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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

MAY 21 1974

*Herbert R. Corrala*  
State Registrar of Vital Statistics

1. PLACE OF BIRTH

STATE OF MISSOURI

Bureau of Vital Statistics  
CERTIFICATE OF BIRTH

County of St Charles  
Township of Remme Crage  
Village of \_\_\_\_\_  
City of \_\_\_\_\_  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Ward \_\_\_\_\_

Registration District No. 755 File No. 42252  
Primary Registration District No. 5496a Registered No. 18

If birth occurs in a hospital or other institution, give name of same, instead of street and number.

2. FULL NAME OF CHILD RUSSELL HENRY ALBERT Kebbink

3. Sex of Child male 4. Legitimate yes 5. Twin, Triplet, or other? \_\_\_\_\_ 6. Number in order of birth \_\_\_\_\_ 7. Date of birth Aug. 27, 1920  
(Month) (Day) (Year)

8. FULL NAME FATHER Fred A. Kebbink

9. FULL MAIDEN NAME MOTHER Luella P. Mallinckrodt

10. P. O. ADDRESS Augusta, Mo.

11. P. O. ADDRESS Augusta, Mo.

12. COLOR OR RACE White 13a. AGE AT LAST BIRTHDAY 29  
(Year)

14. COLOR OR RACE White 15. AGE AT LAST BIRTHDAY 27  
(Year)

16. BIRTHPLACE Remme Crage Mo

17. BIRTHPLACE Augusta, Mo

18. OCCUPATION Farmer

19. OCCUPATION housewife

20. Number of child of this mother 1 21. Number of children, of this mother, now living 1 22. Born at full term (This Child) yes

What Anesthetic was used in the eyes? \_\_\_\_\_

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, Aug. 27, 1920, 6 A.M.  
on the date above stated.

{ \*When there was no attending physician or midwife, then the father, mother, householder, etc., should make this return. }

(Signature) Wm. C. Schmidt M.D.

23. Given name added from supplemental report \_\_\_\_\_ (Physician or Midwife)  
11-18, 1935 Address Augusta, Mo.

23. Filed Aug 28, 1920 B Mallinckrodt  
Registrar Registrar