

Amos, Nannie B Stephenson 1908 - 1996

COMMONWEALTH OF KENTUCKY					
Bureau of Vital Statistics					
CERTIFICATE OF BIRTH					
PLACE of BIRTH County of Fayette, City of Lexington			Registered No. <u>620</u>		
FULL NAME OF CHILD (Baby) <u>Stephenson</u>			Registar and City Clerk. <u>J. E. Cassidy</u>		
SEX OF CHILD <u>Female</u>	Twin, triplet, or other? <u>1</u>	and	Number in order of birth <u>4th</u>	Legitimate <u>yes</u>	DATE OF BIRTH <u>Apr. 22</u> 190 <u>8</u> (Month) (Day) (Year)
FATHER Full Name <u>Thos Stephenson</u>			MOTHER Full Maiden Name <u>Minnie Sears</u>		
Residence <u>436 Shropshire</u> Street or Ave.			Residence <u>436 Shropshire</u> Street or Ave.		
Color Or Race <u>White</u>	Age at Last Birthday <u>24</u> (Years)	Color Or Race <u>White</u>	Age at Last Birthday <u>22</u> (Years)		
Birthplace <u>Manchester, Ky</u>			Birthplace <u>Mind. Ky</u>		
Occupation <u>Blacksmith</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>4th</u>			Number of children of this mother, now living <u>3rd</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of the above child, and that it occurred on <u>Apr 22 1908</u> at <u>5:30 AM</u> .					
(*When there was no attending physician or midwife, then the father, mother, householder, etc., should make this return.)			(Signature) <u>C. Brooks Hillman M.D.</u>		
Given name added from a supplemental report			Dated <u>Apr 27 1908</u> (Attending Physician, Midwife, Father, etc.)		
			Address <u>145 Market St. City</u>		
Registrar			Filed <u>4-30-1908</u> <u>J. E. C.</u> Registrar		

N. B. - In case of error there shall be a return to SEPANOR 12100 KENTUCKY BUREAU OF VITAL STATISTICS, CINCINNATI, OHIO 45202