

PLACE OF BIRTH

THE STATE OF MINNESOTA

Division of Vital Statistics  
RECORD OF BIRTH

55761

1. County of Hennepin  
Township of \_\_\_\_\_  
or  
Village of \_\_\_\_\_  
or  
City of \_\_\_\_\_

Reg. District No. \_\_\_\_\_ No. in Registration Book \_\_\_\_\_  
(Above numbers to be filled in only by local registrar or his deputy)

(No. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME OF CHILD Baby girl <sup>Marilyn Estelle</sup> Lyseng If child is not yet named, make supplemental report as directed.

3. Was 1% silver nitrate used to prevent infant blindness? Yes  
4. Was child deformed or physically defective? Yes or No. No  
5. Nature of defect: \_\_\_\_\_

6. Sex Female If plural births \_\_\_\_\_ 7. Twin, triplet, or other \_\_\_\_\_ 8. Number, in order of birth \_\_\_\_\_ 9. Premature \_\_\_\_\_ Full term X 10. Legitimate? Yes 11. Date of birth April 22, 1931  
(Month, day, year)

FATHER  
12. Full name Melvin Oscar Lyseng  
13. Residence (usual place of abode) (If non-resident, give place and State) 2216 - Wood  
14. Color or race W 15. Age at last birthday 35 (Years) 34  
16. Birthplace (city or place) (State or country) Clinton  
17. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Car Repairer  
18. Industry or business in which work was done, as factory, office, bank, etc. \_\_\_\_\_

MOTHER  
19. Full maiden name Esther Cordine Gjengell  
20. Residence (usual place of abode) (If non-resident, give place and State) 2216 - Wood  
21. Color or race W 22. Age at last birthday 35 (Years)  
23. Birthplace (city or place) (State or country) Clinton  
24. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
25. Industry or business in which work was done, as open home, lawyer's office, factory, etc. \_\_\_\_\_

NOT FOR OPTICAL USE

26. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

Stillborn, \_\_\_\_\_ { months \_\_\_\_\_ or weeks \_\_\_\_\_ } 28. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 7:00 A.M. on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) Frank B. Mack  
PHYSICIAN, MIDWIFE, PARENT OR INFORMANT  
(Cross out words which do not apply)

Date 4-23-31 Address 2337 - Central  
(Signature) \_\_\_\_\_ REGISTRAR.

Given name added from a supplemental report \_\_\_\_\_  
Filed \_\_\_\_\_, 19\_\_\_\_ Address \_\_\_\_\_