

(1) PLACE OF BIRTH

County of JeffersonTownship of JeffersonEas. Town of JeffersonCity of Jefferson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

State of Missouri
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1000 Registered No. 19
(For use of Local Registrar)(2) Full Name of Child John

If child is not yet named, make appropriate entry as desired

(a) SEX <u>Boy</u>	(b) Year <u>19</u> to be reported in year of birth	(c) Month <u>10</u> of the year	(d) Day <u>26</u> of the month	(e) Hour <u>2</u> of the day
FATHER.			MOTHER.	
(a) NAME <u>Sam Jaffer's</u>			(a) NAME <u>Christina Littlejohn</u>	
(b) RESIDENCE <u>Jefferson</u>			(b) RESIDENCE <u>Jefferson</u>	
(c) COLOR <u>White</u>			(c) COLOR <u>White</u>	
(d) BIRTHPLACE <u>Chicago, Ill.</u>			(d) BIRTHPLACE <u>Chicago, Ill.</u>	
(e) OCCUPATION <u>Farming</u>			(e) OCCUPATION <u>Housewife</u>	
(f) Name of father here to be entered, making parent known			(f) Name of mother of the child here to be entered, making parent known	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was John on the date above stated.(29) (Signature) Jane L. Little
(30) State whether physician or midwife, and if physician or midwife, give name, address and a description of the report

Given name, address and a description of the report

(31) Witness D. J. McPherson
(Signature of Witness necessary only when question 28 is signed by mark)(32) Date April 23, 1919 (33) Local Registrar

When there is 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.

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