

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. 118491
 (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 Joseph Francis Fuller FATHER 18. Full maiden name Anna Belle Wise MOTHER

10. Residence (usual place of abode) same 19. Residence (usual place of abode) 3418 Strong Ave.
 (If nonresident, give place and state)

11. Color or race W. 12. Age at last birthday 23 (Years) 20. Color or race W. 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) Dubuque Ia 22. Birthplace (city or place) Plain Dealings
 (State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. manager 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home Makers

15. 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. and Home

16. 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 _____ 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) _____

(Signed) _____ M. D.

or _____ Midwife

Address _____

Filed _____ 1931 Registrar _____

22

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH STATE BOARD OF HEALTH

County of Weyandotte DIVISION OF VITAL STATISTICS

Township of _____ STATE OF KANSAS

City of Nansas City, Mo. No. Bell Memorial Hospital street, Reg. No. 444
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

DO NOT WRITE IN THIS SPACE

205 46003

2. Full Name of Child Laverne David Goff (If child is not yet named, make supplemental report, as directed.)3. Sex Me 4. Twin, triplet, or other _____ 5. Premature _____ 6. Full term yes 7. Legitimate? yes 8. Date of Birth _____9. Full name of FATHER Sherman Martin Goff
10. Residence (usual place of abode) Argentine, Mo. RR #1
(If nonresident, give place and state)10. Full maiden name of MOTHER Violet Wilma Gier
10. Residence (usual place of abode) Argentine, Mo. RR #1
(If nonresident, give place and state)11. Color or race W 12. Age at last birthday 32 (Years) 20. Color or race W 21. Age at last birthday 19 (Years)
13. Birthplace (city or place) Nepler, Kansas 22. Birthplace (city or place) Usland, Kansas
(State or country)14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer
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 Nov 193114. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as corn home, lawyers office, silk mill, etc. _____
16. Date (month and year) last engaged in this work Nov 193117. Total time (years) spent in this work 16 yrs. 17. Total time (years) spent in this work _____23. Number of children of this mother (At time of the birth and including this child) (a) Born alive and now living 3 (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 1 46 p.m. on the date above stated
(Born alive ~~and 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)

(Signed) J. C. Collins M. D.

or _____ M.D.

Address Bell Memorial Hospital, KSC, Mo.Filed 1/24/34 Registrar _____

3

COPY FOR RESEARCH
PURPOSES ONLY

2025 RELEASE UNDER E.O. 14176

STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

1. PLACE OF BIRTH
STATE BOARD OF HEALTH
 DIVISION OF VITAL REGISTRATION
 County of Clay
 Township of _____
 or Clay Center
 City of _____
 STATE OF KANSAS

214 546

Street, Reg. No. 1673

2. Full Name of Child Arnold Edward Haden
(If birth occurred in a hospital or institution, give the NAME and number of street and number.)
(If child is not yet named, make supplemental report, as directed.)

3. Sex <u>male</u>	4. If plural births	5. Twin, triplet, or other	6. Premature	7. Legitimate? <u>no</u>	8. Date of birth
9. Full name <u>Jack Moses</u>	10. Residence (usual place of abode) <u>Company in U.S.</u>	11. Color of race <u>white</u>	12. Age at last birthday <u>18</u>	13. Birthplace (city or place) <u>York Oklahoma</u>	14. Trade, profession, or particular kind of work done, as spinner, muzzer, bookkeeper, etc. <u>Soldier U.S. Army</u>
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 <u>9</u>	18. Full maiden name <u>Rachel Haden</u>	19. Residence (usual place of abode) (if nonresident, give place and state) <u>Maple St, Clay Center, Kas</u>	20. Color of race <u>white</u>
21. Age at last birthday <u>16</u>	22. Birthplace (city or place) <u>Clay Center</u>	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	26. Total time (years) spent in this work

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 (c) Stillborn

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____

30. Before labor _____

31. 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 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) J. Leonard Dixon M. D.
 or _____ Midwife
 Address Clay Center, Kas
 Filed July 27, 1951
 Registrar _____

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

1. PLACE OF BIRTH
 County of Marion STATE BOARD OF HEALTH
 DIVISION OF VITAL STATISTICS
 Township of Milton STATE OF KANSAS

57 10146

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 Marvin Leonard Hansen { 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? yes 8. Date of birth _____

FATHER
 9. Full name Adfred Walk Hansen
 10. Residence (usual place of abode) (If non-resident, give place and state) Leabody Kan

MOTHER
 11. Full maiden name Eunice Corine Dowell
 12. Residence (usual place of abode) (If non-resident, give place and state) Leabody Kan

13. Color or race W 14. Age at last birthday 35 (Years)

15. Color or race W 16. Age at last birthday 28 (Years)

17. Birthplace (city or place) Marion Kan
 (State or country) Kan

17. Birthplace (city or place) Southfield
 (State or country) Mich

OCCUPATION
 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farm laborer

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

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

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

20. Date (month and year) last engaged in this work July 1921

20. Date (month and year) last engaged in this work July 1921

21. Number of children of this mother (At time of the birth and including this child) 3

21. Total time (years) spent in this work 4 1/2

22. If stillborn, period of gestation _____ months or weeks

22. Total time (years) spent in this work 4 1/2

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. Wentz M. D.
 or _____ Midwife

Given name added from a supplemental report (Date of) _____

Address Burris Kan
 Filed 7-25 1931 Charles Crawford Registrar

Registrar.

Registrar.

7

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

1. PLACE OF BIRTH
 STATE BOARD OF HEALTH
 DIVISION OF VITAL STATISTICS

29 6069

County of Hard
 Township of _____
 STATE OF KANSAS

City of Dodge City, Kans. No. Saint Anthony's Hosp. street, Reg. No. 201
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full Name of Child Willard Dale Ira
(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. Single birth
-----------------------	------------------	----------------------------	------------------------------	--------------------------------------	---------------------------	-----------------

9. Full name FATHER <u>Leo Ira</u>		10. Residence (usual place of abode) <u>Dodge City, Kans.</u>		11. <u>White</u>		12. Age at last birthday <u>21</u> (Years)		13. Birthplace (city or place) <u>Kansas</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>any kind of labor</u>		16. Date (month and year) last engaged to this work <u>7-20-21</u>		17. Total time (years) spent in this work <u>3 Y.</u>		18. Full maiden name MOTHER <u>Theama Bricker</u>	
19. Residence (usual place of abode) <u>Dodge City, KS.</u>		20. <u>White</u>		21. Age at last birthday <u>20</u> (Years)		22. Birthplace (city or place) <u>Kansas.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, nurse, clerk, etc. <u>bookkeeper</u>	
24. Industry or business in which work was done, as own home, lawyers office, silk mill, etc. <u>Own Home</u>		25. Date (month and year) last engaged to this work <u>10-15-21</u>		26. Total time (years) spent in this work <u>2 Y.</u>					

27. 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) 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 Alive at 10:00 a.m. on the date above stated and (did) (did not) treat the eyes to prevent blindness.

(Born alive or stillborn)

(Signed) R. G. Klein, M.D. M. D.
Dodge City, Kans. Midwife
 or _____
 Address _____
 Filed 7/22, 1931 E. H. Hawaway Registrar

(Date of supplemental report) _____ (Date of) _____ Registrar.

28

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

252 6308

County of _____

Township of _____

STATE OF KANSAS

City of LeavenworthNo. 410Miamistreet, Reg. No. 261

(If both 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.

1. Full name of Child

William Lloyd Jones

3. Sex

Male

If plural births

4. Twin, triplet, or other

6. Premature

Full term yes7. Legitimate? yes

8. Date of birth

9. Full name

Elarence E. Jones

FATHER

10. Full maiden name

Frances Doan

MOTHER

10. Residence (usual place of abode)

(If non-resident, give place and state) 410 Miami

11. Residence (usual place of abode)

(If non-resident, give place and state) 410 Miami11. Color or race W12. Age at last birthday 21 (Years)13. Color or race W14. Age at last birthday 19 (Years)

15. Birthplace (city or place)

Clay Co. Missouri

15. Birthplace (city or place)

Boone Co. Missouri

(State or country)

(State or country)

OCCUPATION

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

17. Total time (years) spent in this work

OCCUPATION

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

26. 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 3(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 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)

J.P. Coult

M. D.

or

Midwife

Address Leavenworth Kansas

Filed

8/7/31

19

Edward A. Schaaf

Registrar

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH
STATE BOARD OF HEALTH
 DEPARTMENT OF PUBLIC HEALTH

48 5458

City of Jackson
 County of Franklin
 Township of Straight Creek
 STATE OF KANSAS

No. 458

City of _____ No. _____ Street, Box No. 458
 (If birth occurred in a hospital or institution, give its NAME instead of street and number.)

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

3. Sex M 4. Twin, triplet, or other _____ 5. Preterm _____ 7. Legible? Yes Date of birth _____
 6. Number, in order of birth _____ 8. Full term _____

9. Full name Ed Sprague FATHER
 10. Residence (usual place of abode) Holtton, Kan
 (If transient, give place and state.)
 11. Color White 12. Age at last birthday 38 (Years)
 13. Birthplace (city or place) Schoolville, Mo

14. Full maiden name Josephine Chick
 15. Residence (usual place of abode) Holtton, Kan
 (If transient, give place and state.)
 16. Color White 17. Age at last birthday 38 (Years)
 18. Birthplace (city or place) Jackson Co., Kan

14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer
 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. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home Keeping
 20. Industry or business in which work was done, as carpenter, lawyers office, silk mill, etc. _____
 21. Date (month and year) last engaged in this work _____ 22. Total time (years) spent in this work _____

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0
 24. If stillborn, period of gestation _____ 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 at 12:00 p. m. on the date above stated (Born alive or stillborn)

and (did) (did not) (did not) from the eyes to prevent blindness. (Signed) C. H. Reynolds M. D.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Address Holtton, Kan Midwife _____
 Gives name added from a supplemental report _____ Filed 11/25 1951 Registrar _____

J. A. Pomeroy Registrar

26

COPY FOR RESEARCH
PURPOSES ONLY

STATE OF KANSAS

1. PLACE OF BIRTH
 COUNTY OF Cloud STATE BOARD OF HEALTH
 TOWNSHIP OF Center DEPARTMENT OF VITAL STATISTICS
 STATE OF KANSAS

DO NOT WRITE IN THIS SPACE
 15 6237

City of _____ No. _____ Street, Box No. 1512
 (If birth occurred in hospital or institution, give hospital name instead of street and number.)
 (If child is not yet named, make supplemental report, as directed.)

2. Full Name of Child Beryl Theodore Labounty
 3. Sex Male
 If plural births: 4. Twin, triplet, or other _____ 5. Premature _____ 7. Lucidate? Yes 8. Date of birth _____
 6. Number, in order of birth _____ Full term Yes

9. Full name of FATHER Frank Labounty

10. Full maiden name of MOTHER Matilda Cypre

10. Residence (usual place of abode) Concordia, Mo.
 (If nonresident, give place and state)

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

11. Color or race W. 12. Age at last birthday 45 (Years)

11. Color or race W. 12. Age at last birthday 40 (Years)

13. Birthplace (city or place) Cloud Co
 (State or country) Kans.

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

14. Trade, profession, or particular kind of work done, as planner, surveyor, bookkeeper, etc. Farmer

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

15. Industry or business in which work was done, as carpenter, sawmill, bank, etc. Wool Farming

15. Industry or business in which work was done, as carpenter, surveyor, office, silk reeler, etc. Wool Farming

16. Date (month and year) last engaged in this work Nov. 1951

16. Date (month and year) last engaged in this work Nov. 51

17. 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

18. If stillborn, period of gestation _____ (months or weeks) 19. 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 Abner 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.)
 (Signed) J. E. Doty M. D.
 or _____ Midwife

Address Concordia, Kans.
 Date of issue 8-6-1951
 Registrar _____ Registrar _____

25

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

1. PLACE OF BIRTH
 County of Lawrence STATE BOARD OF HEALTH
 Township of Grant DIVISION OF VITAL STATISTICS
 City of Pozel STATE OF KANSAS

73 3672

22

2. Full Name of Child (If birth occurred in a hospital or institution, give its NAME instead of street and number.)
Ronald Lee Roy Bates street, Rm. No.
 (If child is not yet named, make

3. Sex M If plural births 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature Full term 7. Legitimate 8. Ethnic origin

9. Name of Father
Robert Edward Bates

10. Residence (usual place of abode) (If nonresident, give place and street)
Lawrence, Grant Sup

11. Date of birth 12. Age at last birthday 38 (Years)

13. Birthplace (city or place) (State or territory)
Lawrence, Co. Kans.

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

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

18. Trade, profession, or particular kind of work done, as housekeeper, nurse, clerk, etc.
Lawrence, Co. Kans.

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

20. Date (month and year) last engaged in this work 21. Total time (years) spent in this work

22. 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 0 (c) Stillborn 0

23. If stillborn, period of gestation months (or weeks) 24. 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 4:00 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) M. D.

or Midwife

Address Pozel

Given name added from a supplemental report (Date of)

Filed 7-30-31 by Registrar

24

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

1. PLACE OF BIRTH
 COUNTY OF Delaware STATE BOARD OF HEALTH
 DIVISION OF VITAL STATISTICS
 Township of Rollwood STATE OF KANSAS

87 8195

City of Malvern No. _____ street, Box No. _____
 (If birth occurred in a hospital or institution, give the NAME instead of street and number.)
 2. Full Name of Child Harold Curtis Stanley (If child is not yet named, make supplemental report, as directed.)

3. Sex M If plural births _____ 4. Twins, triplet, or other _____ 5. Premature _____ 6. Date of birth _____
 7. Legitimate? yes Full term? yes

8. Full name FATHER Walter Lantz 9. Full name MOTHER Alvin Hartenbower

10. Residence (usual place of abode) (If nonresident, give place and state) Malvern 11. Residence (usual place of abode) (If nonresident, give place and state) Malvern
 12. Color or race White 13. Age at last birthday 27 (Years) 14. Color or race W 15. Age at last birthday 21 (Years)

16. Birthplace (city or place) (State or country) Kansas 17. Birthplace (city or place) (State or country) Kansas

OCCUPATION 18. Trade, profession, or occupation Kind of work done, as spinner, Sawyer, bookkeeper, etc. Merchant 19. Trade, profession, or occupation Kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
 20. Industry or business in which work was done, as grocer, lawyer, office, silk mill, etc. /// 21. Industry or business in which work was done, as grocer, lawyer, office, silk mill, etc. ///
 22. Date (month and year) last engaged in this work _____ 19. 23. Total time (years) spent in this work _____ 24. Date (month and year) last engaged 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 1 (b) Born alive but now dead 1 (c) Stillborn None
 27. If stillborn, period of gestation _____ { months or weeks } 28. 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 6 A.M. on the date above stated (Born alive or stillborn)

and (did) (did not) treat the eyes to prevent blindness. (Signed) B. T. Shelly M. D.

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

Given name added from a supplemental report E. P. Butterfield Address Malvern File No. 1122-138 W. L. Gordon
 Registrar 1927 Registrar

23

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 Montgomery DIVISION OF VITAL STATISTICS

Township of 36th STATE OF KANSAS

City of Joplin No. Mary Hospital street, Reg. No. 373
 (If birth occurred in a hospital or institution, give its NAME instead of street and number.)

263 4823

2. Full Name of Child Deanne La Verne Smith (If child is not yet named, make supplemental report, as directed.)

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

9. Full name David W. Smith FATHER 15. Full maiden name Mary Smith MOTHER

10. Residence (usual place of abode) (If nonresident, give place and state) 729 Washington 16. Residence (usual place of abode) (If nonresident, give place and state) 729 Washington

11. Color or race W 12. Age at last birthday 85 (Years) 17. Color or race W 18. Age at last birthday 34 (Years)

13. Birthplace (city or place) Dresden, Mo. 19. Birthplace (city or place) Atlanta, Ga.
 (State or country) Mo. (State or country) Ga.

14. 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. 157

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Deane Bros Co. 21. Industry or business in which work was done, as own home, law firm, office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work 19 17. Total time (years) spent in this work 19 22. Date (month and year) last engaged in this work 19 23. Total time (years) spent in this work 19

24. 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

25. If stillborn, period of gestation 1 months or weeks 26. 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 6:10 P. M. on the date above stated (Born alive or stillborn)

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

(Signed) [Signature] M. D.

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

or [Signature] Midwife

Given name added from a supplemental report (Date of) _____

Address [Address] File No. July 24, 1931 [Signature]

Registrar. 15-1277* Registrar.

22

COPY FOR RESEARCH
PURPOSES ONLY

STATE OF KANSAS
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS

287 33127

County of Sedgwick

Township of _____
 or _____
 City of Wichita

STATE OF KANSAS

No. 1395 street, Reg. No. 1395

1. Full Name of Child
William H. Mikessel, Jr. (If child is not yet named, make supplemental report, as directed.)

2. Sex Male 3. Date of Birth _____ (Month, day, year)

4. Twin, triplet, or other _____ 5. Premature _____ 6. Legitimate _____

FATHER

7. Full Name Wm H. Mikessel

8. Residence (usual place of abode) (If transient, give place and state) 323 N. Vassar

9. Color or race W 10. Age at last birthday 43 (Years)

11. Birthplace (city or place) (State or country) Wichita, Kansas

MOTHER

12. Full maiden name Pauline R. Peterson

13. Residence (usual place of abode) (If transient, give place and state) 323 N. Vassar

14. Color or race W 15. Age at last birthday 37 (Years)

16. Birthplace (city or place) (State or country) Illinois

OCCUPATION

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

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

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

20. Total time (years) spent in this work 10

OCCUPATION

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

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

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

24. Total time (years) spent in this work 8 1/2

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 0 (c) Stillborn 0

26. If stillborn, period of gestation _____ months or weeks _____ 27. Cause of stillbirth _____

28. Before labor _____ 29. During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:03 p.m., on the date above stated (Born alive or stillborn)

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

(Signed) Pauline R. Peterson, M. D.

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

or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____

Address 407 Penn. Bldg
 Filed 7-17 1931 J. W. Elder
 Registrar

(2)

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

47 1218

1. PLACE OF BIRTH
 COUNTY OF Lawrence
 STATE OF KANSAS

Township of _____
 or _____
 City of Deerfield

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

Street Reg. No. 193-4701

2. Full Name of Child Otis Henry Moly

3. Sex Male
 4. Twin, triplet, or other
 5. Number, in order of birth
 6. Premature
 Full term Yes
 7. Legitimate?
 8. Date of birth

9. Full name of FATHER Henry Otto Moly

10. Full name of MOTHER Emma Marie Shapp

10. Residence (usual place of abode) Deerfield

11. Residence (usual place of abode) Deerfield

11. Color or race W
 12. Age at last birthday 31 (Years)

12. Color or race W
 13. Age at last birthday 31 (Years)

13. Birthplace (city or place) Horton Mo.

14. Birthplace (city or place) Lawrence Co. Mo.

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 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 5 yrs

15. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. cook, pug.
 16. Industry or business in which work was done, as own home, lawyers office, silk mill, etc. own home
 17. Date (month and year) last engaged in this work July 1931
 18. Total time (years) spent in this work 5 yrs

18. 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 (c) Stillborn

19. If stillborn, period of gestation: _____ months or weeks
 20. 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 _____ 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.

Given name added from a supplemental report

(Date of) _____
 Registrar [Signature] M. D.
 Address Lawrence City Mo.
 Filed Sept 7, 1931
 Registrar [Signature]

21

COPY FOR RESEARCH
PURPOSES ONLY

STATE OF KANSAS
County of Leavenworth 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 instead of street and number.)

1. Full Name of Child Michael James MAINE CITY (If child is not yet named, enter supplemental report, or directed.)

2. Sex M 3. If plural births 1 4. Twin, triplet, or other 1 5. Promote 1 6. Date of birth 1961 (Month, day, year)

FATHER
10. Residence (usual place of abode) (If nonresident, give place and state) Wichita, Kan
11. Color or race W 12. Age at last birthday 45 (Years)
13. Birthplace (city or place) Wichita, Kan (State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Attorney
15. Industry or business in which work was done, as silk mill, cannery, bank, etc. Wichita, Kan
16. Date (month and year) last engaged in this work 1960
17. Total time (years) spent in this work 10

18. 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
19. If stillborn, period of gestation 9 months 20. Cause of stillbirth None Before labor During labor

MOTHER
10. Residence (usual place of abode) (If nonresident, give place and state) Wichita, Kan
11. Color or race W 12. Age at last birthday 32 (Years)
13. Birthplace (city or place) Wichita, Kan (State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as housewife, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as saw home, laundry, office, silk mill, etc. None
16. Date (month and year) last engaged in this work 1960
17. Total time (years) spent in this work 10

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 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) _____
Address: 402 Brown Blk
Filed 8-19-61 C. C. Ebel Registrar

09

COPY FOR RESEARCH
PURPOSES ONLY

State of Kansas
 County of Carroll
 Township of _____
 STATE OF KANSAS

818 3033

City of Winfield No. William Newton Hospital, Reg. No. 102
 (If birth occurred in a hospital or institution, give its NAME instead of street and number.)

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

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 5. Premature _____ 7. Legitimate? Yes 8. Date of Birth 10/28/48
 (Month, day, year)

FATHER
 9. Full name William Henry Niemstedt
 10. Residence (usual place of abode) (If nonresident, give place and state) Kansas City, Mo.
 11. Color or race W 12. Age at last birthday 28 (Years)
 13. Birthplace (city or place) St. Louis, Mo.
 (State or country) Kansas
 14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. accountant
 15. Industry or business in which work was done, as oil mill, sawmill, bank, etc. Henry Oil Co.
 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 10 1/2

MOTHER
 10. Residence (usual place of abode) (If nonresident, give place and state) Near City, Mo.
 11. Color or race W 12. Age at last birthday 27 (Years)
 13. Birthplace (city or place) Opaleska Rapids, Kansas
 (State or country) Kansas
 14. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
 15. Industry or business in which work was done, as own home, lawyers office, silk mill, etc. own home
 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 13

18. Number of children of this mother (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
 19. If stillborn, period of gestation 3 months or weeks 20. 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 5:25 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 _____ 18-117/ _____
 (Signed) M. J. Deubner M. D.
 or _____ Midwife
 Address Winfield, Kansas
 Filed 10/28/48 at St. Charles

69

COPY FOR RESEARCH
PURPOSES ONLY

County of Franklin State of KANSAS
 Town of Garden City City of St. Lawrence Street, Reg. No. 157

7. Full Name of Child Clarence Eugene Osborn
 8. Sex Male 9. Twin, triplet, or other no 10. Precedence 1st 11. Length 19 1/2 12. Date of birth July 26 1934

13. Full name Ray Ernest Osborn
 14. Residence (usual place of abode) Garden City
 15. Color or race W 16. Age at last birthday 47 (Years)
 17. Birthplace (city or place) Emporia (State or country) Ks

18. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Farming
 19. Industry or business in which work was done, as silk mill, cannery, bank, etc. own farm
 20. Date (month and year) last engaged in this work July 1934
 21. Total time (years) spent in this work 20 yr
 22. 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 2 (c) Stillborn 0
 23. If stillborn, period of gestation { months or weeks } 24. Cause of stillbirth

13. Full name Lenora Hildegard M. Kelly m.
 14. Residence (usual place of abode) Garden City
 15. Color or race W 16. Age at last birthday 47 (Years)
 17. Birthplace (city or place) Janta (State or country) Ks

18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeping
 19. Industry or business in which work was done, as own home, longways office, silk mill, etc. own home
 20. Date (month and year) last engaged in this work July 1934
 21. Total time (years) spent in this work 10 yr

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 a.m. on the date above stated (Born alive or stillborn)
 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: Mrs. [unclear] M. D.
 Address: Garden City, Ks Midwife
 Witness: John [unclear] Registrar

①

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

1. PLACE OF BIRTH Wichita STATE BOARD OF HEALTH
 County of Wichita DIVISION OF VITAL STATISTICS
 Township of Edward STATE OF KANSAS
 or
 City of Topeka No. 1000

102 693

(If birth occurred in a hospital or institution, give its NAME instead of street and number.) street, Reg. No. _____

2. Full Name of Child Louise Cabrail (If child is not yet named, state name.)

3. Sex of child Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. Number, in order of birth _____

6. Legitimacy leg

7. Date of birth _____

8. FATHER
 Full name J. H. Cabrail

14. MOTHER
 Full maiden name _____

9. Post-office address, street No. or R. F. D. No. 1301 Topeka

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

10. Color or race White

11. Age at last birthday 30 (Years)

16. Color or race _____

17. Age at last birthday _____ (Years)

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

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

13. Occupation Farmer
 Nature of industry _____

19. 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 6
 (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 born alive at 12th 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 Paul V. Adams M.D. (Physician or midwife)

Given name added from a supplemental report B. C. Rourke (Month, day, year.)
 Registrar

Address 12th Street, Topeka
 Filed July 24, 1931 Registrar

12-2886*

16

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

1. PLACE OF BIRTH: Smith STATE BOARD OF HEALTH
 County of: Smith DIVISION OF VITAL STATISTICS
 Township of: Lawrence STATE OF KANSAS

92 6263

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: Duane La Rue Panter (If child is not yet named, write "Unborn Child".)

3. Sex of child <u>Male</u>	To be answered ONLY in case of plural births.	4. Twin, triplet or other	6. Legitimacy <u>Yes</u>	7. Date of birth <u>10/10/1951</u>
8. Full name of FATHER <u>Clyde D. Panter</u>		5. Number, in order of birth	14. Full maiden name of mother <u>Dr. Philab. Cannon</u>	
9. Post-office address, street No. or R. F. D. No. <u>1</u> <u>Athol, Mo.</u>		15. Post-office address, street No. or R. F. D. No. <u>1</u> <u>Athol, Mo.</u>		
10. Color or race <u>White</u>	11. Age at last birthday <u>27</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>23</u> (Years)	
12. Birthplace (city or place) (State or country) <u>Smith Co. Kans.</u>		13. Birthplace (city or place) (State or country) <u>Smith Co. Kans.</u>		
18. Occupation Nature of industry <u>Farmer.</u>		19. Occupation Nature of industry <u>Housewife</u>		

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: <u>3</u>	(b) Number of children born alive but now dead: <u>0</u>	(c) Number of children stillborn: <u>0</u>
--	--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Male at 9 a.m. on the date above stated.
 (Born alive or stillborn.)

Signature: W. J. Cannon
 (Physician or midwife.)

* 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: _____
 Address: Lawrence, Mo.

Month, day, year: _____
 Filing: 7 1951
 Registrar: Wm. J. Cannon

(15)

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

205 46001

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

Township of _____ STATE OF KANSAS

City of K.C.K. No. Providence street, Reg. No. 119423

2. Full Name of Child Carl Nelson Edgar Raymond
(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 M If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
 6. Premature Yes Full term _____ 7. Legitimate Yes 8. Date of birth _____
(Month, day, year)

9. Full name Horace Rowney Parkison FATHER

18. Full maiden name Edwin Alice Whipple MOTHER

10. Residence (usual place of abode) 2nd + 4th
(If nonresident, give place and state)

19. Residence (usual place of abode) 2nd + 4th
(If nonresident, give place and state)

11. Color or race W 12. Age at last birthday 37 (Years)

20. Color or race W 21. Age at last birthday 19 (Years)

13. Birthplace (city or place) Arkansas City
(State or country) Kansas

22. Birthplace (city or place) Arkansas City
(State or country) Kansas

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

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

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

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

16. Date (month and year) last engaged in this work Jan 1961

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

17. Total time (years) spent in this work 5 1/2 26. 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 1 (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 6:30 a.m. on the date above stated
(Born alive or stillborn)

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

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

Given name added from a supplemental report.

(Date of)

(Signed) W. Bruckler M. D.

or _____ Midwife

Address K.C. Kansas

Filed JUL 25 1961 Registrar _____ Registrar

(14)

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 Leavenworth DIVISION OF VITAL STATISTICS

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 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 M If plural births 1 4. Twin, triplet, or other 1 5. Premature Full term 7. Legitimate? yes 8. Date of birth [redacted]

9. Full name of FATHER Glen Elmo Patterson
10. Residence (usual place of abode) 433 Cent. ave. Leavenworth, Mo.
(If nonresident, give place and state)

11. Full maiden name of MOTHER Sophia Williams
12. Residence (usual place of abode) 433 Cent. ave. Leavenworth, Mo.
(If nonresident, give place and state)

13. Color or race W 14. Age at last birthday 36 (Years)
15. Birthplace (city or place) Oxford, Kansas
(State or country)

16. Color or race W 17. Age at last birthday 33 (Years)
18. Birthplace (city or place) Pawnee Station, Kansas
(State or country)

19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher (Kin.)
20. Industry or business in which work was done, as silk mill, sawmill, bank, etc. W. High School
21. Date (month and year) last engaged in this work July, 1931
22. Total time (years) spent in this work 12 yrs

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 July, 1931
26. Total time (years) spent in this work 14 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 1 (c) Stillborn

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 1052 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) Edward A. Schaefer M. D.

or _____, Midwife

Given name added from a supplemental report

(Date of)

Address Leavenworth, Mo.

Filed 7/21/31 19 Edward A. Schaefer Registrar

Registrar

Registrar

13

COPY FOR RESEARCH
PURPOSES ONLY

County of Hickman STATE OF KANSAS

City of Hillsboro 1000-1

7. Full Name of Child Floyd Horner Gester (If child is not yet named, enter supplemental report as directed)

8. Sex male 9. Date of birth _____

10. Birthplace (city or place) Hillsboro, Kansas 11. Age at last birthday 40 (Years)

12. Trade, profession, or particular kind of work done, as printer, Sawyer, housekeeper, etc. mechanic

13. Industry or business in which work was done, as silk mill, sawmill, bank, etc. car machine shop

14. Date (month and year) last engaged in this work 12-1-59 15. Total time (years) spent in this work 27

16. 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 _____

17. If stillborn, period of gestation _____ months or weeks 18. 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 12:58 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, housekeeper, etc., should make this return.

(Signed) [Signature] M. D.

Address Box 277, Hillsboro, Kansas

Phone 6-4-09

Give name added from a supplemental report

(Date of)

12

COPY FOR RESEARCH
PURPOSES ONLY

County of Franklin STATE OF KANSAS

26 8905

City of _____ No. _____ Street, Reg. No. 67-26-11

7. 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.)

3. Sex M If plural births _____ 4. Twin, triplet, or other _____ 5. Premature _____ 6. Legitimate? Yes 7. Date of birth _____
8. Number, in order of birth _____ Full term _____ (If still, still, still)

9. Full name FATHER Frank Fisher
18. Residence (usual place of abode) Franklin, Mo.
19. Color or race W 20. Age at last birthday 47 (Years)
21. Birthplace (city or place) Kansas (State or country)

10. Full name MOTHER Mary Sill
19. Residence (usual place of abode) _____ (If non-resident, give place and state)
20. Color or race W 21. Age at last birthday 30 (Years)
22. Birthplace (city or place) Missouri (State or country)

10. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Farmer
11. Industry or business in which work was done, as silk mill, cannery, bank, etc. _____
12. Date (month and year) last engaged in this work _____ 13. Total time (years) spent in this work _____

11. Trade, profession, or particular kind of work done, as homemaker, typist, nurse, clerk, etc. Homemaker
12. Industry or business in which work was done, as ore mine, lawyers office, silk mill, etc. _____
13. Date (month and year) last engaged in this work _____ 14. Total time (years) spent in this work _____

7. 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 0 (c) Stillborn 0
8. If stillborn, period of gestation { 2 months } 9. 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 5:45 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.

(Signed) Dr. Adair Todd M.D.
or Phyllis Ann Midwife
Address Franklin, Mo.
Filed July 21, 1931 _____

Give name added from a supplemental report

(Date of)

Register

Signature

11

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

2. PLACE OF BIRTH
 County of Lafayette STATE BOARD OF HEALTH
 DIVISION OF VITAL STATISTICS
 Township of Osage STATE OF KANSAS
 or
 City of _____ No. 372-1 street, Reg. No. 440

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. Number, in order of birth _____
 6. Premature _____ Full term ya 7. Length _____ male? ya 8. Date of birth _____

9. Full name Homer R Phillips FATHER 18. Full maiden name Martine P. Payton MOTHER
 10. Residence (usual place of abode) Osage Township 19. Residence (usual place of abode) Osage
 (If nonresident, give place and state)

11. Color or race White 12. Age at last birthday 40 (Years) 20. Color or race White 21. Age at last birthday 36 (Years)

13. Birthplace (city or place) Osage Township 22. Birthplace (city or place) Osage
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Summer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyers office, silk mill, etc. Keeper
 16. Date (month and year) last engaged in this work _____ 19 _____ 25. Date (month and year) last engaged in this work _____ 19 _____ 26. 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 2 (b) Born alive but now dead None (c) Stillborn None
 28. If stillborn, period of gestation _____ { months } 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 10 8 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) _____
 Address Osage, Kansas
 Filed July 24, 19 _____
 Registrar _____

(11)

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 Johnson DIVISION OF VITAL STATISTICS

46 6051

Township of Albion STATE OF KANSAS

City of R. F. D. No. 3, Clatka Kansas Reg. No. R-91
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

3. Full Name of Child Clyde Leland Brothe (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. 4. Twin, triplet or other 2
5. Number, in order of birth 1

6. Legitimacy Legit 7. Date of birth [REDACTED]

5. Full name of FATHER Carl Joseph Brotha

14. Full maiden name of mother Clara Louise Wehoff

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. Jame

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

18. Occupation Nature of industry Farmer

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 born alive and now living 2 (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 born alive at 6:45 A.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 [Signature]

Given name added from supplemental report September 4, 1931 Address Albion MO
(month, day, year.)

Nellie McCullay
 Registrar

11-2886* Filed Aug. 3 1931 Nellie McCullay
 Registrar

9

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**

County of _____ STATE OF KANSAS

City of **Atchison** No. **1300 Commercial**Full Name of Child **Jack Wesley Ray**

(If child is named in a foreign or non-English language, give NAME instead of street and number.)

Street, **Mag. No. 100, 3rd**

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

Sex **Male** 4. Twin, triplet, or other birth: _____ 5. Marriages: _____ 6. Swell: **yes** 7. Date of birth: _____

FATHER 18. Full maiden name: _____ MOTHER _____

Name **John Wesley Ray** Name **Alice Marie Lawrence**

Residence, name and place of birth: **Atchison Kansas** 19. Residence, name and place of birth: **Atchison Kansas**

Color of hair: **white** Age at last birthday: **23** 20. Color of hair: **white** Age at last birthday: **28** Years: _____

Place of birth: **Downs Kansas** 21. Birthplace (city or place): **Leavenworth County Kansas**

22. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. **Wagon Master**

23. Industry or business in which work was done, as silk mill, cannery, bank, etc. **Chair Elevator**

24. State, county or precinct where born: **Atchison** 25. Industry or business in which work was done, as own home, taxicab office, etc. **Own Home**

26. Total time years spent in this work: **31** 27. Total time years spent in this work: **4**

28. Number of children of this mother: **3** 29. Born alive: **0** 30. Stillborn: **0**

31. Month of gestation: _____ 32. Cause of stillbirth: _____

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 above stated.

33. I advise the parent to treat the area to prevent blindness.

34. If there was no attending physician or midwife, then the father, if present, or who should make this report.

35. My name and title: _____

36. Supplemental report: _____

Signature: *[Handwritten Signature]* Date: _____
 Address: **Atchison Kansas**
 File No: **25-131** *[Handwritten Signature]*