95 Butterfield Terr
James MacRostie

19403

THE STATE OF MINNESOTA
Division of Vital Statistics
RECORD OF BIRTH

PLACE OF BIRTH

1. County of Olmsted
Township of
or
Village of
or
City of Rochester Minn

Reg. District No. ____ No. in Registration Book 398
(Above numbers to be filed in only by local registrar or his deputy)

(No. St Marys Hospital, St.: ____ Ward) ____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME OF CHILD Mac Rostie {If child is not yet named, make supplemental report as directed.

3. Was 1% silver nitrate used to prevent infant blindness? Yes Yes

4. Was child deformed or physically defective? Yes or No. No

5. Nature of defect:

6. Sex Male

If plural births {7. Twin, triplet, or other ____ 8. Number. In order of birth ____

9. Premature ____ Full term ✓

10. Legitimate? Yes

11. Date of birth 9-14-, 1931 (Month, day, year)

FATHER

12. Full name Lyle MacRostie

13. Residence (usual place of abode) 220-13 ave SE. (If non-resident, give place and State) Rochester Minn

14. Color or race White

15. Age at last birthday 39 (Years)

16. Birthplace (city or place) Owatonna (State or country) Minnesota

OCCUPATION

17. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Accountant

18. Industry or business in which work was done, as factory, office, bank, etc.

MOTHER

19. Full maiden name Christine Williamson

20. Residence (usual place of abode) (If non-resident, give place and State) Rochester Minn

21. Color or race White

22. Age at last birthday 37 (Years)

23. Birthplace (city or place) (State or country) Kenyon Minn

OCCUPATION

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

25. Industry or business in which work was done, as own home, lawyer's office, factory, etc.

26. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 111 (b) Born alive but now dead 0 (c) Stillborn 0

27. If stillborn, period of gestation ____ {months or weeks

28. Cause of stillbirth ____ {Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Born Dead) at 4:45 P.M. on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

Received OCT 10 1931

(Signature) [illegible]

PHYSICIAN, ~~MIDWIFE, PARENT OR INFORMANT~~
(Cross out words which do not apply)

*When there was no attending physician or midwife, then the father, householder, etc., must make this return.

Date 9-12-31 Address [illegible]

Given name added from a supplemental report ____

19____

(Signature) [illegible] REGISTRAR.

Filed 9-24, 1931 Address ____

STATE OF MINNESOTA)
COUNTY OF HENNEPIN) SS

I hereby certify that the above is a true and correct copy of the official record on file with the Section of Vital Statistics Registration of the Minnesota State Board of Health.

Dated at Minneapolis

September 12, 1975

[illegible]
Deputy State Registrar
Minnesota State Board of Health

Any alterations shown were made under the authority of Minnesota Statutes 1971, Section 144.172 and the regulations of the State Board of Health.