

Kampsen, Richard 1907 - 1969

Original Certificate & Affidavits On File B. of V. S. Louisville, Ky.

Form V. S. No. 2-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

State File No. 608-A
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF BIRTH: Kenton
(a) County _____
(b) City or town Covington
(If outside city or town limits, write RURAL.)
(c) Name of hospital or institution: 12th & Herman
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery: _____
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Kentucky
(b) County Kenton
(c) City or town Covington
(If outside city or town limits, write RURAL.)
(d) Street No. 12th & Herman
IF RURAL GIVE P. O. ADDRESS

3. FULL NAME OF CHILD Richard Martin Kampsen

4. Sex M 5. Legiti- 6. Twin, triplet, or other _____ 7. Number months of 8. Date of
mate? Yes Number in order of birth _____ pregnancy _____ birth August 15, 1907
(Month) (Day) (Year)

FATHER OF CHILD MOTHER OF CHILD

9. Full name Henry Bernard Kampsen 15. Full maiden name Anna Wilkie
10. Color or race W 11. Age at time of this birth _____ yrs. 16. Color or race W 17. Age at time of this birth _____ yrs.
12. Birthplace Covington, Kentucky 18. Birthplace Covington, Kentucky
13. Usual occupation _____ 19. Usual occupation _____
14. Industry or business _____ 20. Industry or business _____

21. Children born to this mother:
(b) How many other children were born alive but are now dead? _____ (a) How many other children of this mother are now living? _____
(c) How many children were born dead? _____

22. I hereby certify that I attended the birth of this child who was born alive at the hour of _____ m. on the date above stated and that the information given was furnished by _____ related to this child as _____

23. Date received by local registrar Dec 16, 1942 Attendant's own signature _____ (M.D., Midwife, or other)
24. Mrs H. C. White Registrar's Own Signature _____ Address _____

Was blood test for Syphilis made on Mother? _____ If not, why? _____
Name of test used _____ Date _____
Laboratory making test _____

Over