plural births 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature 7. Legitimate 8. Date birth9. Full name David W. Smith FATHER 10. Full maiden name Mary Smith MOTHER11. Residence (usual place of abode) 729 Washington 12. Residence (usual place of abode) 729 Washington  
(If nonresident, give place and state)13. Color or race W 14. Age at last birthday 25 (Years) 15. Color or race W 16. Age at last birthday 24 (Years)17. Birthplace (city or place) Dresden, Pa. 18. Birthplace (city or place) Allegheny, Pa.  
(State or country)19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. 19721. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Brown Bros. Co. 22. Industry or business in which work was done, as own home, law office, silk mill, etc. Lawrence, Pa.23. Date (month and year) last engaged in this work 1937 24. Date (month and year) last engaged in this work 193725. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 026. If stillborn, period of gestation 6 months or weeks 27. Cause of stillbirth Before labor During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10:10 P. M. on the date above stated  
(Born alive or stillborn)

and (did) (did not) treat the eyes to prevent blindness.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

(Date of)

Registrar.

(Signed) Rebecca A. Brown Smith M. D.or David W. Smith MidwifeAddress 729 WashingtonFiled July 24, 1937 Registrar.

15-1277

COPY FOR RESEARCH  
PURPOSES ONLY

(2)

STATE OF KANSAS  
County of Sedgwick  
Township of \_\_\_\_\_  
City of Wichita No. William H. Mikessell Street, Reg. No. 1395  
STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

287 33127

Full Name of Child William H. Mikessell (If birth occurred in a hospital or institution, give its NAME instead of street and number.)  
Sex Male If plural births 4 4. Twin, triplet, or other 4 5. Premature no 7. Legitimate yes 8. Date of birth 12-22-31 (Month, day, year)

FATHER  
9. Full Name Wm H. Mikessell  
10. Residence (usual place of abode) 322 N. 1st St. W. 1st  
11. Color or race W 12. Age at last birthday 43 (Years)  
13. Birthplace (city or place) Westminster (State or country) Maryland  
14. Trade, profession, or particular kind of work done, as spinner, mason, bookkeeper, etc. Educator  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lincoln University  
16. Date (month and year) last engaged in this work present 17. Total time (years) spent in this work 24 yrs  
MOTHER  
18. Full maiden name Pauline R. Peterson  
19. Residence (usual place of abode) 322 N. 1st St. W. 1st  
20. Color or race W 21. Age at last birthday 37 (Years)  
22. Birthplace (city or place) Lincoln (State or country) Ill  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife  
24. Industry or business in which work was done, as own home, lawyers office, silk mill, etc. own home  
25. Date (month and year) last engaged in this work present 26. Total time (years) spent in this work 8 yrs  
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1  
28. If stillborn, period of gestation months or weeks 29. Cause of stillbirth Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:30 p.m. on the date above stated (Born alive or stillborn)

and (did) (did-not) treat the eyes to prevent blindness.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

(Date of)

Signature

(Signed) Pauline R. Peterson

M. D.

or

Address 902 Penn. Bldg Midwife

Filed 7-12 1931 W. H. Elder

Register



(21)

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# STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH  
 County of Leavenworth  
 State Board of Health  
 DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

47 1218

Township of Deerfield  
 or Deerfield  
 City of Deerfield  
 STATE OF KANSAS

2. Full Name of Child

(If born deceased in a hospital or institution, give its NAME instead of street and number.)

Edis Henry

street, Reg. No. 193-4701

3. Sex

male

4. If plural births

1. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term yes

7. Legitimacy

yes

8. Date birth

July 7, 1931

9. Full name

Henry Otto

FATHER

18. Full name

Emma Marie

MOTHER

10. Residence (usual place of abode)

(If nonresident, give place and state)

Deerfield

19. Residence (usual place of abode)

(If nonresident, give place and state)

Deerfield

11. Color or race

white

12. Age at last birthday

3

(Years)

20. Color or race

white

21. Age at last birthday

3

(Years)

13. Birthplace (city or place)

Horton Co.

(State or country)

22. Birthplace (city or place)

Deerfield Co.

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

accounting

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

own farm

16. Date (month and year) last engaged in this work

July 1931

17. Total time (years) spent in this work

4 yrs

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

housekeeping

24. Industry or business in which work was done, as own home, lawyers office, silk mill, etc.

own home

25. Date (month and year) last engaged in this work

July 1931

26. Total time (years) spent in this work

5 yrs

27. Number of children of this mother

(At time of the birth and including this child)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

28. If stillborn, period of gestation

months or weeks

29. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Deerfield on the date above stated

and (did) (did not) treat the eyes to prevent blindness.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

(State of)

Registrar

(Signed)

or

Address

Filed

M. D.

Midwife

Registrar

(20)

COPY FOR RESEARCH  
PURPOSES ONLY

STATE OF KANSAS  
County of Leavenworth

287 33126

Township of \_\_\_\_\_ STATE OF KANSAS

City of Wichita No. St. Francis Hospital Street, Box No. 1986  
(If birth occurred in a hospital or institution, give its NAME, number, of street and number.)

1. Full Name of Child Charles Francis Mounce CITY (If child is not yet named, state supplemental report, or delayed.)

2. Sex Male 3. If plural births 1 4. Twin, triplet, or other 1 5. Premature 1 6. Legitimate 1 7. Date of birth Aug 8 1951 (Month, day, year)

FATHER

8. Full name Charles Francis Mounce

9. Residence (usual place of abode) 1111 E. 10th St. Wichita, Kan.  
(If nonresident, give place and state)

10. Color or race White 11. Age at last birthday 45 (Years)

12. Birthplace (city or place) Wichita, Kan.  
(State or country)

13. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Manager

14. Industry or business in which work was done, as silk mill, cannery, bank, etc. Harmon

15. Date (month and year) last employed in above work 1951

16. Total time (years) spent in this work 1

17. Number of children of this mother (At time of the birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

18. If stillborn, period of gestation 9 months 19. Cause of stillbirth None known

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:05 P.M. on the date above stated (Born alive or stillborn)

and (did) (did-not) trust the eyes to prevent blindness. (Signed) R. D. Brown M.D.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report. Address 402 Brown Bldg

(Date of) Aug 8 1951 Registrar C. E. Ellis

09

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PURPOSES ONLY

1. **Place of birth**  
County of Carroll **State of birth**  
Kansas

2. **Full Name of Child**  
Byron Henry Niensst

3. **Sex**  
Male

4. **Twin, triplet, or other**  
No

5. **Prenatal**  
Yes

6. **Legitimate**  
Yes

7. **Date of birth**  
1921

8. **Place of birth**  
William Newton Hospital, No. 121

9. **Full name**  
William Niensst

10. **Residence (usual place of abode)**  
Kansas City, Mo.

11. **Color or race**  
W

12. **Age at last birthday**  
28

13. **Birthplace (city or place)**  
Kansas

14. **Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.**  
Accountant

15. **Industry or business in which work was done, as oil mill, sawmill, bank, etc.**  
Shirley Oil Co.

16. **Date (month and year) last engaged in this work**  
1921

17. **Total time (years) spent in this work**  
10

18. **Number of children of this mother**  
2

19. **At time of this birth and including the child:** (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

20. **If stillborn, period of gestation**  
9 months or weeks

21. **Causes of stillbirth**  
Before labor

22. **Causes of stillbirth**  
During labor

# **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at William Newton Hospital on the date above stated (Born alive or stillborn)

and (did) did not treat the eyes to prevent blindness.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report.

(Date of)

Register.

(Signed) M. J. - Dr. - M. D.

or

Address Winfield, Kansas

Filed 1921 at St. Charles

Register.

69

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PURPOSES ONLY

County of Franklin State of KANSAS

City of Lander City No. St. Catherine's Hosp Street 157

7. Full Name of Child Clarence Eugene Osborn (If child is not yet named, supply name)

8. Sex Male 9. Twin, triplet, or other birth No 10. Date of birth July 24, 1934 11. Length 19 1/2 12. Weight 10 1/2 13. Sex of birth Male

14. Full name Ray Ernest Osborn 15. Residence (usual place of abode) Lander City, Mo. (If nonresident, give place and state)

16. Color or race W 17. Age at last birthday 47 (Years) 18. Birthplace (city or place) Emporia, Mo. (State or country)

19. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Farming 20. Industry or business in which work was done, as silk mill, cannery, bank, etc. Own farm 21. Date (month and year) last engaged in this work May 1934 22. Total time (years) spent in this work 20 yrs

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 0

24. If stillborn, period of gestation 9 months or weeks 25. Cause of stillbirth Before labor (During labor)

# CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated and (did not) treat the eyes to prevent blindness.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Signature: Dr. J. H. H. H. Address: Lander City, Mo. Date: July 24, 1934 Registrar: J. H. H. H.



17

COPY FOR RESEARCH  
PURPOSES ONLY

## STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH STATE BOARD OF HEALTH

County of Wichita DIVISION OF VITAL STATISTICSTownship of Edward STATE OF KANSASCity of Fort Scott No. 1000

(If born occurred in a hospital or institution give its NAME instead of street, Reg. No.)

2. Full Name of Child

Louise Cabail

(If child is not yet named, state sex)

3. Sex of child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. Number, in order of birth

6. Legitimacy

7. Date of birth

8. Full name

FATHER

9. Post-office address, street No. or R. F. D. No.

10. Color or race

11. Age at last birthday (Years)

12. Birthplace (city or place) (State or country)

13. Occupation

Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Number of children

born alive and now living

(b) Number of children

born alive but now dead

(c) Number of children

stillborn

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was

born alive at 12 m. on the date above stated.

\* 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

Paul V. Adams M.D.

(Physician or midwife)

Given name added from a supplemental report

B. C. Rourke

(Month, day, year.)

Address

Fort Scott, Kas

Filed

12-2886\*

July 24, 1921Thompson

DO NOT WRITE IN THIS SPACE

102 693

(16)

COPY FOR RESEARCH  
PURPOSES ONLY

## STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of

Smith

92

6263

Township of

Lane

STATE OF KANSAS

City of

No.

Street, Reg. No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full Name of Child

Dwaine La Rue Panter

(If child is not yet named, write "Unborn Child")

3. Sex of child

To be answered ONLY in case of plural births.

4. Twin, triplet or other

5. Number, in order of birth

6. Legitimacy

7. Date of birth

8. Full name

FATHER

Clyde D. Panter

14. Full maiden name

Dr. Philab H. Cannon

9. Post-office address, street No. or R. F. D. No.

Athol, Mo.

15. Post-office address, street No. or R. F. D. No.

Athol, Mo.

10. Color or race

White

11. Age at last birthday

27

(Years)

16. Color or race

White

17. Age at last birthday

23

(Years)

12. Birthplace (city or place)

Smith Co.

(State or country)

Mo.

18. Birthplace (city or place)

Smith Co.

(State or country)

Mo.

13. Occupation

Nature of industry

Farmer

19. Occupation

Nature of industry

Husband + wife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Number of children

born alive and now living

3

(b) Number of children

born alive but now dead

0

(c) Number of children

stillborn

0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Alive

(Born alive or stillborn.)

at 9 a. m. on the date above stated.

\* 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

Willard M. D.

(Physician or midwife.)

Given name added from a supplemental report

(Month, day, year.)

Address

Athol, Mo.

Registrar

10-5470\*

Filing

Aug 7, 1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

Registrar

(15)

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## STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

STATE BOARD OF HEALTH

County of Wagoner

DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

205 46001

Township of \_\_\_\_\_

STATE OF KANSAS

City of K.C.K.No. Providence street, Reg. No. 17842

2. Full Name of Child

Carl Nelson Edgar Raymond

If child is not yet named, make supplemental report, as directed.

3. Sex

Male

If plural

births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term

7. Legitimate

8. Date of birth

(Month, day, year)

9. Full name

Horace Rowley Parkison

FATHER

10. Residence (usual place of abode)

(If nonresident, give place and state) 22nd & 11th11. Color or race W12. Age at last birthday 37 (Years)

13. Birthplace (city or place)

(State or country)

Arkansas City,Kansas

14. Trade, profession, or particular

kind of work done, as spinner,

sawyer, bookkeeper, etc.

15. Industry or business in which

work was done, as silk mill,

sawmill, bank, etc.

16. Date (month and year) last

engaged in this work

June 1951

17. Total time (years)

spent in this work 5 yrs.

18. Full maiden name

Divian Alice Whitlock

MOTHER

19. Residence (usual place of abode)

(If nonresident, give place and state) 22nd & 11th20. Color or race W21. Age at last birthday 19 (Years)

22. Birthplace (city or place)

(State or country)

Arkansas City,Kansas

23. Trade, profession, or particular kind

of work done, as housekeeper, typist,

nurse, clerk, etc.

24. Industry or business in which

work was done, as own home,

lawyers office, silk mill, etc.

25. Date (month and year) last

engaged in this work

June 1951

26. Total time (years)

spent in this work 1 yr.

27. Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 0

28. If stillborn,

period of gestation

months

or weeks

29. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 a.m. on the date above stated

(Born alive or stillborn)

and (did) (did) treat the eyes to prevent blindness.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from

a supplemental report.

(Date of)

(Signed)

W. Buckle M. D.

or

Address K.C.K. MidwifeFiled JUL 25 1951

Registrar

Registrar

(14)

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## STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH STATE BOARD OF HEALTH  
County of Leavenworth DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

252 6290

Township of 1391-1 STATE OF KANSAS

City of Leavenworth No. Cushing Memorial Hospital Street Reg. No. 227

2. Full Name of Child Winston David Patterson If child is not yet named, make supplemental report, as directed.

3. Sex M If plural births 1 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Premature Full term 7. Legitimate yes 8. Date of birth [redacted]

9. Full name of FATHER Glen Elmo Patterson 14. Full maiden name of MOTHER Sophia Williams

10. Residence (usual place of abode) 433 Central 15. Residence (usual place of abode) 433 Central  
(If nonresident, give place and state) Leavenworth, Mo. (If nonresident, give place and state) Leavenworth, Mo.

11. Color or race W 12. Age at last birthday 36 (Years) 13. Color or race W 14. Age at last birthday 33 (Years)

15. Birthplace (city or place) Oxford 16. Birthplace (city or place) Pawnee Station  
(State or country) Kansas (State or country) Kansas

17. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher (Prim.) 18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

19. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ps. High School 20. Industry or business in which work was done, as own home, law firm, office, silk mill, etc. own home

21. Date (month and year) last engaged in this work July 1951 22. Date (month and year) last engaged in this work July 1951 23. Total time (years) spent in this work 12 yrs 24. Total time (years) spent in this work 14 yrs

25. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn

26. If stillborn, period of gestation [redacted] 27. Cause of stillbirth [redacted] Before labor During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:52 P.m. on the date above stated.  
(Born alive or stillborn)

and (did) (did not) treat the eyes to prevent blindness.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

(Date of)

Registrar

(Signed) [Signature] M. D.

or [Signature] Midwife

Address Leavenworth, Mo.

Filed 7/21/51 19 Edward A. Schaefer Registrar



18

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PURPOSES ONLY

1. Last name of father

2. Last name of mother

3. Place of birth  
Hillsboro

STATE OF KANSAS

4. Full Name of Child  
Floyd Horner Gester

If child is not yet named, enter supplemental report as directed

5. Sex  
male

If plural births

6. Twin, triplet, or other

7. Promotory

8. Length  
yes

9. Date of birth

10. Full name  
Joe Gester

11. Full maiden name  
Ella Lucie Harms

12. Residence (usual place of abode)  
(If nonresident, give place and state)  
Hillsboro, Kan.

13. Residence (usual place of abode)  
(If nonresident, give place and state)  
Hillsboro, Mo.

14. Color or race  
white

15. Color or race  
white

16. Birthplace (city or place)  
Hillsboro, Kansas

17. Birthplace (city or place)  
Hillsboro, Kansas

18. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

20. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

21. Industry or business in which work was done, as own home, grocery store, etc.

22. Date (month and year) last engaged in this work

23. Date (month and year) last engaged in this work

24. Total time (years) spent in this work

25. Total time (years) spent in this work

26. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

27. At stillborn, period of gestation months or weeks

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:58 a.m. on the date above stated

and (did) (did not) treat the eyes to prevent blindness.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) M. D.

or

Address

Phone

12

COPY FOR RESEARCH  
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State of Kansas County of Franklin  
 Township of East 1/2 North West Quarter Section 36  
 City of \_\_\_\_\_

(If born in a hospital or institution, give its NAME)

1. Full Name of Child

2. Sex M 3. If plural birth 1 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Forename John 7. Surname Smith

8. Full name of Father Frank J. Smith 9. Full name of Mother John

10. Residence (usual place of abode) East 1/2 Section 36 (If a-c-r-e-v-i-t, give place and state)

11. Color or race W 12. Age at last birthday 27 Years 13. Color of hair Black

14. Birthplace (city or place) Kansas 15. Birthdate Jan 1, 1890

(State or country)

16. Trade, profession, or particular kind of work done, as engineer, surveyor, bookkeeper, etc. Farmer  
 17. Industry or business in which work was done, as oil mill, sawmill, bank, etc.

11

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PURPOSES ONLY

## STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

1. PLACE OF BIRTH  
 County of Lafayette STATE BOARD OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 Township of Cemeco STATE OF KANSAS  
 or  
 City of \_\_\_\_\_ No. 372-1

50 6960

2. Full Name of Child (If birth occurred in a hospital or institution, give its NAME instead of street and number.)  
Albert L. Phillips (If child is not yet named, make

3. Sex Male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Premature \_\_\_\_\_ 6. Length made? ja 7. Date of birth \_\_\_\_\_  
 8. Number, in order of birth \_\_\_\_\_ Full term ja  
 9. Full name FATHER Horner R Phillips MOTHER Martine P. Payton  
 10. Residence (usual place of abode) Cemeco Township 11. Residence (usual place of abode) Cemeco  
 (If nonresident, give place and state) (If nonresident, give place and state)  
 12. Color or race White 13. Age at last birthday 40 (Years) 14. Color or race White 15. Age at last birthday 36 (Years)  
 16. Birthplace (city or place) Cemeco Township 17. Birthplace (city or place) Cemeco  
 (State or country) (State or country)  
 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House  
 20. Industry or business in which work was done, as silk mill, sawmill, bank, etc. None 21. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None  
 22. Date (month and year) last engaged in this work \_\_\_\_\_ 23. Date (month and year) last engaged in this work \_\_\_\_\_  
 24. Total time (years) spent in this work \_\_\_\_\_ 25. Total time (years) spent in this work \_\_\_\_\_

26. Number of children of this mother (At time of the birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None  
 27. If stillborn, period of gestation 9 months or weeks 28. Cause of stillbirth \_\_\_\_\_  
 Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Barnabiah D. A m. on the date above stated (Born alive or stillborn)  
 and (did) (did not) treat the eyes to prevent blindness.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 Given name added from a supplemental report

(Date of)

Registrar

(Signed) P. H. Barbe M. D.  
 or \_\_\_\_\_ Midwife  
 Address 102 West 10th St., Kansas  
 Filed July 14, 19 \_\_\_\_\_  
 Registrar

(10)

COPY FOR RESEARCH  
PURPOSES ONLY

# STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH  
 County of Johnson STATE BOARD OF HEALTH  
 DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

46 6051

Township of Albion STATE OF KANSAS  
 or  
 City of R.D. No. 3, Olathe Kansas

Reg. No. R-91

(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full Name of Child Clyde Leland Prothro

(If child is not yet named, make supplemental report, as directed.)

3. Sex of child Male  
 To be answered ONLY in event of plural births. 1. Twin, triplet or other 2  
 2. Number, in order of birth 1

6. Legitimacy Leg.

7. Date of birth

8. Full name of FATHER

Carl Joseph Prothro

14. Full maiden name of MOTHER

Clara Louise Wehloff

9. Post-office address, street No. or R. F. D. No.

Albion, MO RFD

15. Post-office address, street No. or R. F. D. No.

Same

10. Color or race wh

11. Age at last birthday 32 (Years)

16. Color or race wh

17. Age at last birthday 26 (Years)

12. Birthplace (city or place) (State or country) Kansas

18. Birthplace (city or place) (State or country) MO

19. Occupation Nature of industry Farming

19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Number of children

(b) Number of children

(c) Number of children

born alive and now living 2

born alive but now dead 0

stillborn 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born

(Born alive or stillborn.)

at 6:45 A.M. on the date above stated.

Signature

Dr. J. H. Boyson, MD

\* 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.

Given name added from a supplemental report

September 4, 1931  
 (month, day, year.)

Address

Olathe, MO

Nellie McCullay  
 Registrar

12-2826\*

Filed Aug. 3, 1931

Nellie McCullay  
 Registrar



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CONFIDENTIAL  
FOR RESEARCH  
PURPOSES ONLY

## STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

203 4897

CITY OF Atchison

Residence of

STATE OF KANSAS

Atchison

1300 Commercial

Full Name of Child

If birth occurred in a hospital or institution, give NAME instead of street and number.

Jack Wesley Ray

Street, No. 1300, E. 1

(If child is not yet named, make SUPPLEMENTAL REPORT, as directed)

Sex

Males

4. Twin, triplet, or other birth

5. Date of birth

6. Sex

7. Birth

yes

Date of birth

Month

Day

Year

Name

John Wesley Ray

Name

John Wesley Ray

Address

Atchison Kansas

Address

Atchison Kansas

Address

Atchison Kansas

Address

Atchison Kansas

Address

Atchison Kansas

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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:10 P.M. on the date stated above.

I hereby certify that I attended the birth of this child, who was Born alive at 4:10 P.M. on the date stated above.

If there was no attending physician or midwife, then the father or mother or other person should make this statement.

I hereby certify that I attended the birth of this child, who was Born alive at 4:10 P.M. on the date stated above.

Signature of Physician or Midwife

Atchison Kansas

Date 2-25-31

T. L. Rogers, Registrar