

CERTIFICATE OF BIRTH

786

PLACE OF BIRTH
 COUNTY OF HENNEPIN
 CITY OF MINNEAPOLIS

City of Minneapolis

Register No. _____

Department of Health—Division of Vital Statistics

WARD 2 PLACE OF BIRTH St Andrews Hospital
(If birth occurred in a Hospital or Institution, give its name, otherwise Street and Number.)

FULL NAME OF CHILD Jean Elizabeth Simmons

Sex of Child <u>Female</u>	Twin, Triplet or other? _____ <small>(To be answered only in event of plural births)</small>	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of birth <u>Mar. 30 1917</u> <small>(Month) (Day) (Year)</small>
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FATHER

FULL NAME Mr. Herbert F. Simmons

RESIDENCE 2627 - Park St N.E.

COLOR W AGE AT LAST BIRTHDAY 35
(Years)

BIRTHPLACE Georgia

OCCUPATION Machinist

Number of children born to this mother, including present birth Two

MOTHER

FULL MAIDEN NAME Miss Virney May Andrew

RESIDENCE 2627 - Park St N.E.

COLOR W AGE AT LAST BIRTHDAY 29
(Years)

BIRTHPLACE Canada

OCCUPATION Housewife

Number of children of this mother now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the day above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Living A. Preine

(Physician or Midwife)

Given name added from a supplemental report 4-28, 1942 Address _____

sworn affidavit REGISTER Filed Recd Apr 2, 1917

I, Elsa M. Peterson, Deputy Local Registrar of Vital Statistics for the City of Minneapolis, Minnesota, hereby certify that the above is a true and correct photo-copy of the record on file in the office of the Division of Public Health.

Dated: JUL 7 1965

Elsa M. Peterson
 Deputy Local Registrar