

1. PLACE OF BIRTH

County Madison

Township .....

City Tilden Street.....

If birth occurred in a hospital or institution give its NAME instead of street and number.

2. FULL NAME OF CHILD Lafayette Ronald Hubbard

3. Sex male IF PLURAL BIRTHS { 4. Twin, triplet, or other..... 5. Number, in order of birth..... 6. Premature ..... Full term..... 7. Date of birth Mar. 13 1911 (Month, day, year)

FATHER

MOTHER

8. Full name Harry Ross

17. Full maiden name Ledora May

9. Post Office Address .....

18. Post Office Address .....

10. Color or race American 11. Age at last birthday.....(Years)

19. Color or race American 20. Age at last birthday.....(Years)

12. Birthplace (city or place) State or country) .....

21. Birthplace (city or place) (State or country) .....

13. Usual Occupation Comercl. T.

22. Usual Occupation .....

14. Industry or Business .....

23. Industry or Business .....

15. Date (mo. and yr.) last engaged in this work ....., 19..... 16. Total time (years) spent in this work.....

24. Date (mo. and yr.) last engaged in this work ....., 19..... 25. Total time (years) spent in this work.....

26. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

27. If stillborn, period of gestation..... { months or weeks } 28. Cause of stillbirth..... { Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN\*

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

\*When no physician is in attendance certificate shall be completed and signed by the parent or other person present.

Signature S. A. Campbell M. D.

Address .....

STATE LAW

Was silver solution instilled in each eye?.....

Filed with local registrar 1911 Date

Registrar.

I hereby certify that this department has legal custody of birth and death certificates and that the foregoing is a true copy of the original certificate of birth of

Lafayette Ronald Hubbard

Jean Barrett  
State Registrar.

Lincoln, Nebraska Oct. 30, 1940

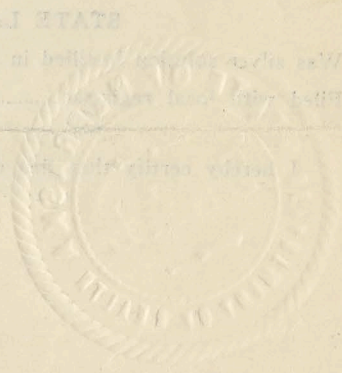


(9,1)

TO WHOM IT MAY CONCERN: This birth was registered in the State office in 1911. Nebraska did not adopt the U. S. Standard form of birth certificate until 1912. Hence the omission of a number of items from this record.

(State) Department of Health.

VITAL STATISTICS



STATE LAW

When a child is born, the parents are required to file a report of the birth with the local health officer within a certain period of time.

I hereby certify that I attended the birth of this child on the date above stated.

CERTIFICATE OF A BIRTHING PHYSICIAN

Form fields for birthing physician, including sections for mother and father details, and a signature line.

Form fields for vital statistics, including sections for child's name, sex, date of birth, and parental information.