

CITY OF ST. LOUIS, MISSOURI

BUREAU OF VITAL STATISTICS

N^o 11955

FEE 50c

Certified Copy of Birth Record

1. PLACE OF BIRTH

City of St. Louis, Mo. 4422 Evans St.

Health Dist.

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 5189

2. FULL NAME OF CHILD Paul Warden Douthitt

3. Sex male	If plural births {	4. Twin, triplet, or other.....	6. Premature.....	7. Legiti- mate yes	8. Date of birth May 1 19 22
		5. Number, in order of birth.....	Full term. yes		(Month, day, year)

9. Full name FATHER Clifford T. Douthitt

18. Full maiden name MOTHER Martha A. Byinghall

10. Residence (usual place of abode)
(If non-resident, give place and State) 4422 Evans19. Residence (usual place of abode)
(If non-resident, give place and State) same

11. Color or race W 12. Age at last birthday 30 (Years)

20. Color or race W 21. Age at last birthday 25 (Years)

13. Birthplace (city or place)
(State or country) Ill.22. Birthplace (city or place)
(State or country) Mich

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

15. Industry or business in which work was done, as silk mill, saw-mill, bank, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

23. Trade, profession, or particular kind of work done, as house keeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother
(At time of this birth and including this child) 2a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn28. If stillborn, { months { Before labor
period of gestation { or weeks 29. Cause of Stillbirth { During labor

30. Is baby deformed? Nature of deformity?

What antiseptic was used in the eyes? argy

31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A M.
on the date above stated. (Born alive or still birth)*When there was no attending physician
{ or midwife, then the father, mother, house-
{ holder, etc., should make this return.

(Signature) W. W. Gilbert

32. Given name added from supplemental report

(Physician or Midwife)

address 4103 Easton

33. Filed 5/9/22, 19

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 Paul Warden Douthitt, 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 Registrar of Vital Statistics and Commissioner of Health.

Done at the City of Saint Louis, this 31st
day of July 19 41,

City Register

Health Commissioner.

Comptroller

Per Virginia Davis Clerk.
(Write full name of clerk)