

PLACE OF BIRTH

County of *Worth*

Township of *Worth*

Village of *Worth*

City of *Worth*

No. *1*

Sex of Child *Female*

Legitimate mother *Yes*

Full Name of Child *Adeline*

Registration District No. *292*

Primary Registration District No. *5408*

File No. *18609*

Registered No. *70*

Date of Birth *5 22 1916*

Month (Null) Day Year

Number of children of this mother, now living *2*

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STATE OF MISSOURI  
Bureau of Vital Statistics  
CERTIFICATE OF BIRTH

*Adeline*

and Number in order of birth  
Twin, Triplet or other? *No*  
To be answered in case of plural births only

FULL MAIDEN NAME *Adeline*

RESIDENCE *Worth*

COLOR OR RACE *White*

BIRTHPLACE *Worth*

OCCUPATION *Worth*

FULL NAME *Adeline*

RESIDENCE *Worth*

COLOR OR RACE *White*

BIRTHPLACE *Worth*

OCCUPATION *Worth*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

Number of children of this mother, now living *2*

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1916, at 8 P. M.

*Worth*

*Worth*

*Worth*

*Worth*

*Worth*

*Worth*

*Worth*

*Worth*

*Worth*

*Worth*

*Worth*



STATE OF MISSOURI  
CITY OF JEFFERSON  
I HEREBY CERTIFY that the above is a true and correct copy of the certificate for the person named therein. The original record being filed in the Central Bureau of Vital Statistics of the State of Missouri is part of the permanent records of said bureau. WITNESS my hand as State Registrar of Vital Statistics and the Seal of the Missouri State Board of Health this date of

APR 21 1916

*Herbby*  
State Registrar

Per *Man*