

Division of Child Hygiene

Missouri State Board of Health

Birth Registration

NO. 483384 1922.

This is to certify that the birth of *Harold Albert Webbink*
is recorded with the Missouri State Board of
Health at Jefferson City as a part of the Permanent
Records of the State.

Fred A. Webbink Father
Luella Ph. Webbink mother

G. J. Baker M.D.
State Registrar, Vital Statistics

Arthur W. Hyde
Governor of Missouri

Del. Brown Krause M.D.
Director, Division Child Hygiene

1. PLACE OF BIRTH

City of St. Charles
Township of Portage des Sioux

STATE OF MISSOURI

Bureau of Vital Statistics
CERTIFICATE OF BIRTHAge of _____
or _____
of _____
Registration District No. 756File No. 48338^a_____ St.
_____ Ward.
Primary Registration District No. 5997Registered No. 49Birth occurs in a hospital or other institution,
name of same, instead of street and numberFULL NAME OF CHILD HAROLD ALBERT WEBBINK.Sex of child male4. Legitimate yes5. Twin,
Triplet,
or other?6. Number
in order
of birth

To be answered in case of plural births only

7. Date of birth October 30, 1922
(Month) (Day) (Year)

FULL NAME

FATHER

Fred Webbink

13. FULL MAIDEN NAME

MOTHER

Luella Mallinckrodt

P. O. ADDRESS

R.F.D. 1
St. Charles, Mo., box 79

14. P. O. ADDRESS

R.F.D 1
St. Charles, Mo. Box 79

COLOR OR RACE

white

10a. AGE AT LAST BIRTHDAY

32

(Years)

15. COLOR OR RACE

white

15a. AGE AT LAST BIRTHDAY

29

(Years)

BIRTHPLACE

Missouri

16. BIRTHPLACE

Missouri

OCCUPATION

Farmer

17. OCCUPATION

HouseworkNumber of child of this mother 2nd 19. Number of children, of this mother, now living two 20. Born at full term yes
(This Child)Antiseptic was used in the eyes? Silver Nitrate

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11.55 A.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician
midwife, then the father, mother, house-
holder, etc., should make this return.(Signature) B. P. Wenter
Physician

(Physician or Midwife)

Given name added from supplemental report

Address Saint Charles, Missouri

_____, 19____

23. Filed Nov 22, 1922 C. A. Barnard, M.D.

Registrar

Registrar

This certificate must be FILED with the Local Registrar within TEN (10) days after birth.

STATE OF MISSOURI,
CITY OF JEFFERSON, ss.I HEREBY CERTIFY that the above is a true and correct copy of the certificate for the person
named therein. The original record being filed in the Central Bureau of Vital Statistics of the State of Missouri is part of the permanent
records of said bureau. WITNESS my hand as State Registrar of Vital Statistics and the Seal of the Missouri State Board of Health this
date of

NOV 10 1942

State Registrar of Vital Statistics.

Per

Marion Gordon