

STANDARD CERTIFICATE OF BIRTH

State File No.

123777

1. PLACE OF BIRTH:		2. USUAL RESIDENCE OF MOTHER:	
(a) County <u>Lancaster</u>	(b) State <u>Nebraska</u>	(a) State <u>Nebraska</u>	(b) County <u>Lancaster</u>
(c) City or town <u>Lincoln</u> (If outside city or town limits write RURAL)	(c) City or town <u>Lincoln</u> (If outside city or town limits write RURAL)	(c) City or town <u>Lincoln</u>	(d) Street No. <u>1247 C St.</u> (If rural, give location)
(d) Name of hospital or institution <u>L. Elizabeth Hospital</u> (If not in hospital or institution give street number or location)	(d) Mother's stay before delivery <u>W-352</u>	(d) Mother's stay before delivery <u>1247 C St.</u>	(d) Street No. <u>1247 C St.</u> (If rural, give location)
(e) In hospital or institution <u>In this community</u> (Specify whether years, months, or days)	(e) In hospital or institution <u>In this community</u> (Specify whether years, months, or days)	(e) In hospital or institution <u>In this community</u> (Specify whether years, months, or days)	(e) In hospital or institution <u>In this community</u> (Specify whether years, months, or days)
3. Full name of child <u>Jenny Margaret Whittington</u>		4. Date of birth <u>12/7/43</u> (Month) (Day) (Year)	
5. Sex: <u>Female</u>	6. Twin or triplet <u>triplet</u>	7. Number of months of pregnancy <u>9</u>	8.
FATHER OF CHILD		MOTHER OF CHILD	
9. Full name <u>Arthur William Whittington</u>	15. Full maiden name <u>Frieda Lucille Kraft</u>		
10. Color or race <u>White</u>	16. Color or race <u>White</u>		
11. Age at time of this birth <u>28</u> yrs.	17. Age at time of this birth <u>22</u> yrs.		
12. Birthplace <u>Lincoln Nebraska</u> (City, town or county) (State or foreign country)	18. Birthplace <u>Lincoln Nebraska</u> (City, town, or county) (State or foreign country)		
13. Usual occupation <u>Fireman</u>	19. Usual occupation <u>Hom</u>		
14. Industry or business	20. Industry or business <u>Home</u>		
21. Children born to this mother:		22. Mother's mailing address:	
(a) How many other children of this mother are now living? <u>0</u>	(b) How many other children were born alive but are now dead? <u>0</u>	<u>Mrs. Arthur W. Whittington</u>	
(c) How many children were born dead? <u>0</u>	(d) How many children were born dead? <u>0</u>	<u>1247 C St., Lincoln, Nebr.</u>	
Was a prophylactic drug used in the baby's eyes? <u>Yes</u> (Yes or no)		Was a prophylactic drug used in the baby's eyes? <u>Yes</u> (Yes or no)	
Was a serologic test made on blood from mother of this child?		If serologic test not made, state reason why:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>Early Dec</u>		
23. I hereby certify that I attended the birth of this child who was <u>Born alive</u> at the hour of <u>8:18</u> on the date above stated (Born alive, Stillborn) <u>A.M.</u>			
and that the information given was furnished by <u>Mrs. Whittington</u> related to this child as <u>mother</u>			
24. Attendant's own signature <u>DEL 13 1945</u>		25. Registrar's own signature <u>M. F. ...</u>	

THIS CERTIFICATE, WHEN SIGNED AND IMPRINTED WITH THE SEAL OF THE DEPARTMENT OF HEALTH BY THE STATE REGISTRAR, CONSTITUTES A TRUE COPY OF THE ORIGINAL CERTIFICATE ON FILE WITH THE DIVISION OF VITAL STATISTICS, STATE DEPARTMENT OF HEALTH, WHICH IS THE LEGAL DEPOSITORY FOR SAME.

(SEAL)

STATE REGISTRAR