

(1) PLACE OF BIRTH
County of Polk
Township of Polk
Inc. Town of Polk, Mo.
City of

CERTIFICATE OF BIRTH
STATE OF MISSOURI
Bureau of Vital Statistics
State Board of Health

Registration District No. 1 D. R. Registered No. 3
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. 452 R.R. Ave. ... Mo. 6 ... Year 1923)

(2) Full Name of Child Dorothy Elizabeth Adams If child is not yet named, make appropriate entry or initials

(3) SEX OF CHILD Girl (4) Type of Birth 1 (5) Number of Children of this Mother 11 (6) Age of Mother 24 (7) DATE OF BIRTH June 1, 1923

FATHER.
(8) FULL NAME Steven Cobb Adams
(9) PRESENT RESIDENCE OF FATHER Polk, Mo.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)
(12) BIRTHPLACE Madison County, Mo.
(13) OCCUPATION mill work
(14) Number of children born to mother, including present birth 11

MOTHER.
(15) FULL NAME Etta Parker
(16) PRESENT RESIDENCE OF MOTHER Polk, Mo.
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 31 (Years)
(19) BIRTHPLACE Madison County, Mo.
(20) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) E. T. Parker
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Polk, Mo.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Signed Feb. 14, 1923 (28) W. L. Smith (Local Registrar)

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