

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS
SAN ANTONIO METROPOLITAN HEALTH DISTRICT

1 PLACE OF BIRTH
STATE OF TEXAS

CITY BOARD OF HEALTH
Bureau of Vital Statistics
STANDARD CERTIFICATE OF BIRTH

Register No. 19

County of Bexar, City of San Antonio

Nix Hospital, Inc.

No. St.
If in an Institution, give name of Institution instead of Street and No.

If child is not yet named, make supplemental report, as directed

2 FULL NAME OF CHILD Lavonne Leatrice Kennedy

3. Sex
Female

If plural births

4. Twin, triplet, or other
5 Number, in order of birth.

6. Premature
Full term X

7. Legiti-
mate? Yes

8. Date of birth Jan. 1 1936
(Month, day, year)

9. Full name
FATHER Robert J. Kennedy

10. Residence (usual place of abode)
(If nonresident, give place and State) Pettus, Texas

11. Color or race White 12. Age at last birthday 35 (years)

13. Birthplace (city or place)
(State or country) New Rockford, N. D.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Evangelist

15. Industry or business in which work was done, as silk mill sawmill, bank, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 15

18. Full maiden name
MOTHER Lola Inez-Von Reader

19. Residence (usual place of abode)
(If nonresident, give place and State) Pettus, Texas

20. Color or race White 21. Age at last birthday 27 (years)

22. Birthplace (city or place)
(State or country) Pettus, Texas

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

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, (months or weeks) period of gestation 29. Cause of stillbirth Before labor During labor

I hereby certify that I attended the birth of this child, who was born alive at 6:55 A.M. M. on the date stated above.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A still-born child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. Northman Maxwell M.D.
(Physician)

Address

676 Medical Bldg
L. J. M. Lee

Give name added from a supplemental

Report 19

(23) FILED JAN 6 - 1936

REGISTRAR.

Registrar.

(24) Were prophylactic precautions taken at time of birth to prevent ophthalmia neonatorum? Yes Yes

Issued:

APR 26 2010

Samuel V. Torres
Samuel V. Torres
Local Registrar

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 Sec. 191.051, Health and Safety Code.

