

Stephenson, Thomas Porter 1910 - 1960

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

COMMONWEALTH OF KENTUCKY

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE of BIRTH
 County of Fayette, City of Lexington

Registered No. 408

Registrar and City Clerk, J. E. Cassidy

FULL NAME OF CHILD Thos Porter Stephenson If a child is not yet named, make supplemental report, as directed.

SEX OF CHILD	Twin, triplet, or other?	and	Number in order of birth	Legitimate	DATE OF BIRTH
<u>Male</u>	<u>—</u>		<u>—</u>	<u>yes</u>	<u>Feb 19th 1910</u> (Month) (Day) (Year)

Full Name FATHER <u>Thos E. Stephenson</u>	Full Maiden Name MOTHER <u>Minnie Sears</u>
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Residence <u>Main Station</u> Street or Ave.	Residence <u>Main Station</u> Street or Ave.
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Color Or Race <u>White</u>	Age at Last Birthday <u>26</u> (Years)	Color Or Race <u>White</u>	Age at Last Birthday <u>24</u> (Years)
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Birthplace <u>Bourbon Co Ky.</u>	Birthplace <u>Woodford Co</u>
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Occupation <u>Blacksmith</u>	Occupation <u>House keeper</u>
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Number of child of this mother 6 Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on 19th Feb 1910 at 5 A.M.

(Signature) A. Porter Taylor
 Dated Feb 19 1910 W. Cor. Short + Laine
 (Attending Physician, Midwife, Father, etc.)

Given name added from a supplemental report Address

Registrar Filed 2-24-1910 J. E. C. Registrar