

Certified Copy of Birth Record

1. PLACE OF BIRTH		Appl. 1051	
City of St. Louis, Mo. <u>1518 S. 8th</u> St.		Health Dist. _____	
Registration District No. 318		File No. _____	
Primary Registration District No. 1003		Registered No. <u>1229</u>	
2. FULL NAME OF CHILD <u>Jessie Mae Wright</u>			
3. Sex <u>F</u>	If plural births {	4. Twin, triplet or other _____	5. Number, in order of birth _____
		6. Premature _____	7. Legitimate <u>yes</u>
		8. Date of birth <u>1</u> <u>22</u> 19 <u>19</u>	(Month, day, year)
9. Full name <u>James William Wright</u> FATHER		18. Full maiden name <u>Lucille Jane Schnell</u> MOTHER	
19. Residence (usual place of abode) <u>1518 S. 8th</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>same</u> (If non-resident, give place and State)	
11. Color or race <u>W</u>	12. Age at last birthday <u>25</u> (Years)	20. Color or race <u>W</u>	21. Age at last birthday <u>21</u> (Years)
13. Birthplace (city or place) <u>Mo.</u> (State or country)		22. Birthplace (city or place) <u>Mo.</u> (State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Foreman</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Hwf.</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____ 19____		25. Date (month and year) last engaged in this work _____ 19____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. Number of children of this mother <u>4</u> (At time of this birth and including this child (a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____)			
28. If stillborn, { months { Before labor _____ period of gestation { or weeks { During labor _____			
29. Cause of Stillbirth _____			
30. Is baby deformed? _____ Nature of deformity? _____			
What antiseptic was used in the eyes? _____			
31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>3:40 A.</u> on the date above stated. (Born alive or still born)			
{ When there was no attending physician } { or midwife, then the father, mother, house- } { holder, etc., should make this return. }			
32. Given name added from supplemental report _____ 19____		(Signature) <u>Cath. Hoehn</u> <u>Midwife</u> (Physician or midwife) <u>1212 Carroll St.,</u> address _____	
33. Filed <u>Jan. 26</u> 19 <u>21</u>			

STATE OF MISSOURI }
CITY OF SAINT LOUIS } ss.

I HEREBY CERTIFY that the above is a true and correct copy of the certificate of birth of Jessie Mae Wright, filed in the office of Vital Statistics, City of St. Louis, State of Missouri, that the above certificate is filed in said office and is a part of the permanent records of the Bureau of Vital Statistics, City of St. Louis, Mo.

WITNESS my hand as Commissioner of Health, Done at the City of Saint Louis, this 16th day of January 1921.

Joe Gallagher
Register

Louis Walte
Comptroller

J. G. Bredeck
Health Commissioner

Per *Henrietta Gordon* (Write full name of clerk)