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New Form VS-1—120M—12-39

Write plainly with unfading black ink—This is a permanent record. In case of more than one child at birth, use a separate blank for each child and state the order of each birth, such as 1st, 2d or 3d.

Department of Commerce
Bureau of The Census

CERTIFICATE OF LIVE BIRTH 5052

STATE OF ALABAMA—BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH

File No. for State Registrar only

Reg. District No. 1a Certificate No.
To be filled out by local Registrar

1. PLACE OF BIRTH: Do Not Write Here

County Shelby Beat No. 1

City or Town (If outside corporate limits of city or town, write RURAL)

Street address (If in hospital or institution, give name only)

Length of mother's stay before delivery (Specify in years, months, and days)

2. USUAL RESIDENCE OF MOTHER Do Not Write Here

State Ala

County Shelby Beat No. 1

City or Town (If outside corporate limits of city or town, write RURAL)

Street address (If rural, give R.F.D. and Box No.)

3. FULL NAME OF CHILD:

4. Boy or Girl? Boy

5. Twin or triplet

If so, born 1st, 2d or 3d

6. Premature No (Months of pregnancy)

Full term

7. Is mother married to father of this child?

18. Mother's mailing address for birth notification

Supplementary data below are not a part of the legal certificate

A. Was a blood test for syphilis made on the mother of this child during pregnancy?

B. Congenital malformations?

(Specify whether clubfoot, cleft palate, etc.)

Do Not Write Here

8. Date of Birth , 19 (Month by name) (Day) (Year)

FATHER

9. Full name

10. White or Colored race White 11. Age at time of this birth 4 yrs.

12. Birthplace (City or Town) (County) (State or foreign country) Ala

MOTHER

13. Full name before marriage

14. White or Colored race W 15. Age at time of this birth yrs.

16. Birthplace (City or Town) (County) (State or foreign country) Ala

17. CHILDREN BORN TO THIS MOTHER

(a) Children born alive and living at time of this birth, including this child 1
Note: If this child was born alive, but died after birth, consider it as living at time of this birth.

(b) Previous children born alive but dead at time of this birth . . . .

(c) Previous children born dead (stillborn) . . .

Total number, including this birth . . . . (Add a, b and c)

19. I hereby certify that I attended the birth of this child born alive at the hour of 11 M. on the date stated above. The information given was furnished by , related to this child as

whose address is

Attendant's own signature J. C. [illegible] M.D. (Specify if M.D., midwife or other)

Date signed May 31, 1910 (Month by name) (Day) (Year)

Address

20. Filed , 19

Local or deputy registrar's own signature

This certificate must be filed with local registrar within five (5) days after birth

STATE OF ALA. SHELBY CO.
I CERTIFY THIS INSTRUMENT
WAS FILED ON 10 AM
2/10 1963
RECORDED & $ MTG. TAX
& $ DEED TAX HAS BEEN
PD. ON THIS INSTRUMENT.
[signature]
JUDGE OF PROBATE