

STATE OF IOWA

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		IOWA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF BIRTH		STATE OFFICE NUMBER 21-4-214
1. PLACE OF BIRTH (a) County: <u>Clay</u> (b) Township: <u>Spencer</u> (c) City or town: <u>Spencer</u> (If outside city or town limits, write RURAL and give town) (d) Name of hospital or institution: <u>Spencer Municipal Hosp.</u> (If NOT in hospital or institution give street number or location) (e) Length of mother's stay before delivery: <u>4 hrs</u> In hospital or institution: <u>4 hrs</u> this community (Specify number of years, months or days)		2. USUAL RESIDENCE OF MOTHER (a) State: <u>Iowa</u> (b) County: <u>Clay</u> (c) City or town: <u>Greenville</u> (If outside city or town limits, write RURAL and give town) (d) Street address: _____ If RURAL give LOCATION		
3. Full name of child: <u>Rodney Lester Larson</u>		4(a). Date of birth: <u>Sept 27 1944</u> (Month, write out) (Day) 4(b). Hour of birth: <u>9:30 P.M.</u>		
5. Sex: <u>male</u>	6a. Twin or triplet: <u>No</u> If so: born 1st _____ 2nd or 3rd _____ 7. Number of months of pregnancy: <u>9</u>	8. Is mother married: <u>Yes</u> (Yes/No)		
FATHER OF CHILD 9. Full Name: <u>Lester W. Larson</u> 10. Color or Race: <u>W</u> 11. Age at time of this birth: <u>35</u> years 12. Birthplace: <u>Linn Grove Iowa</u> (City, town or country) (State or foreign country) 13. Usual occupation: <u>Veterinarian</u> 14. Industry or business: _____ Social Security No.: _____		MOTHER OF CHILD 15. Full Maiden Name: <u>Virginia Lindgren</u> 16. Color or Race: <u>W</u> 17. Age at time of this birth: <u>35</u> years 18. Birthplace: <u>Morehead Iowa</u> (City, town or country) (State or foreign country) 19. Usual occupation: <u>Housewife</u> 20. Industry or business: _____ Social Security No.: _____		
21. Total OTHER children born to this mother (NOT including this one)? <u>2</u> (a) How many OTHER children of this mother now living? <u>2</u> (b) How many OTHER children of this mother were born alive but are now dead? <u>0</u> (c) How many children were born dead? <u>0</u>		22. Mother's name and address for mailing registration notice: <u>Mrs. L. W. Larson</u> <u>Greenville</u> <u>Iowa</u>		
23. I hereby certify to the birth of this child, who was born alive on the date stated above. The information given above was furnished by <u>Mrs. L. W. Larson</u> related to this child as <u>mother</u>				
24. Date received by local registrar: <u>October 3 1944</u>		Actual Signature: <u>E. A. Rust Sr. D.</u> (M.D., D.O., midwife or other)		
25. Registrar's own Signature: <u>Linda J. Pederson</u>		Date Signed: <u>9-29-44</u> Address: _____		
26. File No. <u>656</u> Given name added _____ By _____				

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.
 This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

NOV 30 2005

Thomas J. Vilsack

GOVERNOR, STATE OF IOWA
 Sally J. Pederson, Lt. Governor

DEPUTY STATE REGISTRAR

DATE ISSUED
 S0796800

FORM #588-0328S (01/2005)

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

