

**File No.—For State Register**

31731

## State Board of Health

Registration District No. 3612

Registered No. 1234567890  
(For use of Local Registrar)

City of ..... (No. .... St. .... Ward) .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(4) Twin  
of Trolet?

(5) Number in order of birth

(U) Are Parents Married? ☐ Yes ☐ No

(7) DATE OF BIRTH Aug 11 1923

## FATHER

7) FULL NAME James. Leighton.

90 PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR HAIR *brn* AGE AT LAST BIRTHDAY *43*

12) BIRTHPLACE

13	OCCUPATION	IN 1940
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20) Number of children born to mother, including present birth (.....3.....)

**MOTHER**

(10) NAME BEFORE MARRIAGE *Ernie Della Gellert*

(15) PRESENT POSTOFFICE OF MOTHER *St. Louis, Mo.*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *28* *Years*

(10) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was, Born alive at H. C. M.  
on the date above stated. 6-2-44 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed Sept 11 1944 (23) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.