

Wilbers, William Lawrence 1899 - 1971

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	
Registration District No. _____		Primary Registration District No. _____	
<b>1. PLACE OF BIRTH:</b>		<b>2. USUAL RESIDENCE OF MOTHER:</b>	
(a) County <b>KENTON</b>		(a) State <b>Kentucky</b>	
(b) City or town <b>COVINGTON</b> <small>(If outside city or town limits, write RURAL)</small>		(b) County <b>KENTON</b>	
(c) Name of hospital or institution: <b>267 W. 13th St.</b> <small>(If not in hospital or institution give street number or location)</small>		(c) City or town <b>COVINGTON</b> <small>(If outside city or town limits, write RURAL)</small>	
(d) Mother's stay before delivery: In hospital or institution _____ In this community _____ <small>(Specify whether years, months, or days)</small>		(d) Street No. <b>267 W. 13th St.</b> <small>(If rural give precinct)</small>	
<b>3. FULL NAME OF CHILD</b> <b>William Lawrence Wilbers</b>			
4. Sex <b>male</b>	5. Legiti- mate? <b>yes</b>	6. Twin, triplet, or other _____ Number in order of birth _____	7. Number months of pregnancy _____
8. Date of birth <b>Sept. 4, 1899</b> 19____ <small>(Month) (Day) (Year)</small>			
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
9. Full name <b>Gerhard Wilbers</b>		15. Full maiden name <b>Bernadina Kampsen</b>	
10. Color or race <b>white</b>		16. Color or race <b>white</b>	
11. Age at time of this birth <b>35</b> yrs.		17. Age at time of this birth <b>23</b> yrs.	
12. Birthplace <b>Germany</b>		18. Birthplace <b>Germany</b>	
13. Usual occupation <b>Carpenter</b>		19. Usual occupation <b>Housewife</b>	
14. Industry or business _____		20. Industry or business _____	
21. Children born to this mother: <b>8</b>		(a) How many other children of this mother are now living? <b>7</b>	
(b) How many other children were born alive but are now dead? _____		(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 <b>10/24/42</b>		Attendant's own signature <b>Mrs. Kerkow, Midwife</b> <small>(M.D., Midwife, or other)</small>	
24. <b>Mrs. H. C. White</b> 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			

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