

Form 241
1. PLACE OF BIRTH

County Douglas
Township _____

State of Nebraska
Department of Public Welfare
BUREAU OF HEALTH—DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Do not write in this space

A 2848

City Omaha Street 2627 Harney

If birth occurred in a hospital or institution give its N A M E instead of street and number.

2. FULL NAME OF CHILD Jack Corwin Snow

3. Sex Male If plural births _____
4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Legitimate? Yes
8. Date of birth 4 21 1917
(month, day, year)

9. Full name **FATHER**
Corwin Bartlett Snow

18. Full maiden name **MOTHER**
Winnfred May Miller

10. Post Office 2627 Harney

19. Post Office Same

11. Color or race W 12. Age at last birthday 25 (Years)

20. Color or race W 21. Age at last birthday 22 (Years)

13. Birthplace (city or place) Breckville Ohio
(State or country)

22. Birthplace (city or place) Meads ville Penn
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (mo. and yr.) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (mo. and yr.) last engaged in this work _____ 19 _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ (Before labor) _____ (During labor) _____

CERTIFICATE OF ATTENDING PHYSICIAN*

I hereby certify that I attended the birth of this child, who was born alive at 4:40p M.
(Born alive) (Stillborn)

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

Signature Mattie L Arthur M. D.

Address 416 Paxton Block

STATE LAW
Was silver solution instilled in each eye? yes

Filed with local registrar 4 24 17
Date

Registrar.

I hereby certify that the above is a true and correct copy of the Certificate of Birth recorded in the City of Omaha, County of Douglas, State of Nebraska.

Dated this 24th day of April, 1975

H. J. Wegman M.D.
(registrar)