County of Reg. District No.	HE STATE OF MINNESOTA Division of Vital Statistics RECORD OF BIRTH No. in Registration Book numbers to be filled in only by local registrar or his deputy.) St.; Ward) a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report as directed.
3. See of Male ONLY in event of plural births. To be answered 4. Twin, triplet or other	5. Legitimate? Yes 7. Date of May 25 23 birth (Month) (Day) (Year)
FATHER Melvin Lyseng	MOTHER Full market Chengdahl
9. Besidence (Usual place of abode) F mooresident, give place and State 2121 - 14th Ave. So.	13. Registers (Usual place of about) If nonresident, give place and State.
10. Color er White 11. Age at lest birthday 28 (Years)	16. Color at race white 17. Age at last birthday(Years)
12. Birthplace (city or place) Ortonville, Winn. (State or country)	18. Birthplace (city or place) Ortonville, Minn. (State or country)
13. Occupation Freight carpenter	19. Occupation Nature of industry Housewife
20. 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	(b) Born alive but now dead (c) Born dead
Thereby certify that I attended the birth of this child, on the date above stated, and that the above facts as give are true to the best of my knowledge, information and belief was an Ophthalmia Neonatorum Prophylactic used as required by when there was no attending physician midwife, then the father, householder, (Signature)	PHYSICIAN OR MIDWIFE* who was born alive at 4:10 P M., en (Born Alive or Born Dead) ef. Yes law? Supt.

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