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DATE OF ISSUANCE
SEP 23 1986
 LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER, DIRECTOR
 BUREAU OF VITAL STATISTICS

Form 241 PLACE OF BIRTH

County of **Scottsbluff.**

Township of _____
 or _____
 Village of _____
 or **Gering,**

City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME OF CHILD **Dorothy Alvina Lesser** 1-260

Sex of Child **Female** Twin, Triplet or Other? _____ Number in order of birth _____ Legitimate? **Yes** Date of birth **April 20, 1925**
 (To be answered only in event of plural births) Month Day Year

FATHER		MOTHER	
FULL NAME	John Adolph Lesser.	FULL MAIDEN NAME	Ella Banks.
RESIDENCE POST OFFICE	Gering, Nebr.	RESIDENCE POST OFFICE	Gering, Nebr.
COLOR or RACE	White.	COLOR or RACE	White.
AGE AT LAST BIRTHDAY	20 Years	AGE AT LAST BIRTHDAY	18 Years
BIRTHPLACE	Michigan.	BIRTHPLACE	Nebraska.
OCCUPATION	Labor.	OCCUPATION	Hrf.

Number of children of this mother }
 Taken as of time of birth of child herein }
 certified and including this child.) a) Born alive and now living **1** (b) Born alive but now dead **0** (c) Stillborn **0**

CERTIFICATE OF ATTENDING PHYSICIAN
 I hereby certify that I attended the birth of this child, who was **Born alive.** at **2:30** P. M.
 on the date above stated. (Born Alive or Stillborn)

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

Signature *W. C. Harvey* M. D.
 Address **Gering Nebr.**

Given name added from a supplemental report _____, 19____

STATE LAW
 Was silver solution instilled in each eye? **Yes**

Filed **April 21**, 19**25** *J. P. Mesterwell* Registrar