

STATE OF MISSOURI
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of _____
Township of _____
Village of _____
City of _____
No. Mar 24 Ward. 58

Registration District No. 120 File No. _____
Primary Registration District No. _____ Registered No. 5155

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

2. FULL NAME OF CHILD Herbert Allen Kordan

3. Sex of Child Mo 4. Legitimate y 5. Twin, Triplet, or other? _____ 6. Number and in order of birth _____ 7. Date of birth 4 10 26
(Month) (Day) (Year)
To be answered in case of plural births only

8. FULL NAME FATHER Joe Kordan 13. FULL MAIDEN NAME MOTHER Dora Bass

9. P. O. ADDRESS 4607 Newberry 14. P. O. ADDRESS _____

10. COLOR OR RACE W 10a. AGE AT LAST BIRTHDAY 34 15. COLOR OR RACE W 15a. AGE AT LAST BIRTHDAY 32
(Year) (Year)

11. BIRTHPLACE Russ 16. BIRTHPLACE _____

12. OCCUPATION Presser 17. OCCUPATION W

18. Number of child of this mother 3 19. Number of children, of this mother, now living 3 20. Born at full term y
(This Child)

What antiseptic was used in the eyes? a Use a 1% Sol. of Silver Nitrate)

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was _____ at _____
on the date above stated. (Born alive or stillborn)

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

(Signature) J. Fassig 336 P

22. Given name added from supplemental report _____ (Physician or Midwife)
6/24 1926 Address 35-19 Washg

23. Filed APR 26 1926

Registrar _____ Registrar _____

I hereby declare that this certified copy is an exact photostatic reproduction of the certificate for the person named therein, as it now appears in the permanent records of the Bureau of Vital Statistics, Division of Health of the City of St. Louis.

Witness my hand as City Registrar and the Seal of the Division of Health of said City, this date 15 JAN 58.
DO NOT ACCEPT ALTERED, REPHOTOGRAPHED, or if Seal impression cannot be felt.

Paul J. H. M. D.
City Registrar

E. S. Roll
Clerk

\$1.00 Fee Paid