



[Princeton \(Minn. : Township\).  
Birth and Death Certificates.](#)

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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of millers  
Township of Princeton  
or  
Village of \_\_\_\_\_  
or  
City of \_\_\_\_\_

STATE OF MINNESOTA

Division of Vital Statistics

RECORD OF BIRTH

Registered No. 1

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Viola M. Shannon

{ If child is not yet named, make supplemental report, as directed.

Sex of Child M Twin Triplet, or other? \_\_\_\_\_ and { Number In order of Birth \_\_\_\_\_ Legitimate? \_\_\_\_\_ Date of Birth 26, 1908  
(Month) (Day) (Year)

FATHER  
FULL NAME John Shannon  
RESIDENCE \_\_\_\_\_

MOTHER  
FULL MAIDEN NAME Eliza J. Laskerud  
RESIDENCE \_\_\_\_\_

COLOR OR RACE W AGE AT LAST BIRTHDAY 41  
(Years)

COLOR OR RACE W AGE AT LAST BIRTHDAY 44  
(Years)

BIRTHPLACE Canada

BIRTHPLACE La.

OCCUPATION Farmer

OCCUPATION \_\_\_\_\_

Number of Child of this Mother 10

Number of Children, of this Mother, now living 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on 27, 1908, at \_\_\_\_\_ M.

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. }

(Signature) John Shannon

Dated \_\_\_\_\_ 190\_\_\_\_, (Attending physician, midwife, father, etc.)\*

Given or christian name added from a supplemental report \_\_\_\_\_ 190\_\_\_\_

Address \_\_\_\_\_

Filed Apr. 1, 1908 Otto Bursch

Address Princeton REGISTRAR.

REGISTRAR.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

**See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.**

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn", with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Court,  
Mille Lacs County, Minn.

March 6, A. D. 1909

Modi H. King Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

# STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

PLACE OF BIRTH

County of Miller

Township of Princeton

Village of \_\_\_\_\_

City of \_\_\_\_\_

Reg. District No. \_\_\_\_\_

No. in Registration Book 14

(No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD

Evelyn Ada Dornham

If child is not yet named, make supplemental report, as directed.

Sex of Child M

Twin  
Triplet  
or other

and Number  
in order  
of Birth

Legitimate?

Date of Birth

Feb. 14 1908  
(Month) (Day) (Year)

FULL NAME

FATHER

Dr. Maxwell Dornham

FULL MAIDEN NAME

MOTHER

Orpha D. Townsend

POST OFFICE ADDRESS

POST OFFICE ADDRESS

COLOR OR RACE

AGE AT LAST BIRTHDAY

22  
(Years)

COLOR OR RACE

AGE AT LAST BIRTHDAY

21  
(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

foreman saw mill

OCCUPATION

Number of Child of this Mother 1

Number of Children, of this Mother, now living 1

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on 2/14, 1908, at \_\_\_\_\_ M.

(Signature)

G. R. Bailey  
(Attending Physician, Midwife)

Dated

2/14 1908, Address \_\_\_\_\_

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed

10/2 1908,

Otto Henschel

Address \_\_\_\_\_

REGISTRAR.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. E.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

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Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

**See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.**

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, 'stillbirth.' The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'still-born', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall willfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

District Court  
 A. D. 1907  
 March 6, 1907  
 Robt. H. King, Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH		<b>STATE OF MINNESOTA</b>	
County of <u>Mille Lacs</u>		Division of Vital Statistics	
Township of <u>Princeton</u>		<b>RECORD OF BIRTH</b>	
Village of _____ or _____		Reg. District No. _____	No. in Registration Book _____
City of _____ (No. _____)		St.; _____ Ward) _____	
FULL NAME OF CHILD <u>Alice V. Thoma</u>		} If child is not yet named, make supplemental report, as directed.	
Sex of Child <u>M</u>	Twin Triplet or other _____ } and { Number in order of Birth _____	Legitimate? _____	Date of Birth <u>Mar. 14</u> 190 <u>8</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Herman Thoma</u> POST OFFICE ADDRESS _____		MOTHER FULL MAIDEN NAME <u>Emma Reimus</u> POST OFFICE ADDRESS _____	
COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Minnesota</u>		BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>farmer</u>		OCCUPATION _____	
Number of Child of this Mother <u>1</u>		Number of Children, of this Mother, now living <u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child, and that it occurred on 3/14, 1908, at \_\_\_\_\_ M.

(Signature) J. R. Baley Dated \_\_\_\_\_ 190\_\_\_\_, Address \_\_\_\_\_  
(Attending Physician, Midwife)

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed 4/15 1908, O. Henschel Address \_\_\_\_\_  
REGISTRAR.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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  - (3) Sex.
  - (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
  - (5) Condition—as twins, illegitimate, etc.
  - (6) Date of birth, including year, month and day.
  - (7) Full name of father, with age.
  - (8) Birthplace of father, state or foreign country.
  - (9) Occupation of father.
  - (10) Maiden name of mother, with age.
  - (11) Birthplace of mother, state or foreign country.
  - (12) Occupation of mother.
  - (13) Number of child of this mother and number of children of this mother now living.
  - (14) Signature and address of attending physician or midwife.
  - (15) Signature and address of informant.
  - (16) Signature and address of reporting official.
  - (17) Date when certificate was filed and registered.
- "(c) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

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Filed for Record  
 March 6, 1909  
 A.D. 1909  
 Robt. H. King  
 Clerk

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PLACE OF BIRTH		STATE OF MINNESOTA	
County of <u>Mille Lacs</u>		Division of Vital Statistics	
Township of <u>Princeton</u>		RECORD OF BIRTH	
Village of _____	Reg. District No. _____	No. in Registration Book <u>13</u>	
City of _____	(No. _____, _____)	St.; _____	Ward) _____
FULL NAME OF CHILD <u>Laura Palsfuss</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of Child <u>M</u>	Twin Triple or other _____ and _____ Number in order of Birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Mar. 30</u> 190 <u>8</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Otto C. Palsfuss</u>		FULL MAIDEN NAME MOTHER <u>Mary Weeks</u>	
POST OFFICE ADDRESS _____		POST OFFICE ADDRESS _____	
COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Minnesota</u>		BIRTHPLACE _____	
OCCUPATION <u>farmer</u>		OCCUPATION _____	
Number of Child of this Mother <u>3</u>		Number of Children, of this Mother, now living <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on 3/30, 1908, at 9 A.M.

(Signature) J. R. Bailey Dated 4/1 1908, Address \_\_\_\_\_  
(Attending Physician, Midwife)

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed 10/2 1908, Otto Hirschil Address \_\_\_\_\_  
REGISTRAR.



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- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Court,  
 of the County, Minn.  
 March 6, A.D. 1909  
 Robt. W. King Clerk.



When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		STATE OF MINNESOTA	
County of <u>Mille Lacs</u>		Division of Vital Statistics	
Township of <u>Princeton</u>		RECORD OF BIRTH	
Village of _____		Reg. District No. _____	No. in Registration Book _____
City of _____		(No. _____)	St.; _____ Ward) _____
FULL NAME OF CHILD <u>Julius Roman</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of Child <u>male</u>	Twin Triplett or other _____	Legitimate? _____	Date of Birth <u>May 5</u> 190 <u>8</u> (Month) (Day) (Year)
FATHER		MOTHER	
FULL NAME <u>Robt. Roman</u>		FULL MAIDEN NAME <u>Hanna Schmitta</u>	
POST OFFICE ADDRESS _____		POST OFFICE ADDRESS _____	
COLOR OR RACE <u>w</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR OR RACE <u>w</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Germany</u>		BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>farmer</u>		OCCUPATION _____	
Number of Child of this Mother <u>3</u>		Number of Children, of this Mother, now living <u>3</u>	

# CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on 5/5, 1908, at \_\_\_\_\_ M.

(Signature) Robt. Roman Dated 5/11 1908, Address \_\_\_\_\_  
(Attending Physician, Midwife) father

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed 5/11 1908, Edto Benochel Address \_\_\_\_\_  
REGISTRAR.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

**See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.**

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.

- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Court,  
 Mile Lake County, Minn.  
 March 6, A.D. 1909  
 Robt. H. King, Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		<b>STATE OF MINNESOTA</b>	
County of <u>Mille Lacs</u>		Division of Vital Statistics	
Township of <u>Princeton</u>		<b>RECORD OF BIRTH</b>	
Village of _____ or _____		Reg. District No. _____	No. in Registration Book _____
City of _____ or _____		(No. _____, _____)	St.; _____ Ward _____
FULL NAME OF CHILD <u>Chas. V. Matt</u>		} If child is not yet named, make supplemental report, as directed.	
Sex of Child <u>male</u>	Twin Triple t or other _____ and _____ Number in order of Birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 6</u> 190 <u>8</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Verne Matt</u>		FULL MAIDEN NAME MOTHER <u>Lucinda M. Steele</u>	
POST OFFICE ADDRESS _____		POST OFFICE ADDRESS _____	
COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE _____		BIRTHPLACE _____	
OCCUPATION <u>farmer</u>		OCCUPATION _____	
Number of Child of this Mother <u>2</u>		Number of Children, of this Mother, now living <u>2</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child, and that it occurred on 576, 1908, at 30 P.M.

(Signature) Mrs. Sarah W. Steele Dated \_\_\_\_\_ 190\_\_\_\_, Address \_\_\_\_\_  
(Attending Physician, Midwife)

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed 676 1908, Otto Henschel Address \_\_\_\_\_  
REGISTRAR.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

**See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.**

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.  
 (16) Signature and address of reporting official.  
 (17) Date when certificate was filed and registered.  
 "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn", with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed for Record  
 March 6, A.D. 1907  
 Robt. H. King Clerk



When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

# STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

PLACE OF BIRTH

County of St. Louis

Township of Princeton

Village of \_\_\_\_\_

Reg. District No. \_\_\_\_\_

No. in Registration Book 11

City of \_\_\_\_\_

(No. \_\_\_\_\_)

St.; \_\_\_\_\_ Ward

FULL NAME OF CHILD

Lawrence J. Burke

If child is not yet named, make supplemental report, as directed.

Sex of Child

male

Twin Triple t or other

and Number in order of Birth

Legitimate?

yes

Date of Birth

May 9 1908  
(Month) (Day) (Year)

FULL NAME

FATHER

Louis Burke

FULL MAIDEN NAME

MOTHER

Victoria Beltrand

POST OFFICE ADDRESS

POST OFFICE ADDRESS

COLOR OR RACE

W

AGE AT LAST BIRTHDAY

25  
(Years)

COLOR OR RACE

W

AGE AT LAST BIRTHDAY

25  
(Years)

BIRTHPLACE

Minnesota

BIRTHPLACE

OCCUPATION

Labourer

OCCUPATION

Number of Child of this Mother

2

Number of Children, of this Mother, now living

2

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on 79, 1908, at 11 A.M.

(Signature)

J. R. Bailey  
(Attending Physician, Midwife)

Dated

79 1908, Address \_\_\_\_\_

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed

10/2

1908,

Otto Henschel

REGISTRAR.

Address \_\_\_\_\_

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

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**See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.**

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(c) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Court,  
 March 6, A.D. 1907  
 Robt H. King Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

# STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

PLACE OF BIRTH  
County of Mille Lacs  
Township of Princeton  
or  
Village of \_\_\_\_\_  
or  
City of \_\_\_\_\_

Reg. District No. \_\_\_\_\_ No. In Registration Book 10  
St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Nellie Balfanz } If child is not yet named, make supplemental report, as directed.

Sex of Child H. Twin Triple or other } and } Number in order of Birth Legitimate? yes Date of Birth May 22 1908  
(Month) (Day) (Year)

FULL NAME FATHER Otto H. Balfanz  
POST OFFICE ADDRESS \_\_\_\_\_

FULL MAIDEN NAME MOTHER Pearl Brown  
POST OFFICE ADDRESS \_\_\_\_\_

COLOR OR RACE W AGE AT LAST BIRTHDAY 22  
(Years)

COLOR OR RACE W AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE Minnesota

BIRTHPLACE Minnesota

OCCUPATION farmer

OCCUPATION \_\_\_\_\_

Number of Child of this Mother 2

Number of Children, of this Mother, now living 2

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on 7/22, 1908, at 50 M.

(Signature) G. R. Baluy Dated 7/22 1908, Address \_\_\_\_\_  
(Attending Physician, Midwife)

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed 10/2 1908, Otto Henschel Address \_\_\_\_\_

REGISTRAR.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

# REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

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- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.

- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'still-born', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in Court,  
 Mile Lac County, Minn.  
 A.D. 1909  
 March 6  
 Robt H. King, Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

County of Mill Lake

Division of Vital Statistics

Township of Princeton

RECORD OF BIRTH

Village of \_\_\_\_\_

Reg. District No. \_\_\_\_\_

No. in Registration Book 19

City of \_\_\_\_\_

(No. \_\_\_\_\_)

St.; \_\_\_\_\_ Ward

FULL NAME  
OF CHILD

Martin R. Girth

If child is not yet named, make supplemental report, as directed

Sex of Child

Male

Twin  
Triplet  
or other

and

Number  
in order  
of birth

Legitimate?

yes

Date of Birth

June 6 1908  
(Month) (Day) (Year)

FULL NAME

FATHER

R. W. Girth

FULL MAIDEN NAME

MOTHER

Miss G. Rosine

POST OFFICE ADDRESS

POST OFFICE ADDRESS

COLOR OR RACE

W

AGE AT LAST BIRTHDAY

35  
(Years)

COLOR OR RACE

W

AGE AT LAST BIRTHDAY

28  
(Years)

BIRTHPLACE

Miss

BIRTHPLACE

Germany

OCCUPATION

farmer

OCCUPATION

Number of Child of this Mother

1

Number of Children, of this Mother, now living

0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on 6 3, 1908, at 2 a.m.

(Signature)

G. R. Baley

(Attending Physician, Midwife)

Dated

6 5

1908

Address

What steps have been taken to prevent ophthalmia neonatorum?

Filed

127 1 8 1908

O. Henschel

REGISTRAR.

Address

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

**See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.**

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'still-born', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

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"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Court,  
St. Louis County, Minn.

March 6 A. D. 1909  
Robt. H. King Clerk



When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

# STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

PLACE OF BIRTH

County of Miller

Township of Princeton

Village of \_\_\_\_\_

City of \_\_\_\_\_

Reg. District No. \_\_\_\_\_ No. in Registration Book 5

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Nicholas M. Berry

If child is not yet named, make supplemental report, as directed.

Sex of Child male

Twin  
Triplet  
or other

and Number  
in order  
of Birth

Legitimate? yes

Date of Birth June 11

(Month)

(Day)

1908 (Year)

FULL NAME

FATHER

POST OFFICE ADDRESS

FULL MAIDEN NAME

MOTHER

POST OFFICE ADDRESS

COLOR OR RACE W

AGE AT LAST BIRTHDAY 37

(Years)

COLOR OR RACE W

AGE AT LAST BIRTHDAY 37

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION farmer

OCCUPATION

Number of Child of this Mother 6

Number of Children, of this Mother, now living 6

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on July 11, 1908, at 4 A.M.

(Signature) David Berry

(Attending Physician, Midwife)

Dated July 1908, Address \_\_\_\_\_

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed 9/5

1908

Otto Henschel

Address \_\_\_\_\_

REGISTRAR.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

**See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.**

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(c) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Not Court,  
 A.D. 1909  
 March 6,  
 Robt H. King  
 Clerk

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

PLACE OF BIRTH		STATE OF MINNESOTA	
County of <u>Mille Lacs</u>		Division of Vital Statistics	
Township of <u>Princeton</u>		RECORD OF BIRTH	
Village of _____	Reg. District No. _____	No. in Registration Book <u>16</u>	
City of _____	(No. _____, _____)	St.; _____	Ward) _____
FULL NAME OF CHILD <u>Walker</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of Child <u>Male</u>	Twin Triple t or other _____	and { Number in order of Birth _____	Legiti- male? <u>yes</u>
Date of Birth <u>June 12</u> 190 <u>8</u>	(Month) (Day) (Year)		
FULL NAME FATHER <u>Lehas Walker</u>	FULL MAIDEN NAME MOTHER <u>Barbara Luow</u>		
POST OFFICE ADDRESS _____	POST OFFICE ADDRESS _____		
COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>minn</u>	BIRTHPLACE <u>La.</u>		
OCCUPATION <u>Laborer</u>	OCCUPATION _____		
Number of Child of this Mother <u>6</u>		Number of Children, of this Mother, now living <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on 6/12, 1908, at 1000 M.

(Signature) G. R. Caluy Dated 6/16 1908, Address \_\_\_\_\_  
 (Attending Physician, Midwife)

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed 10/2 1908, Otto Herschel Address \_\_\_\_\_  
 REGISTRAR.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

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- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'still-born', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

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Filed in District Court,  
 Miller Lake County, Minn.  
 March 6 A.D. 1909  
 Robt. H. King



When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

# STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

PLACE OF BIRTH  
County of Miller  
Township of Princeton  
or  
Village of \_\_\_\_\_  
or  
City of \_\_\_\_\_

Reg. District No. \_\_\_\_\_

No. in Registration Book 15  
St.; \_\_\_\_\_ Ward

FULL NAME  
OF CHILD

Ernest

If child is not yet named, make supplemental report, as directed.

Sex of  
Child

M

Twin  
Triplet  
or other

and Number  
in order  
of Birth

Legiti-  
mate?

yes

Date of  
Birth

June 25 1908  
(Month) (Day) (Year)

FULL  
NAME

FATHER

Rudolph Ernest

POST OFFICE  
ADDRESS

FULL  
MAIDEN  
NAME

MOTHER

Dorothy Johnson

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

34  
(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

21  
(Years)

BIRTHPLACE

Minnesota

BIRTHPLACE

Denmark

OCCUPATION

engineer

OCCUPATION

Number of Child of this Mother 2

Number of Children, of this Mother, now living 2

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on June 25, 1908, at 3 A.M.

(Signature)

J. R. Bailey  
(Attending Physician. Midwife)

Dated

June 25 1908, Address \_\_\_\_\_

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed

10/2 1908

Otto Henschel

REGISTRAR.

Address \_\_\_\_\_

MARGIN RESERVED FOR BINDING.  
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- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed for District Court  
 Miller Lake County, Minn.  
 March 6. A. D. 1907  
 Robt. H. King (Clerk)

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

STATE OF MINNESOTA

County of Mille Lacs

Division of Vital Statistics

Township of Princeton

RECORD OF BIRTH

Village of \_\_\_\_\_

Reg. District No. \_\_\_\_\_

No. in Registration Book 12

City of \_\_\_\_\_

(No. \_\_\_\_\_)

St.; \_\_\_\_\_ Ward)

FULL NAME  
OF CHILD

Al

If child is not yet named, make supplemental report, as directed.

Sex of  
Child

male

Twin  
Triplet  
or other

} and {

Number  
in order  
of Birth

Legiti-  
mate?

yes

Date of  
Birth

July 20

1908

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Walker Al

FULL  
MAIDEN  
NAME

MOTHER

Martha V. Haglund

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

w

AGE AT LAST  
BIRTHDAY

31

(Years)

COLOR  
OR RACE

w

AGE AT LAST  
BIRTHDAY

22

(Years)

BIRTHPLACE

Sweden

BIRTHPLACE

Sweden

OCCUPATION

farmer

OCCUPATION

Number of Child of this Mother 1

Number of Children, of this Mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on 7/20, 1908, at 2 A.M.

(Signature)

J. R. O'Leary

(Attending Physician, Midwife)

Dated

7/20

1908, Address \_\_\_\_\_

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed

10/2

1908,

Otto Henschel

REGISTRAR.

Address \_\_\_\_\_

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

**See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.**

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(c) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Court,  
 Filed in  
 March 6, A.D. 1909  
 Robt. W. King Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

# STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

PLACE OF BIRTH  
County of Miller  
Township of Princeton  
or  
Village of \_\_\_\_\_  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Reg. District No. \_\_\_\_\_ No. in Registration Book 6

FULL NAME OF CHILD Clara E. Schlessner } If child is not yet named, make supplemental report, as directed.

Sex of Child H Twin Triple t or other \_\_\_\_\_ } and { Number in order of Birth \_\_\_\_\_ Legitimate? \_\_\_\_\_ Date of Birth Aug. 2 1908 (Month) (Day) (Year)

FATHER  
FULL NAME August Schlessner  
POST OFFICE ADDRESS \_\_\_\_\_

MOTHER  
FULL MAIDEN NAME Bertha Neuman  
POST OFFICE ADDRESS \_\_\_\_\_

COLOR OR RACE W AGE AT LAST BIRTHDAY 47 (Years)

COLOR OR RACE W AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Germany

BIRTHPLACE Minnesota

OCCUPATION farmer

OCCUPATION \_\_\_\_\_

Number of Child of this Mother 3

Number of Children, of this Mother, now living 3

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Aug 2, 1908, at \_\_\_\_\_ M.

(Signature) Aug. Schlessner Dated Aug 30 1908, Address \_\_\_\_\_  
(Attending Physician, Midwife, or other person)

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed 9/15 1908, Otto Henschel Address \_\_\_\_\_  
REGISTRAR.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

**See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.**

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'still-born', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

District Court,  
 Hennepin County, Minn.  
 March 6, 1909  
 Robt. H. King, Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

STATE OF MINNESOTA

County of Mille Lacs

Division of Vital Statistics

Township of Princeton

RECORD OF BIRTH

Village of \_\_\_\_\_

Reg. District No. \_\_\_\_\_ No. in Registration Book 9

City of \_\_\_\_\_

(No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

FULL NAME  
OF CHILD

Bergeron

If child is not yet named, make supplemental report, as directed.

Sex of Child

M

Twin  
Triplet  
or other

and Number  
in order  
of Birth

Legiti-  
mate?

yes

Date of  
Birth

Aug. 9 1908  
(Month) (Day) (Year)

FULL  
NAME

FATHER

Theodore D. Bergeron

FULL  
MAIDEN  
NAME

MOTHER

Annie D. Brace

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

31

(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

23

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

laborer

OCCUPATION

Number of Child of this Mother

4

Number of Children, of this Mother, now living

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on 8/9, 1908, at 100 M.

(Signature)

J. R. Calvey  
(Attending Physician, Midwife)

Dated

8/12

1908

Address

What steps have been taken to prevent ophthalmia neonatorum?

Filed

10/2

1908

Otto Henschel

Address

REGISTRAR.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

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**See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.**

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

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Filed in the Court,  
 State of Minnesota,  
 Miller Lake County, Minn.  
 March 6, A.D. 1909  
 Robt. W. King, Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

County of MillerTownship of Princeton

OR

Village of \_\_\_\_\_

OR

City of \_\_\_\_\_

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward) \_\_\_\_\_

## STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

Reg. District No. 2881No. in Registration Book 31

(Above numbers to be filled in only by local registrar or his deputy)

FULL NAME  
OF CHILDCarl Fredrick G. Muller{ If child is not yet named, make  
supplemental report as directedSEX OF  
CHILDmTwin  
Triplet  
or other

and

Number  
in order  
of birthLegiti-  
mateDATE OF  
BIRTHAug. 17 1908  
(Month) (day) (year)FULL  
NAME

FATHER

Fred MullerPOST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME

MOTHER

POST OFFICE  
ADDRESSEmmie RungeCOLOR  
OR RACEwAGE AT LAST  
BIRTHDAY43  
(Years)COLOR  
OR RACEwAGE AT LAST  
BIRTHDAY40  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)GermanyBIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

farmer

OCCUPATION

NUMBER OF CHILD OF THIS MOTHER \_\_\_\_\_

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 7-17, 1908, at \_\_\_\_\_ M.  
Cross out words which do not apply

(Signature)

F. Muller

Dated

3/25 1909

Address

Princeton

(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed

3/25 1909Alb. Kuhfeld

Registrar

Address

" "

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

R P



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth."

The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the District Court,  
Hills County, Minn.  
February 16, A.D. 1910  
Shelley J. Dine  
Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

County of Mille Lacs

Division of Vital Statistics

Township of Princeton

RECORD OF BIRTH

Village of \_\_\_\_\_

Reg. District No. \_\_\_\_\_

No. in Registration Book 9

City of \_\_\_\_\_

(No. \_\_\_\_\_, \_\_\_\_\_)

St.; \_\_\_\_\_

Ward) \_\_\_\_\_

FULL NAME  
OF CHILD

Henschel

If child is not yet named, make supplemental report, as directed.

Sex of  
Child

M

Twin  
Triplet  
or other

and

Number  
in order  
of Birth

Legiti-  
mate?

Date of  
Birth

Aug. 26 1908  
(Month) (Day) (Year)

FULL  
NAME

FATHER

Peter Henschel

FULL  
MAIDEN  
NAME

MOTHER

Arthilia Doepf

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

38  
(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

35  
(Years)

BIRTHPLACE

Minnesota

BIRTHPLACE

Germany

OCCUPATION

Farmer

OCCUPATION

Number of Child of this Mother

8

Number of Children, of this Mother, now living

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on 8/26, 1908, at \_\_\_\_\_ M.

(Signature)

Peter Henschel  
(Attending Physician, Midwife)

Dated

9/5

1908, Address \_\_\_\_\_

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed

9/5

1908,

Otto Henschel

Address \_\_\_\_\_

REGISTRAR.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

**See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.**

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn", with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in Court,  
 March 6 A.D. 1909  
 Robt H. King Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		<b>STATE OF MINNESOTA</b>	
County of <u>Mille Lacs</u>		Division of Vital Statistics	
Township of <u>Princeton</u>		<b>RECORD OF BIRTH</b>	
Village of _____ or _____	Reg. District No. _____	No. in Registration Book <u>8</u>	
City of _____ (No. _____, St.; _____ Ward)			
FULL NAME OF CHILD <u>Gertrude Milbrandt</u>		If child is not yet named, make supplemental report, as directed.	
Sex of Child <u>M</u>	Twin Triplett or other _____ } and { Number in order of Birth _____	Legitimate? _____	Date of Birth <u>Aug. 29</u> 190 <u>8</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Herman Milbrandt</u>		FULL MAIDEN NAME MOTHER <u>Hanna Schlee</u>	
POST OFFICE ADDRESS _____		POST OFFICE ADDRESS _____	
COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Germany</u>		BIRTHPLACE _____	
OCCUPATION <u>farmer</u>		OCCUPATION _____	
Number of Child of this Mother <u>2</u>		Number of Children, of this Mother, now living <u>2</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child, and that it occurred on 8/29, 1908, at \_\_\_\_\_ M.

(Signature) Herman Milbrandt Dated 8/29 1908, Address \_\_\_\_\_  
(Attending Physician, Midwife)

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed 9/12 1908, Otto Henschel Address \_\_\_\_\_  
REGISTRAR.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

**See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.**

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(c) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Court,  
 Filed in  
 March 6, A.D. 1  
 Robt. H. King  
 Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

## STATE OF MINNESOTA

Division of Vital Statistics

County of Miller LakeTownship of Princeton

OR

Village of \_\_\_\_\_

OR

City of \_\_\_\_\_

Reg. District No. \_\_\_\_\_

No. in Registration Book 22

(Above numbers to be filled in only by local registrar or his deputy)

(No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward) \_\_\_\_\_

FULL NAME  
OF CHILDJohanson{ If child is not yet named, make  
supplemental report as directed

SEX OF CHILD <u>male</u>	Twin Triplet or other	and {	Number in order of birth	Legiti- mate	DATE OF BIRTH <u>Sept. 27</u> 190 <u>8</u> (Month) (day) (year)
FATHER			MOTHER		
FULL NAME <u>David Johnson</u>			FULL MAIDEN NAME <u>Georgia Mudgett</u>		
POST OFFICE ADDRESS _____			POST OFFICE ADDRESS _____		
COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)		COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	
BIRTHPLACE (STATE OR COUNTRY) <u>Minnesota</u>			BIRTHPLACE (STATE OR COUNTRY) <u>Minnesota</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION _____		
NUMBER OF CHILD OF THIS MOTHER <u>2</u>			NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 9/27, 1908, at \_\_\_\_\_ M.  
Cross out words which do not apply

(Signature) David Johnson Dated \_\_\_\_\_ 190\_\_\_\_, Address \_\_\_\_\_  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed 127 31 1908, Alb. Kuhfeld Address Princeton  
Registrar

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

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United States District Court,  
St. Paul, Minn.  
March 6 A.D. 1909  
Robt. H. King Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

County of Mille Lac

Division of Vital Statistics

Township of Princeton

RECORD OF BIRTH

Village of \_\_\_\_\_  
or \_\_\_\_\_

Reg. District No. \_\_\_\_\_ No. in Registration Book 31

City of \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Geo. O. Mankel

If child is not yet named, make supplemental report, as directed

Sex of Child male

Twin  
Triplet  
or other

and } Number  
in order  
of birth

Legitimate?

Date of Birth Oct. 25 1908

(Month) (Day) (Year)

FULL NAME

FATHER

POST OFFICE ADDRESS

FULL MAIDEN NAME

MOTHER

POST OFFICE ADDRESS

COLOR OR RACE w

AGE AT LAST BIRTHDAY 27

(Years)

COLOR OR RACE w

AGE AT LAST BIRTHDAY 19

(Years)

BIRTHPLACE

Germany  
farmer

BIRTHPLACE

Sweden

OCCUPATION

OCCUPATION

Number of Child of this Mother 1

Number of Children, of this Mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on 10/28, 1908, at M.

(Signature) G. R. Bailey

(Attending Physician, Midwife)

Dated 12/7 1908, Address \_\_\_\_\_

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed 12/18 1908, C. Herschel

REGISTRAR.

Address \_\_\_\_\_

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

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villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

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- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "still-born", with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Clerk  
 Mille Lacs County, Minn.  
 March 6 A.D. 1909  
 Robt H. King Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

County of Wille Lac

Division of Vital Statistics

Township of Princeton

RECORD OF BIRTH

Village of \_\_\_\_\_

Reg. District No. \_\_\_\_\_

No. in Registration Book 18

City of \_\_\_\_\_

(No. \_\_\_\_\_, \_\_\_\_\_)

St.; \_\_\_\_\_

Ward) \_\_\_\_\_

FULL NAME  
OF CHILD

Nglen

If child is not yet named, make supplemental report, as directed

Sex of Child male

Twin  
Triplet  
or other

and

Number  
in order  
of Birth

Legiti-  
mate?

Date of  
Birth

Nov. 9

1908  
(Month) (Day) (Year)

FULL  
NAME

FATHER

H. Nglen

FULL  
MAIDEN  
NAME

MOTHER

Matilda Thorsen

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

31  
(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

27  
(Years)

BIRTHPLACE

Wisc.

BIRTHPLACE

Wisc.

OCCUPATION

merchant

OCCUPATION

Number of Child of this Mother 4

Number of Children, of this Mother, now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on 11/9, 1908, at 2 A.M.

(Signature)

B. A. Lester

Dated

11/11 1908

Address

(Attending Physician, Midwife)

What steps have been taken to prevent ophthalmia neonatorum?

Filed

12/18 1908

U. Harschel

REGISTRAR.

Address

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

**See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.**

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'stillborn', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

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"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Court,  
 Miller Lake County, Minn.  
 March 6 A.D. 1909  
 Robt. W. King Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

Division of Vital Statistics

RECORD OF BIRTH

County of Miller

Township of Princeton

Village of \_\_\_\_\_

Reg. District No. \_\_\_\_\_

No. in Registration Book 17

City of \_\_\_\_\_

(No. \_\_\_\_\_, \_\_\_\_\_ Ward)

St.; \_\_\_\_\_

FULL NAME  
OF CHILD

Bets

If child is not yet named, make supplemental report, as directed

Sex of  
Child

21

Twin  
Triplet  
or other

and Number  
in order  
of Birth

Legiti-  
mate?

Date of  
Birth

Nov. 13

1908

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Paul H. Bets

FULL  
MAIDEN  
NAME

MOTHER

Lula H. Backover

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

23

(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

21

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

farmer

OCCUPATION

Number of Child of this Mother

2

Number of Children, of this Mother, now living

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 1713, 1908, at 6 P. M.

(Signature)

G. R. Bolney

(Attending Physician, Midwife)

Dated

1718 1908

Address

What steps have been taken to prevent ophthalmia neonatorum?

Filed

1718 1908

G. Henschel

REGISTRAR.

Address

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 5th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

**See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.**

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'still-born', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Court,  
 10th Judicial District, Minn.  
 March 6. A.D. 1909  
 Rodd H. King Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on B.

## PLACE OF BIRTH

## STATE OF MINNESOTA

County of Miller

Division of Vital Statistics

Township of Princeton

## RECORD OF BIRTH

OR

Village of \_\_\_\_\_

Reg. District No. \_\_\_\_\_ No. in Registration Book 23  
(Above numbers to be filled in only by local registrar or his deputy)

OR

City of \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward) \_\_\_\_\_

FULL NAME  
OF CHILDNeuman{ If child is not yet named, make  
supplemental report as directed

SEX OF CHILD <u>male</u>	Twin Triplet or other	{ and } Number in order of birth	Legiti- mate	DATE OF BIRTH <u>Dec. 14</u> 190 <u>8</u> (Month) (day) (year)
--------------------------	-----------------------------	----------------------------------------	-----------------	----------------------------------------------------------------------

FULL NAME <u>August Neuman</u>	FATHER
POST OFFICE ADDRESS	

FULL MAIDEN NAME <u>Mary Schlee</u>	MOTHER
POST OFFICE ADDRESS	

COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
---------------------------	----------------------------------------------

COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
---------------------------	----------------------------------------------

BIRTHPLACE (STATE OR COUNTRY) <u>Minn</u>
----------------------------------------------

BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u>
-------------------------------------------------

OCCUPATION <u>farmer</u>
-----------------------------

OCCUPATION
------------

NUMBER OF CHILD OF THIS MOTHER 2NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 2

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 17/14, 1908, at \_\_\_\_\_ M.  
Cross out words which do not apply(Signature) Mrs. Fisher Dated 17/14 1908 Address \_\_\_\_\_  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed 1/6 1909, at At. Kuhfeld Address Princeton  
RegistrarMARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

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Office of District Court,  
Minneapolis, Minn.  
March 6 A.D. 1909  
Robt. H. Aug. Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

County of Miller Lac

Division of Vital Statistics

Township of Princeton

RECORD OF BIRTH

Village of \_\_\_\_\_

Reg. District No. \_\_\_\_\_

No. in Registration Book 20

City of \_\_\_\_\_

(No. \_\_\_\_\_)

St.; \_\_\_\_\_ Ward)

FULL NAME  
OF CHILD

Vernon

If child is not yet named, make supplemental report, as directed

Sex of  
Child

2

Twin  
Triplet  
or other

and

Number  
in order  
of Birth

Legiti-  
mate?

yes

Date of  
Birth

Dec. 22 1908  
(Month) (Day) (Year)

FULL  
NAME

E. P. Vernon

FATHER

FULL  
MAIDEN  
NAME

Isabelle C. Drake

MOTHER

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

w

AGE AT LAST  
BIRTHDAY

31  
(Years)

COLOR  
OR RACE

w

AGE AT LAST  
BIRTHDAY

21  
(Years)

BIRTHPLACE

Penn

BIRTHPLACE

Mass

OCCUPATION

Labarer

OCCUPATION

Number of Child of this Mother

2

Number of Children, of this Mother, now living

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on 12/27, 1908, at 30 P.M.

(Signature)

G. R. Colby

(Attending Physician, Midwife)

Dated

12/28 1908, Address

What steps have been taken to prevent ophthalmia neonatorum?

Filed

12/28 1908,

O. Henschel

REGISTRAR.

Address

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

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Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local health officer in cities and

villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on the blank.

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- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word, "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as 'still-born', with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required. Midwives shall not sign certificates for

stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature, and with his address and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the transit permit to the box containing the corpse; said permit shall accompany the same to the point of destination, to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Court,  
 Mille Lacs County, Minn.  
 March 6, A.D. 1909  
 Ralph H. King Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

## STATE OF MINNESOTA

Division of Vital Statistics

County of MillerTownship of Princeton

OR

Village of \_\_\_\_\_

OR

City of \_\_\_\_\_

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward) \_\_\_\_\_

## RECORD OF BIRTH

Reg. District No. 2881 No. in Registration Book 28  
(Above numbers to be filled in only by local registrar or his deputy)FULL NAME  
OF CHILDBerry{ If child is not yet named, make  
supplemental report as directedSEX OF  
CHILDMTwin  
Triplet  
or other

} and {

Number  
in order  
of birthLegiti-  
mateDATE OF  
BIRTHDec. 31  
(Month) (day)1908  
(year)FULL  
NAME

FATHER

POST OFFICE  
ADDRESSChas. H. BerryFULL  
MAIDEN  
NAME

MOTHER

POST OFFICE  
ADDRESSMattie PattenCOLOR  
OR RACEWAGE AT LAST  
BIRTHDAY42

(Years)

COLOR  
OR RACEWAGE AT LAST  
BIRTHDAY39

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)MinnesotaBIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

farmer

OCCUPATION

NUMBER OF CHILD OF THIS MOTHER 7NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 7

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 12/31, 1908, at 11 P. M.  
Cross out words which do not apply

(Signature)

J. R. Calver

Dated

3/181909

Address

Princeton

(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed

3/81909Act. R. P. Patten

Registrar

Address

#2

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

R. P.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, where in the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Court,  
St. Louis County, Minn.  
February 16, A. D. 1918  
Robt. H. King, Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

County of Mille LacsTownship of Princeton

OR

Village of \_\_\_\_\_

OR

City of \_\_\_\_\_

Reg. District No. \_\_\_\_\_ No. in Registration Book \_\_\_\_\_  
(Above numbers to be filled in only by local registrar or his deputy)

(No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

FULL NAME  
OF CHILD \_\_\_\_\_{ If child is not yet named, make  
supplemental report as directedSEX OF  
CHILD7Twins  
Triplet  
or other

and

Number  
in order  
of birthLegiti-  
mate yesDATE OF  
BIRTHFeb 3 1909  
(Month) (day) (year)FULL  
NAME

FATHER

POST OFFICE  
ADDRESSCOLOR  
OR RACEWAGE AT LAST  
BIRTHDAY26  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)Minnesota

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

POST OFFICE  
ADDRESSCOLOR  
OR RACEWAGE AT LAST  
BIRTHDAY19  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)Germany

OCCUPATION

HousewifeNUMBER OF CHILD OF THIS MOTHER 2NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 2

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 2/3, 1909, at 6:30 P.M.  
Cross out words which do not apply(Signature) G. B. CaleyDated Feb 81909Address Princeton

(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed Feb 81909Albert Kuhlfield

Registrar

Address ditto

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

29-5

ME



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in District Court,  
 July 16, A.D. 1910  
 Roll of King. Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

## STATE OF MINNESOTA

County of

Mille Lacs

Division of Vital Statistics

Township of

Princeton

## RECORD OF BIRTH

Village of

Reg. District No.

No. in Registration Book

25

(Above numbers to be filled in only by local registrar or his deputy)

City of

(No. , St. ; Ward) .

FULL NAME  
OF CHILD

Hehn

{ If child is not yet named, make  
supplemental report as directed

SEX OF CHILD m	Twin Triplet or other	and } Number in order of birth	Legiti- mate	DATE OF BIRTH Feb. 6 1909 (Month) (day) (year)
FULL NAME FATHER		FULL MAIDEN NAME MOTHER Anna Hehn		
POST OFFICE ADDRESS		POST OFFICE ADDRESS		
COLOR OR RACE	AGE AT LAST BIRTHDAY (Years)	COLOR OR RACE w	AGE AT LAST BIRTHDAY (Years) 22	
BIRTHPLACE (STATE OR COUNTRY)		BIRTHPLACE (STATE OR COUNTRY) Germany		
OCCUPATION		OCCUPATION House maid		
NUMBER OF CHILD OF THIS MOTHER 1		NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 0		

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 26, 1909, at 4 P. M.  
Cross out words which do not apply

(Signature) Mrs. Landwehr Dated 3/1 1909, Address Princeton  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply #2

What steps have been taken to prevent ophthalmia neonatorum?

Filed 3/1 1909, Alb. Kuhfeld Address " "  
Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth."

The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed for Public Use  
in the  
State of Minnesota  
February 16, A.D. 1910  
Chas. J. King, Clerk

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

Division of Vital Statistics

County of *St. Louis*

Township of *Princeton*

OR

Village of .....

OR

City of .....

Reg. District No. .... No. in Registration Book *65*

(Above numbers to be filled in only by local registrar or his deputy..)

(No. ...., St.; .... Ward)...

FULL NAME OF CHILD *Henry John William Eggert*

If child is not yet named, make supplemental report as directed.

SEX OF CHILD *M*

Single  
Twin  
Triplet

and { Number  
in order  
of birth

Legiti-  
mate *Y*

DATE OF  
BIRTH *Feb. 19 09*

(Month) (day) (year)

FULL  
NAME *Fred*

FATHER

FULL  
MAIDEN  
NAME *Emma Katherine Schmidt*

MOTHER

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE *W*

AGE AT LAST  
BIRTHDAY *34*

(Years)

COLOR  
OR RACE *W*

AGE AT LAST  
BIRTHDAY *29*

(Years)

BIRTHPLACE  
(STATE OR COUNTRY) *Germany*

BIRTHPLACE  
(STATE OR COUNTRY) *Ill*

OCCUPATION *Farmer*

OCCUPATION *House*

NUMBER OF CHILD OF THIS MOTHER *6*

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING *6*

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on *2/19/09*, 19 *09* at *9P* M.  
Cross out words which do not apply.

(Signature) *Fred Eggert* Dated *6/10* 19 *10* Address *Princeton*  
(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed *6/10* 19 *10* *Jo. Johnson* Address *1*

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descendant), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-born." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same has been filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Mille Lacs County, Minn.  
 Office of District Court,  
 A. D. 1911  
 Prob. Cl. King.  
 Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

## STATE OF MINNESOTA

Division of Vital Statistics

County of Mille LacsTownship of Princeton

OR

Village of \_\_\_\_\_

OR

City of \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward) \_\_\_\_\_

## RECORD OF BIRTH

Reg. District No. \_\_\_\_\_ No. in Registration Book 26  
(Above numbers to be filled in only by local registrar or his deputy)FULL NAME  
OF CHILDHilda Rosetta Ruel{ If child is not yet named, make  
supplemental report as directed

SEX OF CHILD <u>7</u>	Twin Triplet or other	and	Number in order of birth	Legiti- mate <u>yes</u>	DATE OF BIRTH <u>Feb. 20</u> 190 <u>9</u> (Month) (day) (year)
FULL NAME <u>Louis Ruel</u>			FULL MAIDEN NAME <u>Christine Borg</u>		
POST OFFICE ADDRESS			POST OFFICE ADDRESS		
COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)	COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)		
BIRTHPLACE (STATE OR COUNTRY) <u>Sweden</u>			BIRTHPLACE (STATE OR COUNTRY) <u>Sweden</u>		
OCCUPATION <u>farmer</u>			OCCUPATION		
NUMBER OF CHILD OF THIS MOTHER <u>6</u>			NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING <u>6</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on \_\_\_\_\_, 190\_\_\_\_, at \_\_\_\_\_ M.

Cross out words which do not apply

(Signature) Louis Ruel Dated 2-27 1909 Address Princeton  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed 37 3 1909, Albert Ruhlfield Address \_\_\_\_\_  
Registrar

R.P.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

- "(j) The certificate of birth shall contain the following items:
- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
  - (2) Full name of child.
  - (3) Sex.
  - (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
  - (5) Condition—as twins, illegitimate, etc.
  - (6) Date of birth, including year, month and day.
  - (7) Full name of father, with age.
  - (8) Birthplace of father, state or foreign country.
  - (9) Occupation of father.
  - (10) Maiden name of mother, with age.
  - (11) Birthplace of mother, state or foreign country.
  - (12) Occupation of mother.
  - (13) Number of child of this mother and number of children of this mother now living.
  - (14) Signature and address of attending physician or midwife.
  - (15) Signature and address of informant.
  - (16) Signature and address of reporting official.
  - (17) Date when certificate was filed and registered.
- "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in  
Village of  
St. Paul  
County,  
Minnesota  
February 16, A.D. 1916  
Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

## STATE OF MINNESOTA

County of

Mills Lake

Division of Vital Statistics

Township of

Princeton

## RECORD OF BIRTH

Village of

Reg. District No.

No. in Registration Book

(Above numbers to be filled in only by local registrar or his deputy)

City of

(No. , St. ; Ward )

FULL NAME  
OF CHILD

Lilly Ziebarth

{ If child is not yet named, make  
supplemental report as directedSEX OF  
CHILD

7

Twin  
Triplet  
or other

and

Number  
in order  
of birthLegiti-  
mateDATE OF  
BIRTH

Feb. 21

1909

(Month)

(day)

(year)

FULL  
NAME

FATHER

Richard Ziebarth

POST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME

MOTHER

Gusta Reape

POST OFFICE  
ADDRESSCOLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

29

(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

28

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Minnesota

BIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

farmer

OCCUPATION

NUMBER OF CHILD OF THIS MOTHER

2

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

2

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 7-21, 1909, at 100 M.  
Cross out words which do not apply

(Signature)

Richard Ziebarth

Dated

7-22

1909

Address

Princeton

(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum?

Filed

7-27

1909

Albert Kuhfield

Address

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth."

The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of the County Clerk,  
Hillsdale County, Minn.  
February 16, A.D. 1910  
Chas. H. Hocking, Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

County of Mille LacsTownship of Princeton

OR

Village of .....

OR

City of .....

(No. ...., ..... St.; ..... Ward) .....

FULL NAME  
OF CHILDSchimming { If child is not yet named, make  
supplemental report as directedSEX OF  
CHILDMTwin  
Triplet  
or other

{ and }

Number  
in order  
of birthLegiti-  
mateYesDATE OF  
BIRTHFeb 23 1909  
(Month) (day) (year)FULL  
NAME

FATHER

FredPOST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME

MOTHER

POST OFFICE  
ADDRESSAmanda Bunder  
mer.COLOR  
OR RACEWAGE AT LAST  
BIRTHDAY36  
(Years)COLOR  
OR RACEWAGE AT LAST  
BIRTHDAY22  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)MinnesotaBIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

Farmer

OCCUPATION

H Wife

NUMBER OF CHILD OF THIS MOTHER

1

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

1

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 2/23, 1909, at ..... M.  
Cross out words which do not apply

(Signature) Fred Schimming Dated March 6 1909 Address Princeton  
(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum?

Filed March 9 1909, Albert H. H. H. H. Address Princeton  
Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in Court,  
 February 11, A.D. 1910  
 Prob. M. Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

County of Hille Sac.Township of Princeton

OR

Village of \_\_\_\_\_

OR

City of \_\_\_\_\_

(No. \_\_\_\_\_,

St.; \_\_\_\_\_ Ward) \_\_\_\_\_

## STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

Reg. District No. \_\_\_\_\_ No. in Registration Book \_\_\_\_\_

(Above numbers to be filled in only by local registrar or his deputy)

FULL NAME  
OF CHILDTheresa Annabel Beneman

{ If child is not yet named, make supplemental report as directed

SEX OF  
CHILD7Twin  
Triplet  
or other

{ and {

Number  
in order  
of birthLegiti-  
mateYesDATE OF  
BIRTHMarch 8 1909  
(Month) (day) (year)FULL  
NAME

FATHER

EdPOST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME

MOTHER

POST OFFICE  
ADDRESSAugusta SchulteCOLOR  
OR RACEAGE AT LAST  
BIRTHDAY47  
(Year)COLOR  
OR RACEAGE AT LAST  
BIRTHDAY36  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)GermanyBIRTHPLACE  
(STATE OR COUNTRY)Prussia

OCCUPATION

Farmer

OCCUPATION

H WifeNUMBER OF CHILD OF THIS MOTHER 2NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 1

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 3/5, 1909, at 6 A. M.

Cross out words which do not apply

(Signature)

Ed Beneman

Dated

March 81909

Address

Princeton

(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed

March 8 1909Albert Kuhlfield

Address

ditto

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in District Court,  
St. Louis County, Minn.

Feb. 16, A.D. 1910

Roll of Deaths Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

## STATE OF MINNESOTA

County of Mille Lacs

Division of Vital Statistics

Township of Princeton

## RECORD OF BIRTH

Village of \_\_\_\_\_  
OR \_\_\_\_\_Reg. District No. \_\_\_\_\_ No. in Registration Book \_\_\_\_\_  
(Above numbers to be filled in only by local registrar or his deputy)

City of \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward) \_\_\_\_\_

FULL NAME  
OF CHILDHolthius{ If child is not yet named, make  
supplemental report as directed

SEX OF CHILD <u>M</u>	Twin Triplet or other	{ and } Number in order of birth	Legiti- mate <u>Yes</u>	DATE OF BIRTH <u>March 6</u> 190 <u>9</u> (Month) (day) (year)
FATHER FULL NAME <u>Henry</u> POST OFFICE ADDRESS			MOTHER FULL MAIDEN NAME <u>W. J. Helm</u> POST OFFICE ADDRESS	
COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)		COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE (STATE OR COUNTRY) <u>Pa</u>			BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>H Wife</u>	
NUMBER OF CHILD OF THIS MOTHER <u>2</u>			NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 3/6, 1909, at \_\_\_\_\_ M.  
Cross out words which do not apply

(Signature) Henry Holthius Dated March 27, 1909, Address Princeton  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed March 27, 1909, Albert Kuhlfield Address Princeton  
Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, where in the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillborn." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse. said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed for District Court,  
 St. Louis County, Minn.  
 A.D. 1910  
 Feb 16  
 J. H. King, Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

## STATE OF MINNESOTA

County of Miller Saco

Division of Vital Statistics

Township of Princeton

## RECORD OF BIRTH

Village of \_\_\_\_\_

Reg. District No. \_\_\_\_\_ No. in Registration Book \_\_\_\_\_

(Above numbers to be filled in only by local registrar or his deputy)

City of \_\_\_\_\_

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward) \_\_\_\_\_

FULL NAME  
OF CHILDEssie{ If child is not yet named, make  
supplemental report as directedSEX OF  
CHILD7Twin  
Triplet  
or other{ and } Number  
in order  
of birthLegiti-  
mateyesDATE OF  
BIRTHMarch 19 1909  
(Month) (day) (year)FULL  
NAME

FATHER

NicholasPOST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME

MOTHER

Bonnie WebberPOST OFFICE  
ADDRESSCOLOR  
OR RACEWAGE AT LAST  
BIRTHDAY31  
(Years)COLOR  
OR RACEWAGE AT LAST  
BIRTHDAY23  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)IllBIRTHPLACE  
(STATE OR COUNTRY)Ill

OCCUPATION

Farmer

OCCUPATION

WifeNUMBER OF CHILD OF THIS MOTHER 3NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 3

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 3/19, 1909, at 2:00 p. M.

Cross out words which do not apply

(Signature) G. K. DaleyDated April 3, 1909Address Princeton

(Attending Physician, Midwife, Father, Informant) Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed Apr 3 1909, Albert Kunkel Address ditto

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give a notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed for District Court,  
 St. Louis County, Minn.  
 February 16, 1910  
 Prob. Off. Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

## STATE OF MINNESOTA

County of Mille Lacs

Division of Vital Statistics

Township of Princeton

## RECORD OF BIRTH

OR  
Village of \_\_\_\_\_Reg. District No. \_\_\_\_\_ No. in Registration Book \_\_\_\_\_  
(Above numbers to be filled in only by local registrar or his deputy)OR  
City of \_\_\_\_\_

(No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward) \_\_\_\_\_

FULL NAME  
OF CHILD \_\_\_\_\_{ If child is not yet named, make  
supplemental report as directed

SEX OF CHILD <u>7</u>	Twin Triplet or other	and {	Number in order of birth	Legiti- mate <u>Yes</u>	DATE OF BIRTH <u>March 19</u> 190 <u>9</u> (Month) (day) (year)
-----------------------	-----------------------------	-------	--------------------------------	----------------------------	-----------------------------------------------------------------------

FULL NAME <u>Thomas S.</u>	FATHER
POST OFFICE ADDRESS	

FULL MAIDEN NAME <u>Bertha S. Master</u>	MOTHER
POST OFFICE ADDRESS	

COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>4 1/2</u> (Years)
---------------------------	-------------------------------------------------

COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>8 1/2</u> (Years)
---------------------------	-------------------------------------------------

BIRTHPLACE (STATE OR COUNTRY) <u>Ill.</u>
-------------------------------------------------

BIRTHPLACE (STATE OR COUNTRY)
----------------------------------

OCCUPATION <u>High master - Village School</u>	OCCUPATION <u>H. Wife</u>
---------------------------------------------------	------------------------------

NUMBER OF CHILD OF THIS MOTHER 0NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 4

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 3/19, 1909, at 3:00 M.  
Cross out words which do not apply

(Signature) G. B. Caley Dated April 3 1909 Address Princeton  
(Attending Physician, Midwife, Father, Informant) Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed April 3 1909, Albert Knudsen Address ditto  
Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454 Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in District Court,

Hillsdale County, Minn.

February 6, A.D. 1910

R. H. King,

Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

County of HillsboroTownship of Princeton

OR

Village of \_\_\_\_\_

OR

City of \_\_\_\_\_

(No. \_\_\_\_\_, \_\_\_\_\_

St.; \_\_\_\_\_ Ward) \_\_\_\_\_

## STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

Reg. District No. \_\_\_\_\_ No. in Registration Book \_\_\_\_\_

(Above numbers to be filled in only by local registrar or his deputy)

FULL NAME  
OF CHILD \_\_\_\_\_{ If child is not yet named, make  
supplemental report as directedSEX OF  
CHILD7Twin-  
Triplet  
or other

and

Number  
in order  
of birthLegiti-  
mateYesDATE OF  
BIRTHApril 1

(Month)

(day)

190

9

(year)

FULL  
NAME

FATHER

Fred RenastonPOST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME

MOTHER

Emma Mary HolthuesPOST OFFICE  
ADDRESSCOLOR  
OR RACEWAGE AT LAST  
BIRTHDAY33

(Years)

COLOR  
OR RACEWAGE AT LAST  
BIRTHDAY24

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)MinnesotaBIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

Salver

OCCUPATION

H Wife

NUMBER OF CHILD OF THIS MOTHER

4

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

4

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 4/1/09, at 2430 M.

Cross out words which do not apply

(Signature) J. R. CalleyDated April 3

190

9Address Princeton

(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed April 3

190

9, Albert Kuhfield

Registrar

Address dittoMARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.

- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillborn." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Court,  
 of the County of Le Sueur, Minn.  
 February 16, A.D. 1910  
 Robt. O. King, Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on **Back**.

## PLACE OF BIRTH

## STATE OF MINNESOTA

Division of Vital Statistics

County of Mill LakeTownship of Proncelon

OR

Village of \_\_\_\_\_

OR

City of \_\_\_\_\_

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward) \_\_\_\_\_

## RECORD OF BIRTH

Reg. District No. \_\_\_\_\_

No. in Registration Book \_\_\_\_\_

(Above numbers to be filled in only by local registrar or his deputy)

FULL NAME  
OF CHILDOliver Keen{ If child is not yet named, make  
supplemental report as directedSEX OF  
CHILDMTwin  
Triplet  
or other

and

Number  
in order  
of birthLegiti-  
mateYesDATE OF  
BIRTHApril 11 1909  
(Month) (day) (year)FULL  
NAME

FATHER

ErnestPOST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME

MOTHER

Sydia SeafeldtPOST OFFICE  
ADDRESSCOLOR  
OR RACEWAGE AT LAST  
BIRTHDAY24  
(Years)COLOR  
OR RACEWAGE AT LAST  
BIRTHDAY23  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)MinnesotaBIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

Farmer

OCCUPATION

H Wife

NUMBER OF CHILD OF THIS MOTHER

2

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

2

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 4/11, 1909, at \_\_\_\_\_ M.  
Cross out words which do not apply

(Signature) Ernest Keen Dated April 14 1909 Address Proncelon  
(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed

April 14 1909, Albert Kulfield

Registrar

Address

Oliver

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

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Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Court,  
of the County, Minn.

Feb 16. A.D. 1910

Ball. H. King. Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

County of Miller Sacs.Township of Princeton

OR

Village of \_\_\_\_\_

OR

City of \_\_\_\_\_

Reg. District No. \_\_\_\_\_ No. in Registration Book \_\_\_\_\_  
(Above numbers to be filled in only by local registrar or his deputy)

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward) \_\_\_\_\_

FULL NAME OF CHILD Ida Bertha Clare Kich { If child is not yet named, make supplemental report as directed

SEX OF CHILD

7~~Twin~~  
~~Triplet~~  
or other{ and } Number  
in order  
of birthLegiti-  
mate YesDATE OF BIRTH Apr 22 1909  
(Month) (day) (year)FULL  
NAME

FATHER

CarlPOST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME

MOTHER

Dorlene GustPOST OFFICE  
ADDRESSCOLOR  
OR RACEWAGE AT LAST  
BIRTHDAY35  
(Years)COLOR  
OR RACEWAGE AT LAST  
BIRTHDAY34  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)GermanyBIRTHPLACE  
(STATE OR COUNTRY)Wis.

OCCUPATION

Farmer

OCCUPATION

H WifeNUMBER OF CHILD OF THIS MOTHER 7NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 7

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 4/22 1909, at \_\_\_\_\_ M.  
Cross out words which do not apply(Signature) Carl Kich Dated June 5 1909 Address Princeton  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed June 5 1909, Albert A. Whitfield Address Chgo.  
Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

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Filed in District Court,  
 St. Paul, Minn.  
 February 16, A.D. 1910  
 Charles H. Kling, Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

## STATE OF MINNESOTA

County of Wille Sac

Division of Vital Statistics

Township of Princeton

## RECORD OF BIRTH

Village of \_\_\_\_\_  
OR \_\_\_\_\_Reg. District No. \_\_\_\_\_ No. in Registration Book \_\_\_\_\_  
(Above numbers to be filled in only by local registrar or his deputy)

City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward) \_\_\_\_\_

FULL NAME  
OF CHILD \_\_\_\_\_{ If child is not yet named, make  
supplemental report as directed

SEX OF CHILD <u>7</u>	Twin Triplet or other	{ and } Number in order of birth	Legiti- mate <u>yes</u>	DATE OF BIRTH <u>May 29</u> 190 <u>9</u> (Month) (day) (year)
FULL NAME FATHER <u>John</u>			FULL MAIDEN NAME MOTHER <u>Bertha Gertrude</u>	
POST OFFICE ADDRESS _____			POST OFFICE ADDRESS _____	
COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR OR RACE <u>W</u> AGE AT LAST BIRTHDAY <u>30</u> (Years)		
BIRTHPLACE (STATE OR COUNTRY) <u>Ill</u>			BIRTHPLACE (STATE OR COUNTRY) <u>Ill</u>	
OCCUPATION <u>carpenter</u>			OCCUPATION <u>H Wife</u>	
NUMBER OF CHILD OF THIS MOTHER <u>2</u>			NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on May 29, 1909, at \_\_\_\_\_ M.  
Cross out words which do not apply

(Signature) Bertha Gertrude Dated June 5 1909 Address Princeton  
(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed June 5 1909, Albert Knierfeld Address Chilton  
Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.

- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
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Filed in Court,  
February 6, A.D. 1910  
Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

County of MillerTownship of Princeton

OR

Village of \_\_\_\_\_

OR

City of \_\_\_\_\_

Reg. District No. \_\_\_\_\_ No. in Registration Book \_\_\_\_\_

(Above numbers to be filled in only by local registrar or his deputy)

(No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward) \_\_\_\_\_

FULL NAME  
OF CHILDAlma Hest

{ If child is not yet named, make supplemental report as directed

SEX OF  
CHILDFTwin  
Triplet  
or other

{ and }

Number  
in order  
of birthLegiti-  
mateyesDATE OF  
BIRTHJune 1 1909  
(Month) (day) (year)FULL  
NAME

FATHER

HenryPOST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME

MOTHER

POST OFFICE  
ADDRESSMolly GustCOLOR  
OR RACEWAGE AT LAST  
BIRTHDAY2 1/2  
(Years)COLOR  
OR RACEWAGE AT LAST  
BIRTHDAY17  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)MinnesotaBIRTHPLACE  
(STATE OR COUNTRY)Wis.

OCCUPATION

Farmer

OCCUPATION

H WifeNUMBER OF CHILD OF THIS MOTHER 1NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 1

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 6/1, 1909, at \_\_\_\_\_ M.

Cross out words which do not apply

(Signature)

Henry Hest

Dated

June 5 1909

Address

Princeton

(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed

June 9 1909, Albert Kuhfeld

Registrar

Address

ditto

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, where in the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454 Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth."

The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed for Record  
District Court,  
St. Louis County, Minn.  
A. D. 1910  
Feb 17/10  
J. M. O'Keefe  
Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back

PLACE OF BIRTH

## STATE OF MINNESOTA

County of *Mille Lacs*

Division of Vital Statistics

Township of *Princeton*

## RECORD OF BIRTH

OR

Village of

Reg. District No. *46* No. in Registration Book *46*

(Above numbers to be filled in only by local registrar or his deputy)

OR

City of (No. *1* St. *1* Ward) *1*FULL NAME  
OF CHILD *Hennschel*{ If child is not yet named, make  
supplemental report as directed

SEX OF CHILD <i>M</i>	Twin Triplet or other	} and {	Number in order of birth	Light mate <i>yes</i>	DATE OF BIRTH <i>June 7 1909</i> (Month) (day) (year)
-----------------------	-----------------------------	---------	--------------------------------	--------------------------	----------------------------------------------------------

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

POST OFFICE  
ADDRESSPOST OFFICE  
ADDRESSCOLOR  
OR RACE *W*AGE AT LAST  
BIRTHDAY *53*  
(Years)COLOR  
OR RACE *W*AGE AT LAST  
BIRTHDAY *37*  
(Years)BIRTHPLACE  
(STATE OR COUNTRY) *Germany*BIRTHPLACE  
(STATE OR COUNTRY) *Ill*OCCUPATION *Farmer*OCCUPATION *Housewife*NUMBER OF CHILD OF THIS MOTHER *6*NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING *6*

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on, *6/7*, 190*9*, at *12<sup>15</sup>a.* M.  
Cross out words which do not apply(Signature) *S. R. Caley* Dated *6/7* 190*9* Address *Princeton*  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not applyWhat steps have been taken to prevent ophthalmia neonatorum? *Albert Kirkfield*Filed *11/6* 190*9* Address *11*

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required.

Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the County of \_\_\_\_\_ 1910  
 Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on **Back**.

## PLACE OF BIRTH

## STATE OF MINNESOTA

County of

Division of Vital Statistics

Township of

## RECORD OF BIRTH

OR

Village of

Reg. District No.

No. in Registration Book

OR

(Above numbers to be filled in only by local registrar or his deputy)

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILD

August Karl Alwin Stronach

If child is not yet named, make  
an appropriate report as directedSEX OF  
CHILD

M

Twin  
Triplet  
or other

and

Number  
in order  
of birth

5

Legiti-  
mate

Yes

DATE OF  
BIRTH

June 19 1909

(Month)

(day)

(year)

FULL  
NAME

FATHER

Arthur Otto Stronach

POST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME

MOTHER

Marie Magdal Pastor

POST OFFICE  
ADDRESSCOLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

32

(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

32

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Germany

BIRTHPLACE  
(STATE OR COUNTRY)

Germany

OCCUPATION

Minister

OCCUPATION

Grip

NUMBER OF CHILD OF THIS MOTHER

5

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

5

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on June 19 1909, at 540p M.

Cross out words which do not apply

(Signature)

O A Loster

Dated

July 7 1909

Address

Princeton

(Attending Physician, Midwife, Father, Informant) Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum?

Filed

July 9 1909

Albert Kuhfeld

Address

Princeton

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

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- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse: said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Court,  
 February 16, A.D. 1910  
 Robt. H. King, Clerk



No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH  
County of Hellacy  
Township of Princeton  
OR  
Village of .....  
OR  
City of ..... (No. ...., St.; ..... Ward)...

# STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

Reg. District No. .... No. in Registration Book 57  
(Above numbers to be filled in only by local registrar or his deputy..)

FULL NAME  
OF CHILD.....

{ If child is not yet named, make supplemental report as directed.

SEX OF CHILD <u>m</u>	Single <u>✓</u> Twin Triplet	} and { Number in order of birth <u>2</u>	Legiti- mate <u>✓</u>	DATE OF BIRTH <u>June</u> <u>20</u> <u>19</u> (Month) (day) (year)
FULL NAME <u>Charles J.</u> FATHER		FULL MAIDEN NAME <u>Cristina Roma</u> MOTHER		
POST OFFICE ADDRESS		POST OFFICE ADDRESS		
COLOR OR RACE <u>w</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR OR RACE <u>w</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	
BIRTHPLACE (STATE OR COUNTRY) <u>Min</u>		BIRTHPLACE (STATE OR COUNTRY)		
OCCUPATION <u>farmer</u>		OCCUPATION <u>house</u>		
NUMBER OF CHILD OF THIS MOTHER <u>2</u>		NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 6/20, 1910, at Princeton M.  
Cross out words which do not apply.

(Signature) C. A. Lester Dated 1/5 1910, Address Princeton  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed 1/5 1910, Albert Kuppel Address 11  
Registrar

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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### Extracts from Chapter 454, Laws of 1907.

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(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descendant), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

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"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the District of Minnesota  
Feb 16, A.D. 1910  
E. H. King, Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

PLACE OF BIRTH

County of Apple LakeTownship of Princeton

OR

Village of \_\_\_\_\_

OR

City of \_\_\_\_\_

Reg. District No. \_\_\_\_\_

No. in Registration Book \_\_\_\_\_

(Above numbers to be filled in only by local registrar or his deputy)

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward) \_\_\_\_\_

FULL NAME  
OF CHILD Babe De Jarvis{ If child is not yet named, make  
supplemental report as directedSEX OF  
CHILD ♂Twin  
Triplet  
or other

and

Number  
in order  
of birthLegiti-  
mate YesDATE OF  
BIRTH June 26 1909

(Month)

(day)

(year)

FULL  
NAME Pete Napoleon

FATHER

POST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME Lusie Stonglen

MOTHER

POST OFFICE  
ADDRESSCOLOR  
OR RACE WAGE AT LAST  
BIRTHDAY 26

(Years)

COLOR  
OR RACE WAGE AT LAST  
BIRTHDAY 25

(Years)

BIRTHPLACE  
(STATE OR COUNTRY) MinnesotaBIRTHPLACE  
(STATE OR COUNTRY) MinnesotaOCCUPATION LabourerOCCUPATION WifeNUMBER OF CHILD OF THIS MOTHER 2NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 2

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on June 26, 1909, at 10 p. M.

Cross out words which do not apply

(Signature) G. R. CaleyDated June 26 1909Address Princeton

(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed July 3 1909by Albert KahfieldAddress Princeton

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number  
of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed District Court,  
 Minn.  
 February 16, A.D. 1910  
 Clerk



When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

PLACE OF BIRTH

## STATE OF MINNESOTA

Division of Vital Statistics

County of WrightTownship of Princeton

OR

Village of \_\_\_\_\_

OR

City of \_\_\_\_\_

(No. \_\_\_\_\_)

St.; \_\_\_\_\_

Ward) \_\_\_\_\_

FULL NAME  
OF CHILDTheodore Hoefst{ If child is not yet named, make  
supplemental report as directedSEX OF  
CHILDMTwin  
Triplet  
or other

and

Number  
in order  
of birthLegiti-  
mateyesDATE OF  
BIRTHJuly 9

(Month)

(day)

190

(year)

FULL  
NAMEWm

FATHER

HoefstFULL  
MOTHER  
NAMELizzie SchusterPOST OFFICE  
ADDRESSPrincetonPOST OFFICE  
ADDRESSPrincetonCOLOR  
OR RACEWAGE AT LAST  
BIRTHDAY38

(Years)

COLOR  
OR RACEWAGE AT LAST  
BIRTHDAY34

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)GermanyBIRTHPLACE  
(STATE OR COUNTRY)Winn

OCCUPATION

Farmer

OCCUPATION

Housewife

NUMBER OF CHILD OF THIS MOTHER

6

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

6

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on July 9, 1909, at Princeton, Winn M.

Cross out words which do not apply

(Signature) William HoefstDated Aug 71909Address Princeton

(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum?

Filed July 91909Albert KuhfeldAddress Princeton

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give a notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in a attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(c) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Office of District Court,  
 Le Sueur County, Minn.  
 A. D. 1910  
 Feb 16  
 Wm. H. King.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

PLACE OF BIRTH

County of

Township of

OR

Village of

OR

City of

(No.)

St.;

Ward)

FULL NAME  
OF CHILD

If child is not yet named, make  
supplemental report as directed

SEX OF  
CHILD

M

Twin  
Triplet  
or other

and

Number  
in order  
of birthLegiti-  
mate

yes

DATE OF  
BIRTH

July

10

1909

(Month)

(day)

(year)

FULL  
NAME

Edward Engeler

FATHER

POST OFFICE  
ADDRESS

Watertown

FULL  
MAIDEN  
NAME

Mabel Engeler

MOTHER

POST OFFICE  
ADDRESSCOLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

36

(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

20

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Watertown, Conn.

BIRTHPLACE  
(STATE OR COUNTRY)

Hollywood, Conn.

OCCUPATION

Farmer

OCCUPATION

Farmer

NUMBER OF CHILD OF THIS MOTHER

1

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

1

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on July 10, 1909, at 8:30 P. M.

Cross out words which do not apply

(Signature)

Dated

1909

Address

(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum?

Filed

Aug 7, 1909

Albert R. R. R.

Address

Princeton

Registrar

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

G.F.

## STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

Reg. District No.

2881

No. in Registration Book

42

(Above numbers to be filled in only by local registrar or his deputy)

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillborn." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of gestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Office of District Court,  
Lac County, Minn.  
Feb 16, A.D. 1910  
Clerk

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH  
County of Millelacs  
Township of Trinceton  
OR  
Village of .....  
OR  
City of .....

# STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

Reg. District No. .... No. in Registration Book 49.....  
(Above numbers to be filled in only by local registrar or his deputy..)

FULL NAME  
OF CHILD.....

Howard

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD

M

Single  
Twin  
Triplet

} and {

Number  
in order  
of birth

5

Legiti-  
mate

yes

DATE OF  
BIRTH

Sept

3

19

(Month)

(day)

(year)

FULL  
NAME

Alfonso

FATHER

FULL  
MAIDEN  
NAME

Bertha Anderson

MOTHER

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

38

(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

28

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Minnesota

BIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

Laborer

OCCUPATION

Wife

NUMBER OF CHILD OF THIS MOTHER.....

5

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING.....

4

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 9/3, 1910, at 4a M.  
Cross out words which do not apply.

(Signature).....

C. A. Lester

Dated.....

9/3

19.....

9

Address.....

Trinceton

(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum?.....

Filed.....

1/4

1910

Albert M. Hild

Address.....

1

Registrar



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descendant), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of the Secretary of the State Board of Health  
February 16, A.D. 1910  
Prod. H. L. Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

## STATE OF MINNESOTA

County of Miller

Division of Vital Statistics

Township of Princeton

## RECORD OF BIRTH

Village of \_\_\_\_\_

Reg. District No. \_\_\_\_\_

No. in Registration Book 144

(Above numbers to be filled in only by local registrar or his deputy)

City of \_\_\_\_\_

(No. \_\_\_\_\_, \_\_\_\_\_)

St.; \_\_\_\_\_ Ward) \_\_\_\_\_

FULL NAME  
OF CHILDHerman Heitman{ If child is not yet named, make  
supplemental report as directedSEX OF  
CHILDMTwin  
Triplet  
or other

and

Number  
in order  
of birthLegiti-  
mateyesDATE OF  
BIRTHSept  
(Month)29  
(day)1909  
(year)FULL  
NAME

FATHER

Henry HeitmanPOST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME

MOTHER

Elizabeth BachPOST OFFICE  
ADDRESSCOLOR  
OR RACEWAGE AT LAST  
BIRTHDAY41  
(Years)COLOR  
OR RACEWAGE AT LAST  
BIRTHDAY35  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)WisconsinBIRTHPLACE  
(STATE OR COUNTRY)Illinois

OCCUPATION

Bricklayer

OCCUPATION

Wife

NUMBER OF CHILD OF THIS MOTHER

8

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

8

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 9/29, 1909, at \_\_\_\_\_ M.

Cross out words which do not apply

(Signature)

Henry Heitman

Dated

10/81909

Address

(Attending Physician, Midwife, Father, Informant) Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum?

Filed

10/91909Albert Kuhfeld

Registrar

Address

PrincetonMARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Office of District Court,  
County, Minn.

February 16, A.D. 1910

Clark

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back

## PLACE OF BIRTH

County of *Miller*Township of *Princeton*

OR

Village of

OR

City of

(No. )

St.; Ward)...

FULL NAME  
OF CHILD*Johnson*If child is not yet named, make  
supplemental report as directedSEX OF  
CHILDTwin  
Triplet  
or other

}

and { Number  
in order  
of birthLegiti-  
mateDATE OF  
BIRTH

(Month)

*Sept**27*

(day)

190

*9*

(year)

FULL  
NAME

FATHER

*David*POST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME

MOTHER

*Georgia Mudgett*POST OFFICE  
ADDRESSCOLOR  
OR RACE*W*AGE AT LAST  
BIRTHDAY*30*  
(Years)COLOR  
OR RACE*W*AGE AT LAST  
BIRTHDAY*24*  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)*Mass*BIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

*Farmer*

OCCUPATION

*Housewife*

NUMBER OF CHILD OF THIS MOTHER

*3*

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

*2*

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on, *Sept 27, 1909*, at *240* *Princeton* M.

Cross out words which do not apply

(Signature)

*G. R. Caley*

Dated

*9/28*

190

Address

*Princeton*

(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum?

Filed

*11/6*

190

*9*

Registrar

Address

*11*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form shall be required.

Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Court,  
Filed  
February 14, A.D. 1910  
R. H. King, Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

County of Willy LacTownship of Princeton

OR

Village of \_\_\_\_\_

OR

City of \_\_\_\_\_

(No. \_\_\_\_\_)

St.; \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME  
OF CHILDAdolph Ferdinand Theodore Rome{ If child is not yet named, make  
supplemental report as directedSEX OF  
CHILDMTwin  
Triplet  
or other

and

Number  
in order  
of birthLegiti-  
mateyesDATE OF  
BIRTHOct  
(Month)3  
(day)1909  
(year)FULL  
NAME

FATHER

Herman RomePOST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME

MOTHER

Emma RemmesPOST OFFICE  
ADDRESSCOLOR  
OR RACEWAGE AT LAST  
BIRTHDAY34  
(Years)COLOR  
OR RACEWAGE AT LAST  
BIRTHDAY23  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)MinBIRTHPLACE  
(STATE OR COUNTRY)Germany

OCCUPATION

Farmer

OCCUPATION

H wifeNUMBER OF CHILD OF THIS MOTHER 2NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 2

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 10/3, 1909, at 230 M.

Cross out words which do not apply

(Signature)

G. R. Cady

Dated

10/91909

Address

Princeton

(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum?

Filed

10/91909Albert Hulfield

Registrar

Address

Princeton

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying in house or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the

local officer in cities and villages, or to the township clerk in townships, where in the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths; and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

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"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

of District Court,  
 County, Minn.  
 A.D. 1910  
 February 11  
 Prob. of King. Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back

PLACE OF BIRTH

STATE OF MINNESOTA

County of *Mille Lacs*

Division of Vital Statistics

Township of *Princeton*

RECORD OF BIRTH

OR

Village of

Reg. District No. .... No. in Registration Book *48*

(Above numbers to be filled in only by local registrar or his deputy)

OR

City of

(No. .... St.; .... Ward) ...

FULL NAME  
OF CHILD*Bergman*{ If child is not yet named, make  
supplemental report as directedSEX OF  
CHILD*M*Twin  
Triplet  
or other

}

and { Number  
in order  
of birthLegiti-  
mate*Yes*DATE OF  
BIRTH*Oct**29**1909*

(Month)

(day)

(year)

FULL  
NAME*Abraham* FATHERPOST OFFICE  
ADDRESSFULL  
MAIDEN  
NAME*Maggie Vernon* MOTHERPOST OFFICE  
ADDRESSCOLOR  
OR RACE*W*AGE AT LAST  
BIRTHDAY*29*  
(Years)COLOR  
OR RACE*W*AGE AT LAST  
BIRTHDAY*28*  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)*Minn*BIRTHPLACE  
(STATE OR COUNTRY)*Penn*

OCCUPATION

*Laborer*

OCCUPATION

*Wife*NUMBER OF CHILD OF THIS MOTHER *3*NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING *3*

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on, *10/29/99*, at *7:15 a* M.

Cross out words which do not apply

(Signature) *L. R. Caley*Dated *10/29/99**9**Princeton*

(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed *11/6**1909**Albert Kippfeld*

Registrar

Address *11*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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### Extracts from Chapter 454, Laws of 1907

"(j) The certificate of birth shall contain the following items:

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- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
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- (17) Date when certificate was filed and registered.

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"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

Division of Vital Statistics

County of Mille Lacs

Township of Chino

OR

Village of

OR

City of

Reg. District No. No. in Registration Book 52

(Above numbers to be filled in only by local registrar or his deputy.)

(No. St.; Ward)

FULL NAME OF CHILD

Babe Bern Soldat

If child is not yet named, make supplemental report as directed.

SEX OF CHILD

X

Single  
Twin  
Triplet

and Number  
in order  
of birth

Legiti-  
mate

DATE OF  
BIRTH

Nov. 15 19  
(Month) (day) (year)

FULL  
NAME

Wm

FATHER

FULL  
MAIDEN  
NAME

Elizabeth Peters

MOTHER

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

39  
(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

27  
(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Germany

BIRTHPLACE  
(STATE OR COUNTRY)

Iowa

OCCUPATION

Farmer

OCCUPATION

House

NUMBER OF CHILD OF THIS MOTHER

4

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

4

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 11/15, 1910, at 5:20 p M.

Cross out words which do not apply.

(Signature)

A. R. Haley

Dated

11-15

19

10

Address

Chino

(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum?

Filed

11-15

19

10

Albert K. H. Field

Address

4

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Court  
Filed in the County of  
A.D. 1910  
16

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

County of *St. Louis*

Township of *Princeton*

OR

Village of .....

OR

City of .....

(No. ...., St.; .... Ward)...

STATE OF MINNESOTA

Division of Vital Statistics

RECORD OF BIRTH

Reg. District No. .... No. in Registration Book *57*

(Above numbers to be filled in only by local registrar or his deputy..)

FULL NAME  
OF CHILD

*Emma Brudmer*

{ If child is not yet named, make supplemental report as directed.

SEX OF  
CHILD

*X*

Single  
Twin  
Triplet

} and

Number  
in order  
of birth

Legiti-  
mate

*No*

DATE OF  
BIRTH

*Nov.*  
(Month)

*18*  
(day)

*19 09*  
(year)

FULL  
NAME

FATHER

POST OFFICE  
ADDRESS

COLOR  
OR RACE

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

POST OFFICE  
ADDRESS

COLOR  
OR RACE

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

NUMBER OF CHILD OF THIS MOTHER *1*

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING *1*

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on *Nov 18*, 19 *09*, at *Longfellow* M.

Cross out words which do not apply.

(Signature) *Amanda Brudmer*

Dated *11/25*

19 *10*

Address *Longfellow*

(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed *11/25*

19 *10*

*Albert K. Field*

Address *Princeton*

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each,  
and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth, shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Court,  
Mille Lacs County, Minn.  
February 16 A.D. 1914

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

County of *Multnomah*

Division of Vital Statistics

Township of *Princeton*

RECORD OF BIRTH

OR  
Village of.....

Reg. District No..... No. in Registration Book.....  
(Above numbers to be filled in only by local registrar or his deputy..)

OR  
City of.....

(No....., .....St.;.....Ward)...

FULL NAME  
OF CHILD.....

*Albert W. Pike*

{ If child is not yet named, make supplemental report as directed.

SEX OF CHILD <i>M</i>	Single Twin Triplet	} and { Number in order of birth <i>2</i>	Legitimate <i>yes</i>	DATE OF BIRTH <i>Dec. 1 1909</i> (Month) (day) (year)
FULL NAME <i>E. S. Pike</i>	FATHER	FULL MAIDEN NAME <i>Leana Shust</i> MOTHER		
POST OFFICE ADDRESS		POST OFFICE ADDRESS		
COLOR OR RACE <i>W</i>	AGE AT LAST BIRTHDAY <i>35</i> (Years)	COLOR OR RACE <i>W</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)	
BIRTHPLACE (STATE OR COUNTRY) <i>Germany</i>		BIRTHPLACE (STATE OR COUNTRY) <i>Wisconsin</i>		
OCCUPATION <i>Farmer</i>		OCCUPATION <i>Housewife</i>		
NUMBER OF CHILD OF THIS MOTHER <i>2</i>		NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING <i>2</i>		

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on *12/1*, 19*09*, at *6 a* M.  
Cross out words which do not apply.

(Signature) *E. S. Pike* Dated *1/10*, 19*10*, Address *Princeton*  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum?.....

Filed *1/10*, 19*10*, *Albert K. Hufscheld* Address *1*  
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of each, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
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- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Court,  
Millie Laas County, Minn.  
Feb. 10  
A.D. 1911

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

# STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

PLACE OF BIRTH  
County of Millelacs

Township of Princeton

OR  
Village of .....

OR  
City of .....

Reg. District No. .... No. in Registration Book 570

(Above numbers to be filled in only by local registrar or his deputy..)

(No. ...., St.; .... Ward)...

FULL NAME  
OF CHILD

Bob Gerth

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD

M

Single  
Twin  
Triplet

} and {

Number  
in order  
of birth

1

Legiti-  
mate

Yes

DATE OF  
BIRTH

Dec.  
(Month)

23  
(day)

19  
(year)

FULL  
NAME

Wm. J.

FATHER

POST OFFICE  
ADDRESS

FULL  
MAIDEN  
NAME

Anna Rosini

MOTHER

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

37  
(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

29  
(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Minn.

BIRTHPLACE  
(STATE OR COUNTRY)

Germany

OCCUPATION

Farmer

OCCUPATION

Knife

NUMBER OF CHILD OF THIS MOTHER 2

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 1

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 12/23/19, at 4:45 M.  
Cross out words which do not apply.

(Signature)

B. A. Lester

Dated

1/5

19

10

Princeton

(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum?

Filed

1/5

19

10

Registrar

Address

"

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



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- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
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children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of the County Clerk, Hennepin County, Minn.  
February 16, A.D. 1910  
R. D. McKing, Clerk.

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH  
County of *Miller*

Township of *Princeton*

OR  
Village of .....

OR  
City of .....

## STATE OF MINNESOTA

Division of Vital Statistics

### RECORD OF BIRTH

Reg. District No. .... No. in Registration Book .....

(Above numbers to be filled in only by local registrar or his deputy..)

(No. ...., ..... St.; ..... Ward)...

FULL NAME OF CHILD *Arnold Gustaf Carl Datchew* { If child is not yet named, make supplemental report as directed.

SEX OF CHILD *M* Single Twin Triplet } and { Number in order of birth Legitimate *Yes* DATE OF BIRTH *Jan 14* 19*10*  
(Month) (day) (year)

FULL NAME FATHER *Henry* FULL MAIDEN NAME MOTHER *Anetta Rutcha*

POST OFFICE ADDRESS *Princeton* POST OFFICE ADDRESS *Min*

COLOR OR RACE *R* AGE AT LAST BIRTHDAY *48* (Years) COLOR OR RACE *R* AGE AT LAST BIRTHDAY *36* (Years)

BIRTHPLACE (STATE OR COUNTRY) *Min* BIRTHPLACE (STATE OR COUNTRY) *Germany*

OCCUPATION *Farmer* OCCUPATION *Wife*

NUMBER OF CHILD OF THIS MOTHER *7* NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING *6*

### CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on *1/14*, 19*10*, at *11* *or* *A*. M.  
Cross out words which do not apply.

(Signature) *Henry Datchew* Dated *3/1*, 19*10*, Address .....

(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? *None*

Filed *3/1*, 19*10*, *Albert Kuhli* Address *Princeton*  
Registrar

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-born." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by a transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Court,  
Mille Lacs County, Minn.  
A. D. 1907

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH  
County of *Miller* *Lacs*  
Township of *Princeton*  
OR  
Village of .....  
OR  
City of ..... (No. ...., ..... St.; ..... Ward)...

STATE OF MINNESOTA  
Division of Vital Statistics  
RECORD OF BIRTH

Reg. District No. *2881* No. in Registration Book *x77*  
(Above numbers to be filled in only by local registrar or his deputy..)

FULL NAME OF CHILD *Hubert Lisle Sanford* { If child is not yet named, make supplemental report as directed.

SEX OF CHILD <i>male</i>	<del>Single</del> <del>Triplet</del>	} and {	Number in order of birth	Legitimate <i>yes</i>	DATE OF BIRTH <i>Jan. 16 1910</i> (Month) (day) (year)
FULL NAME FATHER <i>Clarence Sanford</i>		FULL MAIDEN NAME MOTHER <i>Luella G. Ciley</i>			
POST OFFICE ADDRESS <i>Princeton Minn.</i>		POST OFFICE ADDRESS <i>Princeton, Minn.</i>			
COLOR OR RACE <i>Caucasian</i>	AGE AT LAST BIRTHDAY <i>32</i> (Years)	COLOR OR RACE <i>Caucasian</i>	AGE AT LAST BIRTHDAY <i>31</i> (Years)		
BIRTHPLACE (STATE OR COUNTRY) <i>Princeton, Minn.</i>		BIRTHPLACE (STATE OR COUNTRY) <i>Princeton, Minn.</i>			
OCCUPATION <i>Farmer</i>		OCCUPATION <i>Wife</i>			
NUMBER OF CHILD OF THIS MOTHER <i>4</i>		NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING <i>4</i>			

# CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on *1-16*, 19*10*, at *22* M.  
Cross out words which do not apply.

(Signature) *Thos. L. Armitage* Dated *1-20 1910*, Address *Princeton*  
(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? *none required*

Filed *Dec. 1 1910* *Jos. Johnson* Registrar Address *Princeton, Minn.*



# REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Every physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

## Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

County of *Miller Lake*

Township of *Princeton*

OR

Village of .....

OR

City of .....

STATE OF MINNESOTA

Division of Vital Statistics

RECORD OF BIRTH

Reg. District No. .... No. in Registration Book.....

(Above numbers to be filled in only by local registrar or his deputy..)

(No. ...., ..... St.; ..... Ward)...

FULL NAME OF CHILD *Margaret Magdalena Sellhorn* { If child is not yet named, make supplemental report as directed.

SEX OF CHILD *F* Single Twin Triplet } and { Number in order of birth Legiti- mate *yes* DATE OF BIRTH *Feb 4 1910* (Month) (day) (year)

FULL NAME FATHER *Ernest H* FULL MAIDEN NAME MOTHER *Lillian H Wetter*

POST OFFICE ADDRESS *Brickton* POST OFFICE ADDRESS *Minn*

COLOR OR RACE *B* AGE AT LAST BIRTHDAY *36* (Years) COLOR OR RACE *W* AGE AT LAST BIRTHDAY *27* (Years)

BIRTHPLACE (STATE OR COUNTRY) *Germany* BIRTHPLACE (STATE OR COUNTRY) *Minn*

OCCUPATION *Brick-maker* OCCUPATION *H wife*

NUMBER OF CHILD OF THIS MOTHER *1* NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING *1*

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on *2/4*, 19*10*, at *30* P. M.

Cross out words which do not apply.

(Signature) *E H Sellhorn* Dated *2/14*, 19*10*, Address.....  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? *Boric Acid Sol*

Filed *2/23*, 19*10*, *Albert Kuhfeld* Address *Princeton*  
Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH  
County of *Miller* *Lacs*

Township of *Princeton*

OR  
Village of .....

OR  
City of .....

FULL NAME OF CHILD *Malinda Henrietta Margaretta Albrect*

{ If child is not yet named, make supplemental report as directed.

# STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

Reg. District No. .... No. in Registration Book.....  
(Above numbers to be filled in only by local registrar or his deputy..)

(No. .... St.; .... Ward)...

SEX OF CHILD

*F*

Single  
Twin  
Triplet

} and { Number  
in order  
of birth

Legiti-  
mate

*No*

DATE OF BIRTH

*Feb 8* 19*10*  
(Month) (day) (year)

FULL NAME

*Henry Papenhouse*

FATHER

FULL MAIDEN NAME

*Louisa Albrect*

MOTHER

POST OFFICE ADDRESS

*Princeton*

POST OFFICE ADDRESS

*Minn*

COLOR OR RACE

*B*

AGE AT LAST BIRTHDAY

*25*  
(Years)

COLOR OR RACE

*B*

AGE AT LAST BIRTHDAY

*21*  
(Years)

BIRTHPLACE (STATE OR COUNTRY)

*Ill*

BIRTHPLACE (STATE OR COUNTRY)

*Germany*

OCCUPATION

*Farmer*

OCCUPATION

*H wife*

NUMBER OF CHILD OF THIS MOTHER

*1*

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on *2/8* 19*10*, at *3:10* P. M.  
Cross out words which do not apply.

(Signature) *A. R. Caley* Dated *2/19* 19*10*, Address *Princeton*  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? *None*

Filed *2/18* 19*10* *Albert Ruhfield* Address *Princeton*  
Registrar



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descendant), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.  
(16) Signature and address of reporting official.  
(17) Date when certificate was filed and registered.  
"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-born." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Court,  
Mille Lacs County, Minn.

A. D. 1914

Feb - 10

Robt A King  
Clerk

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH  
County of Miller Lacs

Township of Princeton

OR  
Village of .....

OR  
City of .....

## STATE OF MINNESOTA

Division of Vital Statistics

### RECORD OF BIRTH

Reg. District No. .... No. in Registration Book.....  
(Above numbers to be filled in only by local registrar or his deputy..)

(No. ...., ..... St.; ..... Ward)...

FULL NAME  
OF CHILD.....

Schramm

{ If child is not yet named, make supplemental report as directed.

SEX OF CHILD <u>H</u>	Single Twin Triplet	} and {	Number in order of birth	Legiti- mate <u>yes</u>	DATE OF BIRTH <u>Feb</u> <u>9</u> 19 <u>10</u> (Month) (day) (year)
--------------------------	---------------------------	---------	--------------------------------	-------------------------------	------------------------------------------------------------------------------

FATHER  
FULL NAME Gustaf  
POST OFFICE ADDRESS Princeton

COLOR OR RACE H AGE AT LAST BIRTHDAY 5-0  
(Years)

BIRTHPLACE (STATE OR COUNTRY) Germany

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Augusta Schramm  
POST OFFICE ADDRESS Princeton

COLOR OR RACE H AGE AT LAST BIRTHDAY 40  
(Years)

BIRTHPLACE (STATE OR COUNTRY) .....

OCCUPATION Housewife

NUMBER OF CHILD OF THIS MOTHER 10

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 8

### CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 2/9, 1910, at..... M.  
Cross out words which do not apply.

(Signature) G. Schramm Dated 3/8, 1910, Address Princeton  
(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? None

Filed 3/8 1910 Albert Kuhfeld Address Princeton  
Registrar

## REGULATIONS COVERING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein the residence of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descendant), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

(c) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-born." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH  
County of Miller, La Crosse  
Township of Princeton  
OR  
Village of .....  
OR  
City of ..... (No. ...., St.; .... Ward)...

## STATE OF MINNESOTA

Division of Vital Statistics

### RECORD OF BIRTH

Reg. District No. .... No. in Registration Book.....  
(Above numbers to be filled in only by local registrar or his deputy..)

FULL NAME OF CHILD Polsfuss { If child is not yet named, make supplemental report as directed.

SEX OF CHILD <u>M</u>	Single <u>  </u> Twin <u>  </u> Triplet <u>  </u>	and {	Number in order of birth <u>  </u>	Legitimate <u>yes</u>	DATE OF BIRTH <u>Feb 18 1910</u> (Month) (day) (year)
FATHER FULL NAME <u>Elto</u> POST OFFICE ADDRESS <u>Princeton</u>			MOTHER FULL MAIDEN NAME <u>Mary Meeke</u> POST OFFICE ADDRESS <u>Princeton</u>		
COLOR OR RACE <u>M</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)			COLOR OR RACE <u>M</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE (STATE OR COUNTRY) <u>Minn</u>			BIRTHPLACE (STATE OR COUNTRY) <u>  </u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		
NUMBER OF CHILD OF THIS MOTHER <u>4</u>			NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING <u>4</u>		

### CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 2/18, 1910, at 1-10 <sup>a</sup> M.  
Cross out words which do not apply.

(Signature) G. R. Caley Dated 2/19 1910, Address Princeton  
(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? None

Filed 2/25 1910, Albert Kuhfield Address Princeton  
Registrar



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Court,  
St. Louis County, Minn.

February 10 A.D. 1911  
Prob. H. King

Clerk

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH  
County of Miller  
Township of Princeton  
OR  
Village of .....  
OR  
City of ..... (No. ...., St.; ..... Ward)...

# STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

Reg. District No. .... No. in Registration Book.....  
(Above numbers to be filled in only by local registrar or his deputy..)

FULL NAME OF CHILD Sella Korman { If child is not yet named, make supplemental report as directed.

SEX OF CHILD <u>M</u>	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	and {	Number in order of birth <u>1</u>	Legitimate <input checked="" type="checkbox"/> Illegitimate <input type="checkbox"/>	DATE OF BIRTH <u>Mar 2</u> 19 <u>10</u> (Month) (day) (year)
FULL NAME FATHER <u>Robert</u>			FULL MAIDEN NAME MOTHER <u>Hanna Schulte</u>		
POST OFFICE ADDRESS <u>Princeton</u>			POST OFFICE ADDRESS <u>Minn</u>		
COLOR OR RACE <u>B</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR OR RACE <u>B</u>		AGE AT LAST BIRTHDAY <u>33</u> (Years)	
BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u>			BIRTHPLACE (STATE OR COUNTRY) <u>Minn</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		
NUMBER OF CHILD OF THIS MOTHER <u>4</u>			NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 3/2....., 1910, at 1 <sup>PM</sup> P.M.  
Cross out words which do not apply.

(Signature) Robert Korman Dated 3/8 1910, Address.....  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? None

Filed 3/8 1910 Albert Kuhfeld Address Princeton  
Registrar

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-born." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Court,  
 of Mille Lacs County, Minn.  
 Feb. 18 A. D. 1911  
 Robt. H. Stone Clerk.

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

County of *Polk*

Division of Vital Statistics

Township of *Winchester*

RECORD OF BIRTH

OR  
Village of

Reg. District No. No. in Registration Book. *66*

(Above numbers to be filled in only by local registrar or his deputy.)

OR  
City of

(No. St.; Ward)

FULL NAME  
OF CHILD

*Bullough*

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD

*M*

Single  
Twin  
Triplet

} and {

Number  
in order  
of birth

Legiti-  
mate

*Sp*

DATE OF  
BIRTH

*April*

*3*

19

*10*

FULL  
NAME

*Clephumes*

FATHER

POST OFFICE  
ADDRESS

FULL  
MAIDEN  
NAME

*Agnes Wilby*

MOTHER

POST OFFICE  
ADDRESS

COLOR  
OR RACE

*W*

AGE AT LAST  
BIRTHDAY

*48*

(Years)

COLOR  
OR RACE

*W*

AGE AT LAST  
BIRTHDAY

*41*

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

*Iowa*

BIRTHPLACE  
(STATE OR COUNTRY)

*Ia*

OCCUPATION

*Farmer*

OCCUPATION

*Housewife*

NUMBER OF CHILD OF THIS MOTHER

*6*

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

*4*

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on *4/3*, 19*10*, at *4:30* M.  
Cross out words which do not apply.

(Signature) *S. R. Bailey* Dated *6/10*, 19*10*, Address *Winchester*  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum?

Filed *6/10*, 19*10*, *Geo. Johnson* Address *"*

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



# REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

## Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descendant), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

(18) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillborn." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Post 21. King

Mort

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

Division of Vital Statistics

County of Hell Lake

Township of Winnebago

OR

Village of .....

OR

City of .....

Reg. District No. .... No. in Registration Book 61

(Above numbers to be filled in only by local registrar or his deputy.)

(No. ...., St.; .... Ward)...

FULL NAME  
OF CHILD

Johnson

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD

M

Single  
Twin  
Triplet

and { Number  
in order  
of birth 1

Legiti-  
mate

Yes

DATE OF  
BIRTH

July

6

1910

(Month)

(day)

(year)

FULL  
NAME

Ed. N.

FATHER

FULL  
MAIDEN  
NAME

MOTHER

Loy Florence Camp

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

24

(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

21

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Sweden

BIRTHPLACE  
(STATE OR COUNTRY)

Sweden

OCCUPATION

Farmer

OCCUPATION

Housewife

NUMBER OF CHILD OF THIS MOTHER

1

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

1

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 4/6, 1910, at 30p M.

Cross out words which do not apply.

(Signature) S. R. Caley

Dated 4/25

19 10

Address Winnebago

(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed 4/26

19 10

Jos. Johnson

Registrar

Address 4

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each,  
and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-born." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of the Court,  
 St. Louis County, Minn.  
 Feb 10 A.D. 1911  
 Robt. N. King Clerk

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD  
N. B.-In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		STATE OF MINNESOTA	
County of <i>Phillips</i>		Division of Vital Statistics	
Township of <i>Winchester</i>		RECORD OF BIRTH	
OR		6X	
Village of .....		Reg. District No. ....	No. in Registration Book .....
OR		(Above numbers to be filled in only by local registrar or his deputy..)	
City of .....		(No. ...., St.; .... Ward)...	
FULL NAME OF CHILD <i>Edto Carl Eggert</i>		{ If child is not yet named, make supplemental report as directed.	
SEX OF CHILD <i>M</i>	Single Twin Triplet	and { Number in order of birth	Legiti- mate <i>is</i>
		DATE OF BIRTH <i>April 19 1910</i>	
		(Month) (day) (year)	
FULL NAME <i>Fred</i> FATHER		FULL MAIDEN NAME <i>Emma Schmidt</i> MOTHER	
POST OFFICE ADDRESS		POST OFFICE ADDRESS	
COLOR OR RACE <i>W</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)	COLOR OR RACE <i>W</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)
BIRTHPLACE (STATE OR COUNTRY) <i>Germany</i>		BIRTHPLACE (STATE OR COUNTRY) <i>Ill</i>	
OCCUPATION		OCCUPATION	
NUMBER OF CHILD OF THIS MOTHER <i>6</i>		NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING <i>6</i>	

### CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on *4/19/1910*, at *3:30* M.  
Cross out words which do not apply.

(Signature) *Fred Eggert* Dated *4/19/1910* Address *Winchester*  
(Attending Physician, Midwife, Father, Informant) Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed *5/9/1910*, *Dr. Johnson* Registrar Address *11*



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

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children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

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"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

St. Louis County, Minn.

February 10, A. D. 1911

Robt. H. King, Clerk.

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

County of *Hutchinson*

Township of *Lincoln*

OR

Village of .....

OR

City of .....

STATE OF MINNESOTA

Division of Vital Statistics

RECORD OF BIRTH

Reg. District No. .... No. in Registration Book .....

(Above numbers to be filled in only by local registrar or his deputy..)

(No. ...., ..... St.; ..... Ward)...

FULL NAME  
OF CHILD .....

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD *M*

Single  
Twin  
Triplet

} and { Number  
in order  
of birth *1*

Legiti-  
mate *3*

DATE OF  
BIRTH *Apr. 22* 19 *10*

(Month)

(day)

(year)

FULL  
NAME *Wm*

FATHER

FULL  
MAIDEN  
NAME *Theresa*

MOTHER

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE *W*

AGE AT LAST  
BIRTHDAY *50*  
(Years)

COLOR  
OR RACE *W*

AGE AT LAST  
BIRTHDAY *41*  
(Years)

BIRTHPLACE  
(STATE OR COUNTRY) *Germany*

BIRTHPLACE  
(STATE OR COUNTRY) *Theresa*

OCCUPATION *Laborem*

OCCUPATION *Wife*

NUMBER OF CHILD OF THIS MOTHER .....

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING *8*

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on *Apr. 22*, 19 *10*, at *8:00* M.  
Cross out words which do not apply.

(Signature) *E. R. Galy*

Dated *4/25* 19 *10*

Address *Lincoln*

(Attending Physician, Midwife, Father, Informant) - Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed *4/26* 19 *10*

*Jos. Johnson*

Address *"*

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD  
N. B. - In case of more than one child at a birth a SEPARATE RETURN must be made for each,  
and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

(18) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillborn." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Original of this  
 certificate of birth  
 shall be filed in the  
 office of the local  
 registrar of the  
 district in which  
 the birth occurred.  
 A.D. 1907

March

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

County of *Holmes*

Township of *Trine*

OR

Village of

OR

City of

STATE OF MINNESOTA

Division of Vital Statistics

RECORD OF BIRTH

Reg. District No. No. in Registration Book

(Above numbers to be filled in only by local registrar or his deputy.)

(No. St.; Ward)

FULL NAME  
OF CHILD

*Lawman*

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD

*M*

Single  
Twin  
Triplet

and { Number  
in order  
of birth

Legiti-  
mate

DATE OF  
BIRTH

(Month)

*25*

(day)

*1910*  
(year)

FULL  
NAME

FATHER

*August*

POST OFFICE  
ADDRESS

FULL  
MAIDEN  
NAME

MOTHER

*Mary Schlee*

POST OFFICE  
ADDRESS

COLOR  
OR RACE

*W*

AGE AT LAST  
BIRTHDAY

*33*

(Years)

COLOR  
OR RACE

AGE AT LAST  
BIRTHDAY

*20*

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

*Minn*

BIRTHPLACE  
(STATE OR COUNTRY)

*Germany*

OCCUPATION

*Farmer*

OCCUPATION

*Wife*

NUMBER OF CHILD OF THIS MOTHER

*3*

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

*3*

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on *4/25/10*, 19*10*, at *12 P* M.

Cross out words which do not apply.

(Signature) *August Lawman* Dated *5/5* 19*10* Address *Trine*  
(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum?

Filed *5/5* 19*10*, *D. S. Johnson* Address *Trine*

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descendant), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-born." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Clerk  
 of Miller County, Minn.  
 Feb. 11 A.D. 1911  
 Prob. H. King, Clerk.

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

Division of Vital Statistics

County of St. Louis

Township of Winneton

OR

Village of .....

OR

City of .....

(No. ...., ..... St.; ..... Ward)...

Reg. District No. .... No. in Registration Book.....

(Above numbers to be filled in only by local registrar or his deputy..)

FULL NAME  
OF CHILD.....

Reves

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD

M

Single  
Twin  
Triplet

} and { Number  
in order  
of birth

Legiti-  
mate

Sp

DATE OF  
BIRTH

May

18

10

(Month) (day) (year)

FULL  
NAME

Chief Herbert

FATHER

POST OFFICE  
ADDRESS

FULL  
MAIDEN  
NAME

Sarah Huffer

MOTHER

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

35

(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

28

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Minnesota

BIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

Farmer

OCCUPATION

NUMBER OF CHILD OF THIS MOTHER

5

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

5

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that I attended the birth of above child, (and that it) occurred on 5/18/10, at 7e M.  
Cross out words which do not apply.

(Signature) S. R. Caley

Dated 6/5/10

19 10

Address Winneton

(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed 7/6 19 10 Jos. Johnson Address .....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS COVERING THE COLLECTION OF VITAL STATISTICS.

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wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Orville C. Simpson, Clerk.

When no attending physician or midwife, then the parents must make this return in writing. See instructions on Back.

## PLACE OF BIRTH

County of Miller LacqTownship of Princeton

OR

Village of \_\_\_\_\_

OR

City of \_\_\_\_\_

(No. \_\_\_\_\_)

St.; \_\_\_\_\_

Ward) \_\_\_\_\_

## STATE OF MINNESOTA

Division of Vital Statistics

NOV 20 1910

## RECORD OF BIRTH

Reg. District No. 2881No. in Registration Book 78

(Above numbers to be filled in only by local registrar or his deputy)

FULL NAME  
OF CHILDByron Ellroy Sanford{ If child is not yet named, make  
supplemental report as directedSEX OF  
CHILDMaleTwin  
Triplet  
or other

} and {

Number  
in order  
of birthLegiti-  
mateyesDATE OF  
BIRTHMay15 1910

(Month)

(day)

(year)

FULL  
NAMEFATHER  
Elwood B. SanfordFULL  
MAIDEN  
NAMEMOTHER  
Ruth Abbie BriggsPOST OFFICE  
ADDRESSPrinceton MinnPOST OFFICE  
ADDRESSPrinceton MinnCOLOR  
OR RACECaucasianAGE AT LAST  
BIRTHDAY29

(Years)

COLOR  
OR RACECaucasianAGE AT LAST  
BIRTHDAY24

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)PrincetonBIRTHPLACE  
(STATE OR COUNTRY)Princeton

OCCUPATION

Farmer

OCCUPATION

Housewife

NUMBER OF CHILD OF THIS MOTHER

3

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

3

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 5-13-10, at A M.

Cross out words which do not apply

(Signature) Thos. L. Armitage dated 11-28 1910, Address Princeton

(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply

What steps have been taken to prevent ophthalmia neonatorum?

none required

Filed

Dec. 5 1910Jos. Johnson

Registrar

Address

Princeton Minn

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

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local officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred; These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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(3) Sex.

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(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

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"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial

or removal permit, in usual form shall be required. Midwives shall not sign certificates for stillborn children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

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"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Court,  
 Miller Lakes County, Minn.  
 February 10 A.D. 1911  
 Cecil C. Clump, Clerk

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

Division of Vital Statistics

County of *St. Louis*

Township of *Lincoln*

OR

Village of .....

OR

City of .....

(No. ...., St.; .... Ward)...

FULL NAME  
OF CHILD

*Druck*

If child is not yet named, make supplemental report as directed.

SEX OF  
CHILD

*M*

Single  
Twin  
Triplet

} and { Number  
in order  
of birth

Legiti-  
mate

*Y*

DATE OF  
BIRTH

*June*  
(Month)

*12* 19 *10*  
(day) (Year)

FULL  
NAME

*Rudolph E.*

FATHER

FULL  
MAIDEN  
NAME

*Doratha Johnson*

MOTHER

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

*W*

AGE AT LAST  
BIRTHDAY

*29*  
(Years)

COLOR  
OR RACE

*W*

AGE AT LAST  
BIRTHDAY

*23*  
(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

*Minn.*  
*Engineer*

BIRTHPLACE  
(STATE OR COUNTRY)

*Denmark*  
*House*

OCCUPATION

OCCUPATION

NUMBER OF CHILD OF THIS MOTHER

*3*

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

*3*

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on *6/12*, 19 *10*, at *102* M.

Cross out words which do not apply.

(Signature)

*E. R. Casey*

Dated

*7/5*

19 *10*

Address

*Lincoln*

(Attending Physician, Midwife, Father, Informant) Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum?

Filed

*7/6*

19 *10*

*Jos. Johnson*

Address

*11*

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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- (5) Condition—as twins, illegitimate, etc.
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- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
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(15) Signature and address of informant.  
 (16) Signature and address of reporting official.  
 (17) Date when certificate was filed and registered.  
 "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

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A. D. 1  
 Clerk  
 Mill Lake County, Minn.  
 Roll of King.

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

County of *Quilbores*

Township of *Linnecon*

OR

Village of .....

OR

City of .....

(No. .... St.; .... Ward)...

FULL NAME  
OF CHILD

*Burke*

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD

*M*

Single  
Twin  
Triplet

} and {

Number  
in order  
of birth

Legiti-  
mate

*ys*

DATE OF  
BIRTH

*June*

*17*

19 *10*

FULL  
NAME

*Joseph*

FATHER

POST OFFICE  
ADDRESS

FULL  
MAIDEN  
NAME

*Mary Reynolds*

MOTHER

POST OFFICE  
ADDRESS

COLOR  
OR RACE

*W*

AGE AT LAST  
BIRTHDAY

(Years)

COLOR  
OR RACE

*W*

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

*Mass*

BIRTHPLACE  
(STATE OR COUNTRY)

*Mass*

OCCUPATION

*Laborer*

OCCUPATION

*House*

NUMBER OF CHILD OF THIS MOTHER .....

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING .....

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on *June* *10*, 19 *10*, at *Linnecon* M.  
Cross out words which do not apply.

(Signature) *A. C. Cooney* Dated *1/1/13* 19 *10* Address *Linnecon*  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed *19* *10*, *Joe. Johnson* Address .....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descendants), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

(18) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-born." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Feb. 10 A.D. 1911  
Rocky M. King Clerk

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

County of *Polk*

Township of *Trinaceton*

OR

Village of

OR

City of

(No. ...., St.; ..... Ward)...

FULL NAME  
OF CHILD

*George Harmon*

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD

*M*

Single  
Twin  
Triplet

} and {

Number  
in order  
of birth

Legiti-  
mate

*yes*

DATE OF  
BIRTH

*July*  
(Month)

*15*  
(day)

*1910*  
(year)

FULL  
NAME

*John*

FATHER

POST OFFICE  
ADDRESS

FULL  
MAIDEN  
NAME

*Tomie Baker*

MOTHER

POST OFFICE  
ADDRESS

COLOR  
OR RACE

*W*

AGE AT LAST  
BIRTHDAY

*48*  
(Years)

COLOR  
OR RACE

*W*

AGE AT LAST  
BIRTHDAY

*42*  
(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

*Iowa*

BIRTHPLACE  
(STATE OR COUNTRY)

*Iowa*

OCCUPATION

*Farmer*

OCCUPATION

*Housewife*

NUMBER OF CHILD OF THIS MOTHER

*13*

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

*12*

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that I attended the birth of above child, (and that it) occurred on *7/15*, 19*10*, at *6 a*. M.

Cross out words which do not apply.

(Signature) *John Harmon* Dated *7/22*, 19*10*, Address *Trinaceton*  
(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed *7/23*, 19*10*, *Joe Johnson* Address *1*

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. E.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descendant), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Feb. -10- A.D. 1911  
Roll. H. King, Clerk

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

County of *Polk*

Division of Vital Statistics

Township of *Winchester*

RECORD OF BIRTH

OR  
Village of

Reg. District No. No. in Registration Book

(Above numbers to be filled in only by local registrar or his deputy.)

OR  
City of

(No. St.; Ward)

FULL NAME  
OF CHILD

If child is not yet named, make supplemental report as directed.

SEX OF  
CHILD

Single  
Twin  
Triplet

and

Number  
in order  
of birth

Legiti-  
mate

DATE OF  
BIRTH

(Month)

(day)

19 10

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

AGE AT LAST  
BIRTHDAY

(Years)

COLOR  
OR RACE

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

BIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

OCCUPATION

NUMBER OF CHILD OF THIS MOTHER

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 7/19 1910, at 3 P. M.  
Cross out words which do not apply.

(Signature) H. C. Conner Dated 11/13 1910 Address Pinneston  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum?

Filed 1910 J. J. Johnson Registrar Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each,  
and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descendant), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-born." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of District Court,  
Mille Lacs County, Minn.

A. D. 1  
Robt. H. King.

Clk

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH  
County of Duluth

Township of Simonton

OR  
Village of .....

OR  
City of .....

FULL NAME OF CHILD Oliver Essig

{ If child is not yet named, make supplemental report as directed.

## STATE OF MINNESOTA

Division of Vital Statistics

### RECORD OF BIRTH

Reg. District No. .... No. in Registration Book .....

(Above numbers to be filled in only by local registrar or his deputy..)

(No. ...., St.; .... Ward)...

SEX OF CHILD <u>M</u>	Single Twin Triplet	} and {	Number in order of birth	Legiti- mate <u>yes</u>	DATE OF BIRTH <u>Sept 28 1910</u> (Month) (day) (year)
-----------------------	---------------------------	---------	--------------------------------	----------------------------	--------------------------------------------------------------

FULL NAME <u>Nick</u>	FATHER	FULL MAIDEN NAME <u>Louise Webber</u>	MOTHER
-----------------------	--------	---------------------------------------	--------

POST OFFICE ADDRESS	POST OFFICE ADDRESS
---------------------	---------------------

COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY .....	COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY .....
	(Years)		(Years)

BIRTHPLACE (STATE OR COUNTRY) <u>Ill</u>	BIRTHPLACE (STATE OR COUNTRY)
------------------------------------------	-------------------------------

OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>
--------------------------	-----------------------------

NUMBER OF CHILD OF THIS MOTHER 4

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 4

### CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 9/28 1910, at Simonton M.  
Cross out words which do not apply.

(Signature) Dr. H. H. Johnson Dated 10/30 1910 Address Simonton  
(Attending Physician, Midwife, Father, Informant) Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed 11/7 1910 Dr. H. H. Johnson Registrar Address Simonton

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

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### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descendant), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-born." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the Office of the Registrar  
9 Mile Lake County, Minn  
February 10 A.D. 1911  
Robt. W. King Clerk

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

County of Bellevue

Township of Princeton

OR

Village of .....

OR

City of .....

(No. .... St.; .... Ward)...

STATE OF MINNESOTA

Division of Vital Statistics

RECORD OF BIRTH

Reg. District No. .... No. in Registration Book 70

(Above numbers to be filled in only by local registrar or his deputy..)

FULL NAME OF CHILD Eustaf Edwin Anderson { If child is not yet named, make supplemental report as directed.

SEX OF CHILD

M

Single  
Twin  
Triplet

} and {

Number  
in order  
of birth

1

Legiti-  
mate

yes

DATE OF  
BIRTH

Sept.  
(Month)

30 19 10  
(day) (year)

FULL  
NAME

S. E.

FATHER

FULL  
MAIDEN  
NAME

Bergatha Uglem

MOTHER

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

28  
(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

23  
(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Sweden

BIRTHPLACE  
(STATE OR COUNTRY)

Minnesota

OCCUPATION

Creamery Operator

OCCUPATION

Housewife

NUMBER OF CHILD OF THIS MOTHER 1

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 1

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that I attended the birth of above child, (and that it) occurred on 9/30, 19 10, at 4:25 M.  
Cross out words which do not apply.

(Signature) N. E. Cooney

Dated 9/30

19 10

Address Princeton

(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed 10/4 19 10 J. J. Johnson Address "

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. E.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descendant), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-born." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and secure from such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall be delivered to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Feb 10  
A.D. 1911  
R. H. King Clerk  
H. H. Lacy County, Minn.

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH  
County of Willebaco

Township of Trinceton

OR  
Village of .....

OR  
City of .....

FULL NAME  
OF CHILD

Sejonef

{ If child is not yet named, make supplemental report as directed.

# STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

Reg. District No. .... No. in Registration Book.....  
(Above numbers to be filled in only by local registrar or his deputy..)

(No. ...., ..... St.; ..... Ward)...

SEX OF CHILD <u>M</u>	Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	and { Number in order of birth <u>3</u> }	Legiti- mate <u>yes</u>	DATE OF BIRTH <u>Oct 5</u> 19 <u>10</u> (Month) (day) (year)
-----------------------	------------------------------------------------------------------------------------------------	-------------------------------------------	-------------------------	-----------------------------------------------------------------

FULL NAME Napoleon FATHER  
POST OFFICE ADDRESS .....

FULL MAIDEN NAME Susan S. Englin MOTHER  
POST OFFICE ADDRESS .....

COLOR OR RACE W AGE AT LAST BIRTHDAY 28  
(Years)

COLOR OR RACE W AGE AT LAST BIRTHDAY .....  
(Years)

BIRTHPLACE (STATE OR COUNTRY) Minnesota

BIRTHPLACE (STATE OR COUNTRY) .....

OCCUPATION Labourer

OCCUPATION Housewife

NUMBER OF CHILD OF THIS MOTHER 3

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING .....

### CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on ..... 19....., at ..... M.  
Cross out words which do not apply.

(Signature) H. C. Cooney Dated 11/13 19 10, Address Trinceton  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed ..... 19....., Joe Johnson Address .....  
Registrar

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descendant), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.

- (15) Signature and address of informant.
  - (16) Signature and address of reporting official.
  - (17) Date when certificate was filed and registered.
- "(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-born." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same has been filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Minn. State Board of Health,  
 St. Paul, Minn.  
 A. D. 1907.  
 Robert H. King, Clerk.

No.

When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

## PLACE OF BIRTH

## STATE OF MINNESOTA

Division of Vital Statistics

County of MILLE LACSTownship of Princeton

OR

Village of .....

OR

City of .....

## RECORD OF BIRTH

Reg. District No. .... No. in Registration Book. 76

(Above numbers to be filled in only by local registrar or his deputy..)

(No. .... St.; .... Ward)...

FULL NAME  
OF CHILDLindholm{ If child is not yet named, make  
supplemental report as directed.SEX OF  
CHILDMSingle  
Twin  
Triplet1

and

Number  
in order  
of birthLegiti-  
mateyesDATE OF  
BIRTHOct

(Month)

9

(day)

19

(year)

FULL  
NAMEJohn

FATHER

FULL  
MAIDEN  
NAMEIngrid

MOTHER

etcPOST OFFICE  
ADDRESSPOST OFFICE  
ADDRESSCOLOR  
OR RACEWAGE AT LAST  
BIRTHDAY26

(Years)

COLOR  
OR RACEWAGE AT LAST  
BIRTHDAY29

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)SwedenBIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

Housewife

OCCUPATION

Laborer

NUMBER OF CHILD OF THIS MOTHER

4

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

4

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 10/9, 19 10, at 3 M.  
Cross out words which do not apply.(Signature) E. R. Colby Dated 11/19, 19 10, Address Princeton  
(Attending Physician, Midwife, Father, Informant) Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed 11/23, 19 10, John Johnson Address 11

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

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(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

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Filed in the Office of the  
 Clerk of the County of  
 St. Louis, Mo.  
 Feb. 10, 1911  
 A.D. 1911  
 Clerk.

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

Division of Vital Statistics

County of MILLE LACS

Township of Pinecon

OR

Village of .....

OR

City of .....

Reg. District No. .... No. in Registration Book 75

(Above numbers to be filled in only by local registrar or his deputy..)

(No. .... St.; .... Ward)...

FULL NAME  
OF CHILD

Ross

{ If child is not yet named, make  
supplemental report as directed.

SEX OF CHILD <u>M</u>	Single Twin Triplet	} and {	Number in order of birth	Legiti- mate <u>75</u>	DATE OF BIRTH <u>Oct</u> <u>10</u> <u>19</u> <u>10</u> (Month) (day) (year)
FULL NAME <u>Fred R.</u>		FATHER		FULL MAIDEN NAME <u>Emma M. Holthaus</u>	
POST OFFICE ADDRESS				POST OFFICE ADDRESS	
COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		
BIRTHPLACE (STATE OR COUNTRY) <u>Minn</u>		BIRTHPLACE (STATE OR COUNTRY)			
OCCUPATION <u>Labourer</u>		OCCUPATION <u>Wife</u>			
NUMBER OF CHILD OF THIS MOTHER <u>5</u>			NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 19/10 19 10 at 12 M.

Cross out words which do not apply.

(Signature) S. R. Calley Dated 11/19 19 10 Address Pinecon  
(Attending Physician, Midwife, Father, Informant) Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed 11/23 19 10, Joe Johnson Address 1

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

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February 10 A.D. 1911

Prob. H. King. Clerk

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

Division of Vital Statistics

County of MILLE LACS

Township of Trineeton

OR

Village of .....

OR

City of .....

(No. ...., St.; ..... Ward)...

RECORD OF BIRTH

Reg. District No. .... No. in Registration Book 79

(Above numbers to be filled in only by local registrar or his deputy..)

FULL NAME  
OF CHILD

Clarence Jung

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD

M

Single  
Twin  
Triplet

1

} and {

Number  
in order  
of birth

Legiti-  
mate

gs

DATE OF  
BIRTH

Nov.  
(Month)

23 19 10  
(day) (year)

FULL  
NAME

Clarence

FATHER

POST OFFICE  
ADDRESS

FULL  
MAIDEN  
NAME

Carrie Anderson

MOTHER

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

33  
(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

34  
(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Minnesota

BIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

Breman - Brick yard

OCCUPATION

House

NUMBER OF CHILD OF THIS MOTHER

3

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

3

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 11/23, 19 10, at 102 M.  
Cross out words which do not apply.

(Signature) H. G. Corney Dated 11/23, 19 10, Address Trineeton  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed 12/10, 19 10, Joe Johnson Address "

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B. — In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the  
 State of Minnesota  
 County, Minn.  
 Jan. 10 A.D. 1911  
 Prob. H. King. Clerk

No.

When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

## PLACE OF BIRTH

County of WILLE LACSTownship of Princeton

OR

Village of .....

OR

City of .....

## STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

Reg. District No. .... No. in Registration Book 80

(Above numbers to be filled in only by local registrar or his deputy..)

(No. ...., ..... St.; ..... Ward)...

FULL NAME  
OF CHILD .....{ If child is not yet named, make  
supplemental report as directed.SEX OF  
CHILDXSingle  
Twin  
Triplet

} and {

Number  
in order  
of birthLegiti-  
mateyesDATE OF  
BIRTHDec.  
(Month)3  
(day)10  
(year)FULL  
NAMEEdward P.

FATHER

POST OFFICE  
ADDRESSFULL  
MAIDEN  
NAMEIsabel C. Drake

MOTHER

POST OFFICE  
ADDRESSCOLOR  
OR RACEWAGE AT LAST  
BIRTHDAY33  
(Years)COLOR  
OR RACEWAGE AT LAST  
BIRTHDAY23  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)IowaBIRTHPLACE  
(STATE OR COUNTRY)Minnesota

OCCUPATION

Brickmaker

OCCUPATION

WifeNUMBER OF CHILD OF THIS MOTHER 3NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 3

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 12/3, 1910, at 3 P M.

Cross out words which do not apply.

(Signature) S. R. Bailey Dated 12/9, 1910, Address Princeton  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed 19, Joe. Johnson Address .....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each,  
and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descendant), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

February 10 A.D. 1911  
Roxie H. King  
Mille Lacs County, Minn.  
Clerk

When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

## PLACE OF BIRTH

## STATE OF MINNESOTA

Division of Vital Statistics

County of MILLE LACSTownship of Pinckney

OR

Village of .....

OR

City of .....

Reg. District No. .... No. in Registration Book 81

(Above numbers to be filled in only by local registrar or his deputy..)

(No. .... St.; .... Ward)...

FULL NAME  
OF CHILDRobert (Shellbirth)If child is not yet named, make  
supplemental report as directed.SEX OF  
CHILDMSingle  
Twin  
Triplet} and {  
Number  
in order  
of birthLegiti-  
mateyesDATE OF  
BIRTHDec.  
(Month)13 19 10  
(day) (year)FULL  
NAMEAugust

FATHER

POST OFFICE  
ADDRESSFULL  
MAIDEN  
NAMEMinnie Craft

MOTHER

POST OFFICE  
ADDRESSCOLOR  
OR RACEWAGE AT LAST  
BIRTHDAY53  
(Years)COLOR  
OR RACEWAGE AT LAST  
BIRTHDAY46  
(Years)BIRTHPLACE  
(STATE OR COUNTRY)GermanyBIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

Farmer

OCCUPATION

Wife

NUMBER OF CHILD OF THIS MOTHER

9

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

7

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on....., 19....., at..... M.

Cross out words which do not apply.

(Signature)

August Robert

Dated

12/1519 10Pinckney

(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed

12/1519 10J. J. Johnson

Address

1

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities and villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other proper officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the local officer in cities and villages, or to the township clerk in townships,

wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the local health officer in cities and villages, or to the township clerk in townships, wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities and villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same, after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Feb. 10 1911  
Rex H. King  
Mille Lacs County, Minn.

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

County of Miller

Township of Princeton

OR  
Village of .....

OR  
City of .....

STATE OF MINNESOTA

Division of Vital Statistics

RECORD OF BIRTH

Reg. District No. .... No. in Registration Book 102  
(Above numbers to be filled in only by local registrar or his deputy..)

(No. .... St.; .... Ward)...

FULL NAME  
OF CHILD

Wilhelm

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD

M

Single  
Twin  
Triplet

1

and

{ Number  
in order  
of birth

Legiti-  
mate

ys

DATE OF  
BIRTH

Jan  
(Month)

20  
(day)

1911  
(year)

FULL  
NAME

John H.

FATHER

FULL  
MAIDEN  
NAME

Martha H. Sebert

MOTHER

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

28  
(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

22  
(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Germany

BIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

House

OCCUPATION

Farmer

NUMBER OF CHILD OF THIS MOTHER 2

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 2

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 1-20, 1911, at 69 M.  
Cross out words which do not apply.

(Signature) G. R. Caley Dated 1-20, 1911, Address Princeton  
(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed 3-14, 1912, Albert Kuhfield Address 1  
Registrar.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities, the village recorder in villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the health officer or recorder in cities and villages,

or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the city health officer, village recorder, or township clerk of the place wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities, village recorders in villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

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### Extracts from Chapter 454, Laws of 1907.

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(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

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"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

July 28  
 A.D. 1907  
 Clerk

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

Division of Vital Statistics

RECORD OF BIRTH

County of Mille Lacs

Township of Princeton

OR

Village of .....

OR

City of .....

Reg. District No. .... No. in Registration Book 103

(Above numbers to be filled in only by local registrar or his deputy..)

(No. .... St.; .... Ward)...

FULL NAME  
OF CHILD

Schmidt

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD

M

Single  
Twin  
Triplet

1

and

Number  
in order  
of birth

Legiti-  
mate yes

DATE OF  
BIRTH

Feb

19

1911

(Month)

(day)

(year)

FULL  
NAME

Henry J.

FATHER

FULL  
MAIDEN  
NAME

Ida A. Jaenicke

MOTHER

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

25

(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

24

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Ill

BIRTHPLACE  
(STATE OR COUNTRY)

Minn

OCCUPATION

Farmer

OCCUPATION

Housewife

NUMBER OF CHILD OF THIS MOTHER 1

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 1

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 2-19, 1911, at 12 P. M.

Cross out words which do not apply.

(Signature)

G. R. Gale

Dated 2-20

1911

Address

Princeton

(Attending Physician, Midwife, Father, Informant) — Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed

3-14

1912

Albert Kutzfeldt

Registrar.

Address

"

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities, the village recorder in villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house, hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the health officer or recorder in cities and villages,

or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the city health officer, village recorder, or township clerk of the place wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities, village recorders in villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

Filed in the office of  
 the Village Recorder,  
 Minneapolis, Minn.  
 July 28  
 A.D. 1913  
 Charles W. King, Clerk

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

County of Mille Lacs

Township of Princeton

OR

Village of

OR

City of

(No. .... St.; .... Ward) ...

STATE OF MINNESOTA

Division of Vital Statistics

RECORD OF BIRTH

Reg. District No. .... No. in Registration Book 104

(Above numbers to be filled in only by local registrar or his deputy..)

FULL NAME  
OF CHILD

Paulson

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD

7

Single  
Twin  
Triplet

8

} and {

Number  
in order  
of birth

Legiti-  
mate

ys

DATE OF  
BIRTH

April

7

1911

(Month) (day) (year)

FULL  
NAME

John P.

FATHER

FULL  
MAIDEN  
NAME

Mary J. Anderson

MOTHER

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

26

(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

24

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Sweden

BIRTHPLACE  
(STATE OR COUNTRY)

Minnesota

OCCUPATION

Laborer

OCCUPATION

Wife

NUMBER OF CHILD OF THIS MOTHER

1

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING

1

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 4-7, 1911, at 4<sup>30</sup> P.

Cross out words which do not apply.

(Signature)

G. R. Galer

Dated

4-7

1911

Address

Princeton

(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum?

Filed

3-14

1912

Albert Kufeld

Registrar.

Address

1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

## REGULATIONS COVERING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities, the village recorder in villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the health officer or recorder in cities and villages,

or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the city health officer, village recorder, or township clerk of the place wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities, village recorders in villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

- (1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.
- (2) Full name of child.
- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
- (17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

July 28  
 AD 1 213  
 The Local Health Officer of the County of Lincoln, Minn.

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH  
County of Mille Lacs  
Township of Princeton  
OR  
Village of \_\_\_\_\_  
OR  
City of \_\_\_\_\_

# STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

Reg. District No. \_\_\_\_\_ No. in Registration Book 105  
(Above numbers to be filled in only by local registrar or his deputy.)

(No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)...

FULL NAME  
OF CHILD

Stevie

{ If child is not yet named, make supplemental report as directed.

SEX OF CHILD <u>2</u>	Single Twin Triplet	} and {	Number in order of birth	Legiti- mate <u>ys</u>	DATE OF BIRTH <u>June</u> (Month)	<u>1</u> (day)	<u>1911</u> (year)
FULL NAME <u>Hugh S.</u>	FATHER			FULL MAIDEN NAME <u>Kathie May Simpson</u>	MOTHER		
POST OFFICE ADDRESS				POST OFFICE ADDRESS			
COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)			COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		
BIRTHPLACE (STATE OR COUNTRY) <u>Minn</u>				BIRTHPLACE (STATE OR COUNTRY)			
OCCUPATION <u>Farmer</u>				OCCUPATION <u>Housewife</u>			
NUMBER OF CHILD OF THIS MOTHER <u>4</u>				NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING <u>4</u>			

### CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 6-1, 1911, at 8 P.  
Cross out words which do not apply.

(Signature) G. R. Caley Dated 6-6, 1911, Address Princeton  
(Attending Physician, Midwife, Father, Informant)—Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? \_\_\_\_\_

Filed 3-14 1912, Albert Kufeld Address \_\_\_\_\_  
Registrar.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities, the village recorder in villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the health officer or recorder in cities and villages,

or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the city health officer, village recorder, or township clerk of the place wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

*Handwritten:*  
Filed  
Mills & Co. County, Minn.  
AD 1913

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

# STATE OF MINNESOTA

Division of Vital Statistics

## RECORD OF BIRTH

PLACE OF BIRTH  
County of Wille Lake

Township of Princeton

Village of .....

City of .....

Reg. District No. .... No. in Registration Book 106

(Above numbers to be filled in only by local registrar or his deputy..)

(No. ...., St.; .... Ward)...

FULL NAME  
OF CHILD .....

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD

F

Single  
~~Twin~~  
~~Triplet~~

} and {

Number  
in order  
of birth

Legiti-  
mate ys

DATE OF  
BIRTH

June  
(Month)

16  
(day)

1911  
(year)

FULL  
NAME

Wm. V.

FATHER

POST OFFICE  
ADDRESS

FULL  
MAIDEN  
NAME

Mystella Northway

MOTHER

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

44

(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

39

(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Minnesota

BIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

Judge of Probate

OCCUPATION

House

NUMBER OF CHILD OF THIS MOTHER 7

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 6

## CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 6-16, 1911, at 30 M.

Cross out words which do not apply.

(Signature) S. R. Calley Dated 6-16, 1911, Address Princeton  
(Attending Physician, Midwife, Father, Informant) - Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed 3-14, 1912, Albert Kuhlfield Address Princeton  
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

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or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the city health officer, village recorder, or township clerk of the place wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

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## Extracts from Chapter 454, Laws of 1907.

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- (3) Sex.
- (4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.
- (5) Condition—as twins, illegitimate, etc.
- (6) Date of birth, including year, month and day.
- (7) Full name of father, with age.
- (8) Birthplace of father, state or foreign country.
- (9) Occupation of father.
- (10) Maiden name of mother, with age.
- (11) Birthplace of mother, state or foreign country.
- (12) Occupation of mother.
- (13) Number of child of this mother and number of children of this mother now living.
- (14) Signature and address of attending physician or midwife.
- (15) Signature and address of informant.
- (16) Signature and address of reporting official.
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"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

July 28  
 A.D. 1913.  
 Clerk

No. When no attending physician or midwife, then the parents must make this return in writing. See instruction on Back.

PLACE OF BIRTH

STATE OF MINNESOTA

County of Mille Lacs

Division of Vital Statistics

Township of Princeton

RECORD OF BIRTH

OR  
Village of .....

Reg. District No. .... No. in Registration Book 107  
(Above numbers to be filled in only by local registrar or his deputy..)

OR  
City of .....

(No. ...., St.; .... Ward)...

FULL NAME  
OF CHILD

Southard

{ If child is not yet named, make  
supplemental report as directed.

SEX OF  
CHILD

7

Single  
~~Twin~~  
~~Triplet~~

} and { Number  
in order  
of birth

Legiti-  
mate ys

DATE OF  
BIRTH

July  
(Month)

14 1911  
(day) (year)

FULL  
NAME

Irving R.

FATHER

FULL  
MAIDEN  
NAME

Lily M. Selman

MOTHER

POST OFFICE  
ADDRESS

POST OFFICE  
ADDRESS

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

40  
(Years)

COLOR  
OR RACE

W

AGE AT LAST  
BIRTHDAY

26  
(Years)

BIRTHPLACE  
(STATE OR COUNTRY)

Winn

BIRTHPLACE  
(STATE OR COUNTRY)

OCCUPATION

Driver for drayman

OCCUPATION

Wife

NUMBER OF CHILD OF THIS MOTHER 3

NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING 3

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT

I hereby certify that (I attended) the birth of above child, (and that it) occurred on 7-14, 1911, at 1 P. M.  
Cross out words which do not apply.

(Signature) G. R. Galey Dated 7-14 1911, Address Princeton  
(Attending Physician, Midwife, Father, Informant) - Cross out words which do not apply.

What steps have been taken to prevent ophthalmia neonatorum? .....

Filed 3-14 1912, Albert K. Kufeld Address 1  
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



## REGULATIONS GOVERNING THE COLLECTION OF VITAL STATISTICS.

Any physician or midwife having attended a case of confinement shall within ten (10) days thereafter furnish for registration to the local health officer in cities and villages, or to the township clerk in townships, wherein a birth occurred, a certificate giving the place of birth, date of birth, name of child, sex and color, and such other information as is required on the blanks furnished for the return of a birth by the Minnesota State Board of Health.

Parents shall give notice to the local health officer in cities, the village recorder in villages, or to the township clerk in townships, wherein they reside, of the birth of a child or a death in the family whenever no physician or midwife, as the case may be, was in attendance. The keeper or other officer, of every workhouse, poor house, reform school, jail, prison, hospital, asylum, lying-in house hospital or other public or charitable institution, shall give notice of every birth or death happening among the persons under his charge to the health officer or recorder in cities and villages,

or to the township clerk in townships, wherein the birth or death occurred. Coroners shall report the deaths of all cases coming under their jurisdiction to the city health officer, village recorder, or township clerk of the place wherein the birth or death occurred. These reports must be made upon blanks furnished for that purpose by the Minnesota State Board of Health, giving the information, so far as possible, asked for on blank.

Local health officers in cities, village recorders in villages, and township clerks in townships throughout the State of Minnesota, shall on or before the 10th day of each month, transmit to the Secretary of the State Board of Health, upon blanks furnished by said Board for that purpose, all the original reports of births and deaths which have been received by them during the month preceding and after the same have been copied in their register.

See Sections 2131 and 2142, Revised Laws, 1905, also Chapter 454, Laws of 1907.

### Extracts from Chapter 454, Laws of 1907.

"(j) The certificate of birth shall contain the following items:

(1) Place of birth, including state and county, together with city, village or township. If in a city, the ward, street and house number. If in a hospital, or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child.

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Condition—as twins, illegitimate, etc.

(6) Date of birth, including year, month and day.

(7) Full name of father, with age.

(8) Birthplace of father, state or foreign country.

(9) Occupation of father.

(10) Maiden name of mother, with age.

(11) Birthplace of mother, state or foreign country.

(12) Occupation of mother.

(13) Number of child of this mother and number of children of this mother now living.

(14) Signature and address of attending physician or midwife.

(15) Signature and address of informant.

(16) Signature and address of reporting official.

(17) Date when certificate was filed and registered.

"(e) Stillborn children, or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the still-birth, if known, whether a premature birth, and if born prematurely, the period of uterogestation in months, if known; and a burial or removal permit, in usual form, shall be required. Midwives shall not sign certificates for stillborn

children, but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance.

"(g) When any person dies without medical attendance, it shall be the duty of the embalmer or undertaker to forthwith notify the local registrar of such death, and when so notified such registrar shall issue a burial permit, or refer the matter to the local health officer for immediate investigation and certification, and also if the circumstances of the case render it probable that the death was caused by violence, and not by casualty, shall refer the matter to the coroner. The embalmer or undertaker shall also obtain and file with such registrar, the certificate of death, and secure a burial or removal permit. He shall also obtain the personal and statistical particulars herein required, over the signature and address of his informant, and shall then present the certificate of death to the attending physician, if any, or to the health officer or coroner, as directed by the registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as herein required. He shall then state the date and place of burial, over his signature and with his address, and present the completed certificate to such registrar within the time limit, if any, designated by the State Board of Health. The burial permit shall be delivered to the embalmer, and the embalmer shall deliver such permit to the sexton, or person in charge of the place of burial, before interring the body, and when shipped by any transportation company shall attach the removal permit to the box containing the corpse; said permit shall accompany the same to the point of destination to be there delivered to the local registrar of the district in which such interment is made.

"(k) No person shall wilfully alter any certificate of birth or death, or any copy of the same after the same is filed in the office of the local registrar. Any person who shall violate any provision of this paragraph shall be guilty of forgery in second degree."

July 28  
Mills County, Minn.  
A. D. 1913  
Mark.

7-10 15M

MARGIN RESERVED FOR BINDING

This return should preferably be made by the person who made the original.

## PLACE OF BIRTH\*

County of *Mill Lake*Township of *Princeton*

or

Village of .....

or

City of .....

(No. .... St.; ..... Ward)

FULL NAME  
OF CHILD*Woodrow Williams Johnson*

(Given or christian name, in full)

(Surname)

Sex of  
child\**Male*Twin  
triplet  
or other?

{ and }

Number  
in order  
of birth\**X*Date of  
Birth\**July 29*

(Month)

(Day)

19 *11*  
(Year)FULL  
NAME\*

FATHER

*Dave Johnson*FULL  
MAIDEN  
NAME\*

MOTHER

*Georgia Mudgett*\*These items to be  
entered by the Reg-  
istrar before giving  
out this form.

I hereby certify that the child described herein has been named as stated above.

(Signature) .....

*Dave Johnson*

(OVER)

Informant.

## STATE OF MINNESOTA

Division of Vital Statistics

## SUPPLEMENTAL REPORT GIVING NAME OF CHILD

Register No.\* *93* *1911*

**SUPPLEMENTAL REPORT OF GIVEN OR CHRISTIAN NAME OF CHILD.**

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When any certificate of birth of a living child is presented without statement of the given or christian name the local registrar shall deliver to the informant a special blank for the report of the given or christian name of the child, which shall be filled out with the full name of the child, including given or christian name and surname, as soon as said child shall be named, and this shall be delivered to the local registrar.

**IS** Registrars should enter the given or christian names upon the local registers and return the slips to the Secretary of the State Board of Health when making the returns of births and deaths on the fifth day of the following month.

Filed in the Office of District Court,  
Hillsboro County, Minn.  
July 28 A.D. 1913  
Prob. Ct. Clerk.