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MARY E. WELTY
RECORDER
MADISON COUNTY, IOWA
Fee $3.00

181A—11-39—8M

№ 10779

IOWA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

BIRTH CERTIFICATE

(Explanation)
In past years many birth records were not filed at the time of birth as provided by statute, due to the neglect of those charged with the duty of filing said record. This affidavit is provided to take care of such cases and may be executed by the attending physician, midwife, parent, nearest relative or other person having full knowledge of the facts of this birth. NOT ACCEPTABLE IF SIGNED BY THE PARTY FOR WHOM IT IS MADE.

AFFIDAVIT

I, P.E. Morrissey, being duly sworn, depose and say that I am 55 years of age; that I have known the person named herein for life years; that I reside at Winterset, in the COUNTY OF Madison, STATE OF Iowa; that the answers given to the following questions are true and correct as I verily believe.

FULL NAME OF CHILD CECELIA MORRISSEY

PLACE OF BIRTH: COUNTY OF Madison CITY OF

TOWNSHIP OF Union STREET

Sex of Child	Twin, triplet, or other (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth Month Day Year
Female			Yes	Jan. 4, 1912

Name of physician, midwife, or other person attending at this birth Jessie V. Smith, M.D.

FATHER	MOTHER
Full Name: Patrick E. Morrissey	Full Maiden Name: Katherine Bruns
Birthplace State or Country: Iowa	Birthplace State or Country: Iowa
Color: White	Color: White
Age at time of this birth: 28 Years	Age at time of this birth: 29 Years
Occupation at time of this birth: Farming	Occupation at time of this birth: Housewife

That the basis of my knowledge for answers given above is as follows I am the father of the above child, and was present at this birth.

(Sign Here) P.E.Morrissey (Name) Father (Relationship)

STATE OF Iowa, Madison COUNTY, SS.

On this 6th day of August, 19 40 before me comes P.E.Morrissey and makes oath that the information given in this instrument subscribed by him is true and correct as he verily believes.

Rex. V. Johnson

(SEAL)

My commission expires Jan. 1, 1941

Notary Public in and for Madison County. State of Iowa

Do not write below these lines

Filed August 7, 19 40.

Walter L. Bierring (State Registrar)

By Mayo Tolman (Director Division of Vital Statistics)

CERTIFIED COPY OF AFFIDAVIT OF BIRTH

I HEREBY CERTIFY that I am the Registrar of Vital Statistics for the State of Iowa and that the foregoing AFFIDAVIT OF BIRTH is a true and correct copy of the original on file in this office.

Witness my hand and official seal hereunto attached this 14th day of August, 19 40.

Walter L. Bierring
State Registrar.

(SEAL)

By Mayo Tolman
Director, Division of Vital Statistics.