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STATE OF MISSOURI }  
CITY OF JEFFERSON } ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Division of Health of Missouri. Witness my hand as State Registrar of Vital Statistics and the Seal of the Division of Health of Missouri this date of

*Joseph B. Reichart*

Joseph B. Reichart  
State Registrar of Vital Statistics

APR 22 1982

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF LIVE BIRTH

124-54-030272

REC JUN 10 1954

Registration District No. 149

Primary Registration District No. 1002

Register's No. 5452

1. PLACE OF BIRTH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE OF MOTHER (When born mother died) a. STATE <i>Missouri</i> b. COUNTY <i>Clay</i>	
b. CITY OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Research Hospital</i>		d. STREET ADDRESS <i>5124 N. Garfield</i>	
3. CHILD'S NAME (7; 1 or prior)		e. (Middle)	
<i>Clifford</i>		<i>Patrick</i>	
4. SEX <i>male</i>		5. DATE OF BIRTH (Month) (Day) (Year) <i>5 16 54</i>	
6. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		7. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
FATHER OF CHILD			
7. FULL NAME a. (First) <i>Clifford</i> b. (Middle) <i>Paul</i> c. (Last) <i>Kincaid</i>		8. COLOR OR RACE <i>white</i>	
9. AGE (As time of this birth) <i>32</i> YEARS		10. BIRTHPLACE (State or foreign country) <i>Missouri</i>	
11. USUAL OCCUPATION <i>Supervisor - Warehouse Owens-Corning</i>		12. KIND OF BUSINESS OR INDUSTRY <i>shipping Fiberglas</i>	
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <i>Beverly</i> b. (Middle) <i>Ann</i> c. (Last) <i>Mason</i>		13. COLOR OR RACE <i>white</i>	
14. AGE (As time of this birth) <i>28</i> YEARS		15. BIRTHPLACE (State or foreign country) <i>Wisconsin</i>	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
a. How many OTHER children - as now living? <i>0</i>		b. How many OTHER children were born alive but are now dead? <i>0</i>	
c. How many children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>			
17. INFORMANT'S SIGNATURE <i>Beverly Kincaid</i>		18. ATTENDANT AT BIRTH OTHER M.O. <input type="checkbox"/> D.O. <input type="checkbox"/> (SPECIFY)	
18. SIGNATURE OF ATTENDANT <i>Walter F. Washburn</i>		19. DATE SIGNED <i>5-28-54</i>	
19. ADDRESS <i>Dosland, Mo</i>		20. DATE REC'D BY LOCAL REG. <i>5-28-54</i>	
20. REGISTRAR'S SIGNATURE <i>Geraldine Smith</i>		21. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE <i>5124 N. Garfield Kansas City, 16, Mo</i>	

HEALTH AND MEDICAL SECTION (CONFIDENTIAL)

(This section MUST be filled out for each birth)