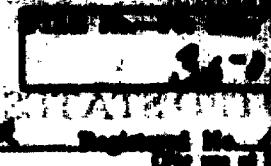


PLACE OF BIRTH

City of _____
 State or _____
 Town of _____
 or _____
 or _____
 or _____

Standard Certification of Birth
STATE OF SOUTH DAKOTA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 9A



CERTIFICATE

BIRTH CERTIFICATE

On birth comes in a house, or other habitation, other place of birth based of date and place of birth.

FULL NAME OF CHILD William Standley

by name	11 Person	4. Twin, triplet, or other _____	5. Previous	7. Length	8. Day & Month
<u>girl</u>	<u>brown</u>	<u> </u>	<u> </u>	<u>44</u>	<u>Nov. 29</u>
		6. Number, in order of birth	7. Full name		Year

FATHER
William Standley

Residence (usual place of abode)

City

(If nonresident, give place and time)

MOTHER
Lie Foye

Residence (usual place of abode)

City

(If nonresident, give place and time)

Birthplace (city or place)

(State or country)

9. Trade, profession, or particular kind of work done, as physician, surgeon, bookseller, etc.

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

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

12. Age at last birthday 25 (Years)

13. Total time (years) spent in this work

14. (a) Born alive and living

(b) Born alive but now dead

(c) Stillborn

(d) Died before birth

(e) Died after birth

(f) Stillborn and died before birth

(g) Stillborn and died after birth

(h) Stillborn and died in womb

(i) Stillborn and died outside womb

(j) Stillborn and died in water

(k) Stillborn and died in air

(l) Stillborn and died in fire

(m) Stillborn and died in explosion

(n) Stillborn and died in accident

(o) Stillborn and died in disease

(p) Stillborn and died in old age

(q) Stillborn and died in infirmity

(r) Stillborn and died in poverty

(s) Stillborn and died in ignorance

(t) Stillborn and died in darkness

15. Full residence name

16. Residence (usual place of abode)

(If nonresident, give place and time)

17. Color (black, white, etc.)

18. Age at last birthday

19. Birthplace (city or place)

(State or country)

20. Trade, profession, or particular kind of work done, as physician, surgeon, bookseller, etc.

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

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

23. Total time (years) spent in this work

24. Previous occupation

25. Present occupation

26. Name of physician or midwife

27. Address

28. File No.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above written.

(Born alive or otherwise)

(Address of attending physician or midwife)

or R. L. Standley M.D.

Address 33 Main

File 1234

(Name of physician or midwife)

(Address of physician or midwife)

(Name added from supplemental report)

(Date of)